Participatory Research, Planning and Evaluation on Bonded Labour in Northern India Summary Results: Participatory Action Research in Uttar Pradesh and Bihar

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General Observations

IDS and Praxis supported eleven action research groups in Bihar and Uttar Pradesh. The groups identified their research enquiries based on a joint analysis of the life stories at the Collective Story Analysis workshop 13–16 May 2015. The aim of the action groups was to develop ideas for pilot interventions, including encouragement and support of the researchers, but without additional project funding. This allowed people to explore ideas and to mobilise resources outside the operational programmes.

Among those eleven groups, one group from NGO 5 that had planned to work on Illness and loans dropped out, a group from NGO 2 merged with another group and a group from (NGO 4) was temporarily abandoned when the collaboration with the NGO ended (this group was latterly supported by NGO 6). Eight action research groups completed a full cycle of action research.

Membership

The groups had a mixed membership of local citizens directly affected by modern bondage in communities made up mainly of Muslims and poorer, 'lower' castes. Groups also included local service providers, teachers and officials such as village headmen and panchayat (local government) members. The group composition changed over time according to need. This shifting membership based on requirements is a core characteristic of systemic action research (Burns 2007). The group facilitation varied between meetings and also within the meetings themselves with different people taking facilitating roles.

Process

At the outset the process was expected to have several phases, with monthly meetings. The first phase would focus on engagement and trust-building, followed by the collection of evidence and analysis. This would support a third stage of identifying solutions, taking and evaluating actions. These actions would inform a second round of evidence-gathering, analysis and action until the group decided it was complete. This sequence would take a year to 18 months, as envisioned below:

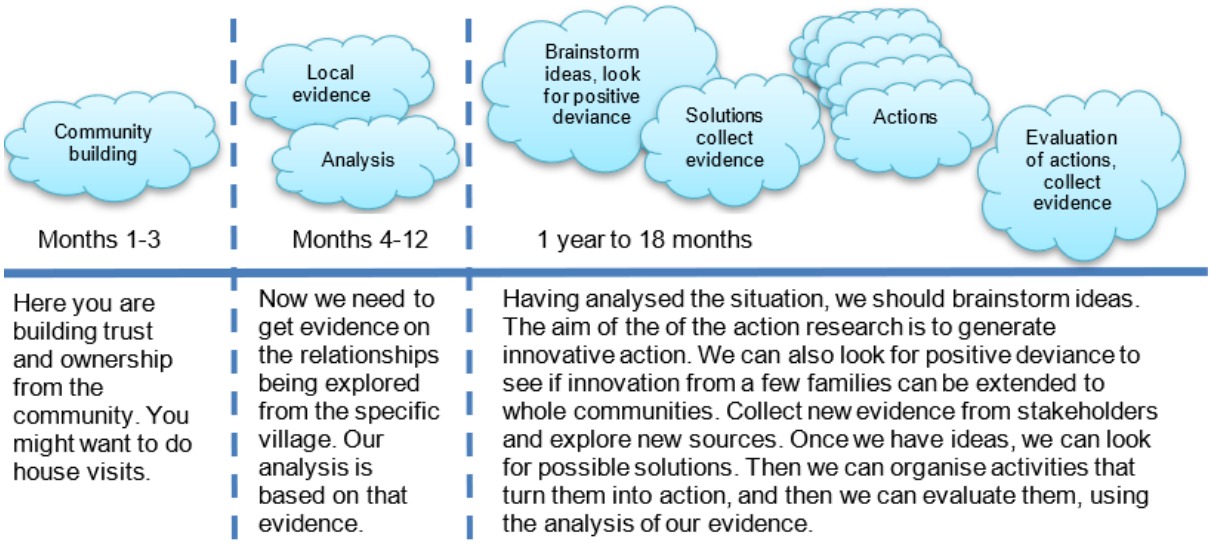

Figure 1 The stages of a systemic action research process

The engagement phase was initially expected to entail one or two meetings (over one to three months) but in the end it took between three and eight meetings (over twelve months). Group meetings followed a more irregular pattern. This was due partly to external factors especially floods and festivals but also to group dynamics. Participants in all groups initially failed to understand their purpose. Many groups appeared to expect some kind of project or government benefits.

