

A STUDY ON WELL-BEING STATUS OF GRADUATED RMP WOMEN



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EXECUTIVE SUMMARY

Introduction

Among the many other poverty alleviation initiatives in Bangladesh, Rural Maintenance Programme (RMP), CARE, is one of the largest poverty alleviation programs covering more than 93% of the rural areas since 1983. It has been designed for the most disadvantaged rural women by improving self-reliance through employment creation and livelihood development. RMP has covered 61 out of 64 districts in Bangladesh. RMP consists of two components: Road Maintenance Component (RMC) and Income Diversification Component (IDC). The Road Maintenance Component (RMC) deals with recruitment of ten rural disadvantaged women for four years in each union. During 4 year cycle each group of women is imparted with training on life skill in different years of their tenure to develop their human capital to become economically and socially self-reliant. Out of daily wage, a fixed amount of money is deducted and saved in their respective escrow account with a bank for use as start-up capital for self-managed income generation activities.

Objectives

The broad objective of the study is to comparatively assess the well-being status of graduated RMP women with that of the non-RMP women in Bangladesh. The specific objectives are to: (1) assess the well-being of RMP women in their environments; (2) assess the inequality level, vulnerability, and process of social exclusion affecting the objective states of women's welfare and the scope for agency development; (3) identify material, environmental, political, social, cultural, and psychological factors affecting women's livelihood status; (4) assess how local and national structures and institutions impact on the objective states of women's welfare; (5) assess the contribution of RMP in achieving the objectives of the LRSP of CARE Bangladesh; and (6) forward relevant recommendations for the future.

Methodology

Primarily, qualitative techniques have been used to explore the well-being status of graduated RMP women. For comparison, the former RMP women (graduated 3-4 years back) has been considered as experimental group, and deprived (non-RMP) women of the waiting list of corresponding phases eligible for RMA but could not win the lottery are considered as control group.

The study has covered fourteen unions with two from each of the 7 CARE program regions/Field Offices (Barisal, Bogra, Chittagong, Jessore, Mymensing, Sylhet and Rangpur). The study population comprised women who have graduated from RMP three/four years earlier (i.e. under phases 19 and 20) and the deprived non-RMP women enrolled as waiting list under the corresponding phase(s). The key informants were selected from UP chairman and local CARE staff. The fieldwork was carried out between 03 April and 08 May 2006. In order to explore the changes in RMP women's life and their perceptions of well-being, eight sets of instruments were used. A total of 187 questionnaire survey, 84 PRAs (Wealth-Ranking, Well-being Meter Matrix, and Mobility Map, 28 each), 21 FGDs, 14 KII, and 18 Case Studies covering seven Upazilas (Bagerhat, Rajshahi, Cox's Bazar, Khulna, Mymensingh, Dinajpur and Sunamgonj) distributed over the seven CARE program regions were conducted. A total of 28 field staff were deployed to collect data/information. Besides, three Root Cause Analysis (RCA) exercises have been conducted by the consultants in three unions. Using "qualitative-quantitative intersection", the analysis takes mostly a qualitative turn. Information processing

has been directed towards 'deductive transcription' of quantitatively organized information into qualitative listing.

Key Findings

Overall, the **well-being status** of RMP women is much better than non-RMP women. The current composite well-being score of RMP and non-RMP are 52 points and 43 points respectively, while the base level (for both RMP and non-RMP) was 37 points. 17.3 percent changes in the well-being status of RMP women can be attributed to RMP program.

All indicators of well-being indicate changing well-being of RMP women with 11 out of 22 indicators influenced most. These indicators – according to their share of contribution – include food security, health status, use of health facility, safety outside home, construction material in housing (wall and roof), number of dwelling rooms, ownership of homestead, income expenditure status, ability to save, latrine type, and life satisfaction.

Out of 14 broad components of well-being 8 components combinedly contributed 85% of the net change. These components include housing, food security, health, saving, water and sanitation, life satisfaction, income expenditure, and safety/security inside and outside home. The component that influenced most is "housing security", which alone contributed 17% to the net change. About 30% changes have been contributed combinedly by only two components, namely housing and food security.

At the base level (7/8 years ago), only one-third RMP and non-RMP women had **own house on own homestead**. Currently, 50% graduated women own both house and homestead, however, it is only 25% among non-RMP women.

About 7-8 years back, around three-fourths of women from both the groups lived in dwellings having only one room. Currently over half of the RMP graduates are having two or more living rooms, and around one-sixth having at-least three rooms in their dwellings. To the contrary, only around one-fifth of non-RMP women are having more than one living room. Not only the number of dwelling rooms, but also affordability of using better quality of construction material for housing among the RMP graduates has increased as compared to the non-RMP women.