We identified building trust as a key issue. In North India we used two approaches for this. One researcher introduced a strength-based local response approach called SALT, which emphasises facilitation, listening, learning and appreciation. This community engagement and mobilisation approach emphasises people's strengths and capacities, rather than their needs. Exercises such as dream-building, during which people visualise their goals, helped the group to find a purpose. The other approach was initially more open-ended, giving each group almost complete freedom to develop autonomously at their own pace based on dialogue and research questions. At the end of the engagement phase it was clear that these groups welcomed a bit more structure. We therefore provided hands-on support analysing the data and experience collected for the development of a (loosely formulated) TOC, as well as criteria for success and some tools for the groups to measure progress. It took a year (considerably longer than expected) for all groups to develop a clear sense of purpose and to develop a theory of change (TOC).

All groups undertook actions during the engagement period. These ranged from organising rallies against alcohol consumption to visiting authorities to demand that they re-open the local health sub-centre. These actions initially focused on multiple general issues rather than specific modern-bondage-related ones. This focus on action is positive as it generates energy and signals the relevance of an action-research approach. These diverse actions reflected multiple inequalities faced by the populations in these villages.

In all groups there was a need to support the "action-groups" in their development into action-research groups. To this end researchers supported the groups with hands-on research question design, tool selection, tool training and facilitation in small workshops.

All groups achieved results (some were especially impressive, with results scaled up beyond the village), stepped up in crises (such as during the floods) and demonstrated high levels of creativity, originality and mobilisation.

Those NGOs that excelled all worked hard on trust-building, chose to focus on one topic and spent a lot of effort on both documentation and analysis. Some groups collected an impressive variety and amount of data, in books and on flip charts or boards, but these did not help the group to measure progress as they did not know how to analyse it. One group had for example achieved its original goal, of enrolling all children in school, but did not realise this until half a year later when the researchers helped them to organise their data.

Lessons and reflections

- Groups need time and support to understand their purpose. Once they understood that these were forums for generating community action, not for appealing to NGO's or receiving development benefits, they made progress. In most cases it was necessary to allow the groups to focus on general community issues first in order to win trust within the villages.
- Hands-on systematic support to the groups via engagement support - e.g. SALT, providing PRA tools and facilitating the development of a (loose) theory of change - helped to transform groups from action into action research groups.
- The evidence-gathering and analysis stage of the action research process is crucial. When people can carry out their own analysis, they own the findings. This supports sustainable action, as skills (such as social mapping) can be applied to many (emerging) topics.
- As most people living in contexts with bonded labour are illiterate, report writing is challenging. When researchers requested "reports" they received little in return.

However, field visits and workshops resulted in documented evidence. Several groups held a detailed record books with minutes of meetings and actions taken by a literate member of the group. Most had flip-chart sheets which recorded data and actions visually. It was more effective for facilitators to photograph data and to summarise the meaning in group discussions than to receive uselessly simplistic written summaries of what had happened.

- Groups did benefit from facilitated support with the analysis of their data, using simple techniques such as putting the data in chronological order along a wall for everyone to look at.
- The action research groups benefitted greatly from the programme's grassroots institutional infrastructures, such as the various Community Support Groups set up by NGOs. The existence of such groups underpinned the trust-building process for the ARG's. It is hard to imagine that ARG groups could develop without having examples of legitimate operational local groups that are at least tolerated and often actively supported by local authorities.

Recommendations

1. Take time to build trust and engagement

   Trust building and developing a common vision and purpose takes considerable time and effort. Facilitators, whether they are from an NGO or are community residents, need to have practical as well as emotional skills to be able to steer the, often erratic, processes of group formation. They are likely to need considerable tailor-made support during the whole process such as PRA tools, links to policy documents, contacts, help with collective analysis and managing group dynamics. There are various ways and methods to build relations-SALT is an approach for example which worked well in this context.

2. Embed Action Research into the program

   When the action research process began, there was initial apprehension among NGOs-as it was seen as "additional" to their own project-based activities. This fear was also coming from the potential need for new skills and competencies. It took time for NGOs to realise the utility of action research integrated into the wider programme. After a year the action research was no longer seen as "isolated" activity.

3. Provide close methodological and facilitation support and propagate an evidence-based approach to change (leading to action which is locally owned).

4. Clarify the similarities and complementarities of the Action Research Group Model and Community Vigilance Committee models across the program

   Initially, NGOs that did not have the ARGs, but had CVCs, were not able to understand the difference, for they felt a lot of activities which ARGs were doing were already being done by CVCs. In one of the review meetings, participants articulated the differences as following:

   - CVCs and ARCs are both community-based groups but the latter was intended to create its own pathway through identification of their own entry points based on strong research. CVCs were intended to support project outcomes.
   - ARGs have integrated "research", "action" and "reflection" as core processes, primarily to build community leadership that could take a visionary role
   - ARGs were facilitated to enter domains which may not be the domains of the project (in terms of their annual proposal and targets).

5. Encourage the NGOs to consider the ARG to be a documented "experiment". ARGs can help to find solutions for existing known demands and/ or to test the demand for the solution in the community. Encouraging programme staff to learn from ARGs and remain (at least) as an observer in the ARG process can help staff to learn about different program choices and options in a safe space.

Description of each group

1. NGO 7 - Bihar Illness and debt (alcoholism) - Village 2 in City A, Bihar

This group was founded in May 2016 and decided it wanted to work on health and loans. The group consisted of nine members and was originally in favor of prohibition as a strategy to reduce alcohol abuse. One of their issues was the need to build trust between the NGO and the community (some villagers initially denied the existence of alcoholism due to political sensitivities, while others were accusatory and vocal about alcohol consumption). The group met regularly. During the engagement phase, facilitators ran into problems with men drinking and disturbing the group.

The IDS team supported the group in mapping household expenses before and after prohibition, discovering the impact of price hikes and bribes. This enabled the group to see that prohibition had aggravated poverty. Evidence shifted the discussion from the individual alcoholic to more structural factors such as government policy, corruption and opening hours. The group developed a clear theory of change which focused on harm reduction.

At the beginning of the action research process in Bihar, the group wanted to enforce the abolition of alcohol and to punish those who drank. One of the actions that the action research group undertook was a rally against alcohol in December 2016. This was the first of six rallies but the content changed over time. The later rallies no longer demonised alcoholics but rather questioned alcohol producers and explored the link between alcoholism and bonded labour. People engaged directly with vendors.

"*Who makes alcohol? Rich people invest and make profit from poor. I cannot name the people, but it is locally produced and the western liquor is smuggled from outside and is delivered at home. Everyone drinks but who suffers more, it is the poor*."
(Young male action researcher)

By working with the police and local traders, by December 2017, two liquor shops were closed in the village. During the *Holi* festival drinking alcohol was reduced. The action research group felt that they had been successful. People still buy alcohol from a nearby village but the group believes spending has been reduced and that the environment in the village has improved:

"People used to drink and fight in the evenings. Now, the fights have reduced."
(Female community resident)

"We decide to take on the people who sell alcohol and not the people who drink it. Now we have a good relation with the alcoholics." (Male community resident).

The ARG now feels able to deal respectfully with drunk people and wants to set up a group in the neighbouring village to work on alcohol (because alcohol is produced and sold there).

Theory of Change

If we change the demand for and supply of cheap, illegal liquor and reduce the financing of alcohol through loans, then we can reduce the effects of illegal alcohol production and consumption on bonded labour.

2. NGO 3 - Illness and debt (diarrhea) - Village 4 in City B, Bihar

NGO 3 chose to work on health in a hamlet mostly populated by Dalits. The hamlet lies in a flood-prone area with insufficient sanitation. During the engagement phase, residents had decided to focus on diarrheal diseases. The group had a mixed membership of older and younger residents, including girls and a variety of stakeholders.

Due to open defecation, lack of drainage, waterlogging, and a lack of safe drinking water, diarrhea affected almost every poor family in the village. Many were already weak from malnutrition and long working hours. Those who fell ill had to borrow money, often from moneylenders. Some residents reported falling into bonded labour as a consequence of health expenses. Female-headed households' problems suffered more because of lower income and limited information. Young girls reported that they felt particularly affected by the lack of WASH, as they had to rise early to avoid the shame of being seen. The group developed a clear TOC focused on primary health.

Mapping of water pumps demonstrated that, while government allocations schemes showed a presence of sufficient pumps, pumps were not actually working. They were not deep enough and lacked adequate concrete space around them to avoid waterlogging. Between May 2017 and May 2018, the group undertook a range of activities. They contacted the relevant departments to request new water pumps drilled deep enough to reach clean water, the distribution of three sachets of oral rehydration Salt (ORS) to each family by the *anganwadi* nurse (a local health worker who was also a member of the group), and awareness-raising on Water, Sanitation and Hygiene (WASH). The group supplemented government funds with their own money to buy better material for latrines, and saved money by installing the toilets and hand pumps themselves. The action research group also had a solar light installed.

During the floods in July–August 2017 villages were inaccessible. The action research group volunteered to take charge of relief work and was given a motorboat and two rowboats by the block development office (BDO). They ran an emergency kitchen for 18 days, organised a mobile health camp for animals and people and arranged for a mobile emergency toilet and for the disinfection of flooded water pumps. After the emergency the ARG collected funds and bought lime to sprinkle around drains. The group conducted a joint post-emergency assessment with the authorities and helped citizens to fill in forms to get 6000 rupees in compensation. From January through April 2018 the group worked on health development issues, sharing information on cold-related diseases in January and on meningitis and other health-related diseases in March. The group has reported that diarrheal diseases have been reduced in the village (though not eradicated) and continues to work on health issues in the village.

Theory of Change

If we can improve access to safe drinking water, reduce open defecation, improve knowledge and attitudes around water, sanitation and hygiene - plus strengthen the links with state health services - the taking of high-risk loans for health expenses related to diarrheal diseases experienced by Dalits and Maha Dalits can be reduced.

3. NGO 6 - Illness and debt (Tuberculosis) - Village 6, UP

NGO 6 identified health as their priority issue for action research based on collective story analysis. They proposed Village 1 as the location because it appeared that those who were in bonded labour there were taking significant loans for health problems (landless villagers engaged in breaking stones suffer from dust-caused silicosis which increases the risk of TB - TB was widely reported in this community). The group spent considerable time building trust with the community, using SALT as an approach and taking an inclusive approach (for example including traditional and lay-healers).

The ARG was formed in Jan 2017 and comprised six men and seven women, of whom five were professionals and eight were community members. The group met in March 2017 and held discussions around health issues in the village. Unsafe drinking water and large numbers of mosquitoes in the village were seen as the cause of illnesses. The group developed a comprehensive malaria prevention plan which involved awareness raising and concrete actions such as remove standing water or sprinkling it with kerosene to prevent breeding.

During an ARG meeting in Feb 2017 a doctor also joined the meeting and observed that fever suffered by group members was perhaps not due to malaria but due to TB. TB is common but highly stigmatised and thus people will often not admit that they suffer from it. This resonated as five life stories collected from this village also spoke about TB. To explore this further NGO 6 collected a variety of data and conducted a mapping of TB incidences, listing suspected cases. A Direct Observed Treatment Strategy (DOTS) worker joined the group. The evidence collected by NGO 6 and the DOTS volunteer showed both low uptake and low adherence to TB treatment. "*People don't take medicine for TB because of stigma."* (DOTS provider)

During reflections the reasons for this discrepancy were further elaborated. For example, suspected TB could also be silicosis. The action research group collected data on income and health expenditure and found that a third of income was being spent on health treatments. The group developed a clear TOC using a family-centred approach to TB detection and treatment. The ARG encouraged those suspected cases (27) to get a diagnosis and seek free treatment and as a result seven new patients were diagnosed with TB. Three patients who had not completed their treatments started taking their medicine again. The NGO 6 team also met with a pulmonary specialist in the government hospital in City C conducting research on silicosis and learned about preventive measures on silicosis which they shared with the community. There is no proper diagnostic facility for silicosis nearby.

In January 2018 the IDS team, Rituu Nanda and NGO 6 together developed a short survey to examine the linkages between TB, loans and bonded labour. The ARG took one month to collect the data, during which they managed to speak with people who felt stigmatised and had refused to speak out before. The strong systematic data collection and analysis carried out by this group helped them "*to understand and focus on what we can and cannot do to effectively deal with bonded labour*." (Male NGO field worker). Another group member reflected: "*What has been our biggest achievement? …helping members of the action research group to realise their strengths and use them to address what they are concerned about." (*NGO 6 Staff)

Theory of change

If we increase the uptake of TB diagnosis and treatment - by working with former TB patients who have adhered to treatment, their families and the wider community - we can increase the uptake of treatment and improve adherence thus reducing inter-generational TB and hence reducing modern slavery.

4. NGO 5 - Bihar (Intergenerational bondage) - Village 5

Intergenerational bondage emerged as a theme from the life stories collected in this village. The Action Research Group commenced in June 2016 with 16 members, comprising Dalits and Muslims working in brick kilns. The formation of this group was complicated as after 18 months it identified itself as working on intergenerational bondage - when it was actually working on bondage to brick kiln owners. The group had to change its meeting venue on at least three occasions for fear of the brick kiln owners. Membership fluctuated. By the end of the process the ARG had 17 members. Members initially conflated intergenerational bondage with bonded labour. Once they understood the difference the ARG focused on loans and debts. The ARG created a social map to visualise the diverse loans and debts taken in the village. One issue they found was a lack of documentation of loans- with people reportedly instead placing their thumbs on blank sheets of papers. The Praxis/IDS team suggested that the ARG members find a way to get brick kiln owners to share written proof of the loans they had made - so that this could serve as a documentation of debts (and perhaps of intergenerational debts). The ARG had lively discussions but suffered from weak documentation and limited analysis.

In April 2017 ARG members discussed ways to reduce people's dependency on high interest loans from brick kiln owners. They concluded that by encouraging women to join different self-help groups and find alternate livelihoods and by linking members and their families to existing government schemes they could reduce this dependency. They also reported that health

problems were a major cause of high-interest loans. The group did not systematically collect and analyse data on loans and the reasons for taking them and ignored advice (such as seeking legal advice from other NGOs in the hotspot such as NGO 7 on intergenerational bondage). In June 2017, the group members approached the brick kiln owners to try and understand how much loans they each had made and what remained to be paid back. The group members had to individually approach the brick kiln owners several times to get this information about loans. Due to heavy rains and floods families suffered financially, the ARG tried to help members to get government compensation, group meetings were disrupted.

In December 2017, the Praxis team was informed that group members had completely paid back the loans from the brick kiln owners and that nobody had any loans remaining with the brick kiln owners. When asked how this was possible, the group said the members prioritised repaying brick kiln owners and had found different ways of doing this. It appears that the group used low credit micro-finance loans to pay off the high-interest loans from the brick kiln owners or moneylenders. Some used a part of the amount they received from the government as a disaster relief fund to pay off the loans. Others took a loan from the local money lender to pay off the brick kiln owner, because they feared violence of the latter more than of the money lender. Although this use of one loan to pay off another raises various issues - including gender issues - the group has reportedly learned to document loans and income better. The group successfully found a topic which they deeply cared about - loans - and were able to link families with government schemes, such as Aadhar, to gain government compensation for disaster relief and educational facilities for girls.

This ARG provides valuable insights into loans and debts. It has helped to show that a community may take autonomous decisions that researchers or NGO do not agree with (such as using relief funds to pay off loans). It also offers lessons on how to support communities to make choices that transform gender roles and power relationships.

Theory of Change

This group had no clear theory of change but reasoned that if there are ways to minimise the problems for which members take loans then there will be a reduction in risky loans that increase the likelihood of bondage.

5. NGO 5 - Bihar (Dalit children in school) - Village 7

The Village 7 Action Research Group started in April 2016. When the NGO staff approached the residents of Village 7 Tola to talk about action research, they suggested two areas that needed attention: livelihoods and education. The group decided to focus on education because 20–25 children in the village had gone to Delhi, Punjab and Bangalore for work early in 2016 (to work in zari factories in Delhi, as agricultural labourers in Punjab and in bag-making factories in Bangalore). In March 2016, six children between the ages of 12–15 were rescued from Bangalore through police and NGO interventions and brought back to the village. Some of these children were severely traumatised. Initially NGO 5 facilitated the meetings, but the ARG members gradually took over.

This group comprised parents, as well as stakeholders such as the head teacher of the village school, a teacher and Panchayat members. Parents of children who don't go to school were not able to attend meetings.

The group found that not a single Mahadalit child was going to school regularly, even though they were enrolled. This was because of discrimination in the schools, the poor quality of the midday-meal and a lack of financial support and scholarship/ lack of bank accounts. In addition, the group noted delays in distributing textbooks, the poor quality of the teaching, a lack of Aadhaar cards for children, the limited interest of parents in their children's education and a lack of representation of parents in the school.

The group broadly theorised that when more Dalit children were able to go to school, their lives would improve and it would be good for the community, plus they would be able to set an example for other communities. The group collected data on the number of enrolled children in schools and the number of non-enrolled children and drop-outs. It successfully enrolled 17 girls from the tola through the "Beti Padhao, Beti Bachao" scheme.

In the first few months of 2017, the ARG focused on improving the quality of the mid-day meal, ensuring all children had bank accounts so that they could receive scholarship funds from the government and ensuring the timely distribution of textbooks. However, during the Praxis/ IDS visit in June 2107 the ARG noted that 10–15 children under 14 years were still engaged in work to support their families and that there was a mismatch between the expectations of parents and those of the teachers. Thus, the group was supported to develop criteria and indicators for a good school to measure progress. (These included the quality of food, cleanliness among children, children studying at home after school hours, children going to school on their own / with older siblings.)

During the December 2017 meeting however, the Praxis team found that the ARG had not used this monitoring sheet and thus guided them on creating a social map and using it to map the households against each indicator. In May 2018, the Praxis team found that they had used the tool and facilitated an analysis of the data as well as completing the map to visualise progress.

This group has now achieved significant progress. At the end of the two-year period, the group feels that the fact that no child has migrated for work is a significant marker of success. Enrollment within, and relationships with the school have improved. Parents are actively involved with the school (e.g. monitoring the preparation of the mid-day meal in the school) and are reaching out to the parents of children who are not yet attending school. ARG members have helped ten children get their Aadhaar cards and bank accounts.

Both children and parents report more confidence in the school and that teachers now listen to Dalit families.
"Earlier the school teacher only listened to the Rajput people because we never took an interest. But now, the school teacher and principal has started listening to us also. They also come and join our meetings from time to time"
(community member)

Collecting data still needs to be strengthened. One of the reasons for this may be changes in staffing at NGO 5, which has hindered skills and knowledge transfer. The group will continue to work on education and has been provided M&E tools.

Theory of Change
This ARG formulated a broad and loosely formulated theory of change:
"If more Dalit children were able to go to school, their lives would improve and it would be good for the community – this would be a good example for other communities"

6. NGO 1 - Bihar (Dalit children in school) - Village 3
This Action Research Group started in May 2016 with 12 members, including parents, the president of the school management committee, health service providers and young girls.

The group facilitator encouraged action research group members to introduce themselves as members of the 'Action Research Group Working to Bring Dalit Children to School'. This helped to provide a sense of identity and purpose.

In the engagement phase, the group examined why children in the Dalit hamlet were not attending school and realised that some children were not enrolled and that others were enrolled but had not been able to take advantage of government schemes in place such as bank accounts required for uniforms and fee support. Others did not attend school due to poor awareness of parents of educational benefits, a lack of teachers, poor teaching and the use of corporeal punishment. In May–June 2016 the ARG collected information on these issues, collected data on enrolled, attending and non-enrolled students. Successful subsequent actions included enrolling 13 children in school, opening up bank accounts etc. The action research process in Village 3 increased the enrolment of students in school and raised community awareness of the value of education but in later meetings ARG members acknowledged that some children who had started attending school still came home after the lunch break. The group has been able to link Dalit children to different educational opportunities, including to residential schools.

Over the two years the group overcome inhibitions around having many non-literate members. This was evident in the way they owned and shared the social map and the data generated through it.

However, self-reflection to help the group note their successes plus outstanding or new issues needs further support (although the group now has several strong facilitators and note-takers).

After working for two years on the issue of Dalit school attendance the group has realised that absenteeism (children missing school even after enrolment) is a priority. IDS and Praxis have suggested tools and methods to support the group with these efforts. NGO 1 is also keen to retain the momentum generated by the action research and if needed, to support the ARG as it takes up the next issue.

Theory of Change

The group formulated three interrelated loosely formulated theories of change:

- *If the Action Research Group is able to keep children in school, then children will not migrate for work or work with their parents (and therefore get entangled in bondage situations)*
- *If the Action Research Group is able to ensure basic facilities in schools, children will have an interest in studying.*
- *If parents are made aware of the benefits of education and existing schemes for children, then they will be keener about sending their children to school.*

7. NGO 1 - Bihar (Illness and loans) - Village 8

NGO 1 had worked for two years in Village 8 with Freedom Fund prior to the Action Research. In line with the results of the collective life story analysis they had found that high interest loans that kept people in bondage were often taken out for health-related reasons.

Due to high levels of migration most of the members of the ARG (originally comprising four community members and six health workers) are women.

An initial social mapping listed 28 persons who had taken loans for health. The group decided to invite these people to join the group - seven of them joined.

The group meetings have been irregular due to floods, but the group has met 12 times in two years. The NGO 1 team facilitated and documented initial meetings but after the third meeting two community members took over the facilitation (with a third person taking minutes).

The engagement phase lasted from June 2016 until September 2017 During this phase the group analysed the links between bonded labour and the taking out of loans for illness. The group also discussed gaps in government health facilities, including female doctors, the issue of out of stock medicines, lack of facilitations for complications in delivery and corruption (nurses and staff asking money for services that should be free). “Smart cards” provide a 30% discount on treatment in all private hospitals but some families do not have one. Not all school-going children have health cards.

The evidence collection and analysis skills of this ARG are quite weak. In 2016 the group prepared a list of 28 households that had taken loans for health reasons and based on this decided that health was a key issue. However, the dates the loans were made and the health issues they related to were not reported. In June 2017 the Praxis/ IDS team identified that the group needed more support collecting and analysing data and to develop a theory of change. The group had assumed health to be biggest instigator of loan taking but had no documentation to support this. Loans were also found to be taken to pay for weddings, housebuilding, educating children and migration.

The team showed the group how to use social mapping to visualise loans, diseases and debts, and provided hands on support with other tools, to rank and map. Collective analysis showed that considerable money was being spent on preventable illnesses, such as diabetes, and on illnesses for which free treatment is available, such as tuberculosis. The group decided to prioritise health issues that required sudden expenses, such as C-section deliveries and

typhoid. The group agreed that prevention is better than cure and that one needs to know the diseases in order to know whether a lack of medicines is the problem, or what medicines are lacking. The group took several actions, such as encouraging people to make Smart Cards at the Anganwadi centre. Members also wrote to the civil surgeon to ask for an ambulance service and for medicines to be made available. During the health risks following the floods, the ARG members approached the block office. They also requested the NGO 1 team to hold meetings on prevention of diarrhea. While these actions were related to health they did not follow from an analysis of data collection on loans and health. It was unclear what problem smart cards or ambulances responded to.

In May 2018, Praxis/ IDS asked the group what their main success was. The group reported that they had been able to address the problem of nurses and hospital staff demanding money as a 'gift' after delivery as a precondition to getting the birth certificate. One woman said, "*I told the nurse, I will not give you a penny if you demand it from me. But yes, I don't mind distributing sweets for the birth of my grandchild on my own volition*." However the problem of compulsory "gift" giving in relation to deliveries and birth certificates, is persistent. Of the 21 deliveries that the group has mapped in the last six months, seven were C-section deliveries in the private hospital, and among the remaining 14 deliveries in the district hospital, only two did not have to pay any 'tip' for the delivery services.

Theory of Change

Members developed interrelated loosely formulated theories of change:

- *If the action research group is able to make services accountable, there will be reduced instances of bondage.*
- *If there is awareness of which illnesses can be treated without incurring a huge expense or are preventable, people will not have to go to private hospitals, thereby reducing the need for loans for healthcare.*

8. NGO 2 - Bihar (Illness and loans) - Village 9

This group was formed with support from NGO 2 in April 2016. Many of the men in this mostly Muslim village have migrated for work to different parts of the country and abroad to earn money to pay off loans, leaving women to take care of the households. This led to the formation of a women's action research group, comprising around 15 women from Village 9. This group wanted to work on health as a causal factor of families taking loans. Many local women choose expensive private hospitals over government hospitals due to long waiting times, bribes and doctors prescribing medicines that are not available at the latter.

The group created a social map of the village covering indicators such as households taking loans and households with members suffering from diabetes and tuberculosis. Anganwadi workers and the local auxiliary nurse and midwife (ANM) were involved in the mapping. The group theorised that improved government services would lessen the need for private hospitals and hence loans. They then undertook several successful actions, such as establishing a relationship with the public grievances redressal cell at the hospital (where complaints are filed).

The August 2017 floods and their after effects disrupted the work of the action research group but despite this they missed only four meetings (holding 20 in total).

Although this group attempted to collect data it did not do so systematically. While they theorised that many loans a result of health expenses an analysis of known loans over a two year period identified only five people taking loans as a result of health emergencies - two of which were related to traffic accidents rather than diabetes (as they had thought). One of the biggest challenges faced by the group was women's reluctance to leave their homes, plus a hesitation on the part of group members to pool money for basic expenses (such as travel for advocacy work). During the May 2018 Praxis/ IDS visit the enthusiasm of the group seemed to have diminished. Ramadan and the hospitalisation of one of the core members (due to diabetes) had dampened the group's spirit.

Although group members articulated repeatedly that a focus on preventing diseases might be more effective than buying equipment there were also vocal members advocating that a lack of equipment (such as an x-ray) and medicine were the main reasons behind poor health and big health expenses. In summary this group needs more support to collect and analyse data as well as more primary health knowledge and skills.

IDS and Praxis have passed on a number of suggestions to take processes forwards, such as identifying the causes and preventive measures of different diseases, liaising with medical practitioners, documenting medicines people are commonly prescribed, enlisting the help of a pharmacist to identify affordable and available alternatives and visualising and documenting problems regularly to track progress.

Theory of change

Members developed two interrelated loosely formulated theories of change:

- *If we work on improving government services, there will be less need for private hospitals and hence a reduced need for loans.*
- *If we focus on preventing common diseases that incur large or recurrent expenses, there will be reduced incidences of these diseases leading to less dependence on high-interest loans.*

Process Tools

For each question the groups used participatory tools to collect and analyze data. These included:

- participatory rapid appraisal tools
- ranking
- venn diagrams
- sequencing
- spider webs

All the groups used social mapping at the village level. This was learned during the participatory statistics process, with the maps that had been developed then being populated with additional details showing, for example, the distribution of diseases, or of children in and out of school. These indicators were usually then ranked or re-organised separately to better understand specific problems. For example, on one social map one would see how many households included alcohol drinkers or diarrhea sufferers and on another one would see a visual display ranking occurrence (day-by-day or during different seasons).