In general, the **food security** situation of RMP graduates has improved a lot. Currently 58% RMP women can afford three meals a day except few days of natural calamities, and about 34% can afford three meals round the year. The corresponding figures for non-RMP women are 24% and 4% only.

Both RMP and non-RMP women have indicated that their food security depends mostly on their income (i.e. job security and successful IGA). Ms. Farida Yasmin of Phulpur, Mymensingh said, *"RMP has not only provided us with work for four years, but it has helped us involving in income earning outside home. Moreover it has provided us various training, and increased our mobility and confidence. Now we can work anywhere in the locality and earn our livelihood. When we do not have sufficient work here, we form a women group and go to Dhaka or other surrounding districts and involve in earthwork. I have work for most of the days in the year, I save some amount regularly, and my family is fed round the year"*.

A general trend of improvement in **health status** of RMP women has been reported. The reasons for attaining relatively 'better health condition' include (i) improvement in food affordability, (ii) increased practice of consulting health service providers, (iii) increased

nutritional and hygienic awareness, and (iv) less tensed life due to increased self-confidence. In words of Ms. Meena of Chatak, Sunamganj *"I know that for us, the poor people, health is the highest form of wealth. There are public facilities for serving the poor. Although free medicine is rarely available there, they provide good treatment. I usually buy medicine from outside. After all if we do not look after our health, our misery will increase. CARE Apas (RMP FTs) taught us all these"*.

Among RMP-women, around 85% have reached a level of **income** which **meets** their **expenditure** (in their context). About 45% of non-RMP women have reported the same.

About three-fourths of RMP women have some **savings** and one in twelve possess a reasonable amount of savings. Among non-RMP category, only one in eight has some savings. Most women having reasonable amount of saving are economically strong, and those having some saving are confident of a better future.

Around 40% RMP households currently own some **agricultural land**; the same was 25% before joining. Only 16% non-RMP households own some land.

Over one in four RMP graduates currently possess two or more type of **durables** and about two in five have at least one, while around one in four non-RMP women possess one or more such items.

About 70% RMP and 51% non-RMP women have stated that in terms of **safety/security** outside home they feel better now as compared to before. Ms. Rahela of Bahadurpur explains in this context, *"Previously we were afraid of going outside home. It was very uncommon that a woman goes outside the para for work or any other purpose. Therefore, we suffered a lot. However, during RMP days we worked at different places of the union. We are provided with so many trainings. We came to know different people like UP chaimen, members. Once we even went to UNO to complain irregularities in getting wages. Some of us participate in 'shalish'¹. Now, we are in a position to go to bazar, health centers, UP, bank or any other offices confidently. We are active, vocal and we stand for each other. No body dares to tease us or behave badly with us. They know that our fellow sisters and other people will always stand in our favor. Moreover, none can cheat us! We know how to bargain. Due to this, people call us 'mahila mukti bahini' (female freedom fighters)"*

RMP graduates acquired more **confidence** on their capabilities, and they are more satisfied with the changes occurred in their life after joining the program. About 50% former RMP women are now satisfied with their life, which is 25% among non-RMP.

As compared to non-RMP, the RMP women reported higher **participation** in conflict resolution in community, in community meetings and in lodging complaints to the authorities. About eight years back, at the time of their joining to RMP none of them use to participate in 'shalish', community meetings, and lodging complaints to the authorities. At present around one in six RMP and one in thirteen non-RMP women participate in 'shalish' and/or participate in other community activities. Some RMP participants reported that there are many instances where they participate in the process pro-actively, their voices are adequately heard, and some even act as one of the arbitrators.

¹ Community Arbitration (informal way of conflict resolution)

Mobility of most RMP women has increased. Most RMP women currently visit local markets, local level government and other offices, children's schools, and health facilities; and can talk with unknown male and any influential community people. Most of them participate in community affairs, and settle social disputes through 'shalish' (arbitration). Among their non-RMP counterparts lesser proportion of women have shared doing so. Much less proportion of women have reported of such ability of doing the same about 7/8 years back. Ms. Hamida Begum, a RMP graduate has shared, *"We were very much scared of breaking the taboo. During the early days of working in RMP, we tried to hide in the roadside houses instead of working. After some days, one of our monitors found us in one of our hiding. He took us back to the road and explained that our job in RMP is a job just like hundreds of others. It will feed us, and our sincerity in the job will lead to a change in our life. We should not be ashamed of it, and added that no one in the community is going to provide us with a job. Years after, I still remember his motivational words. Now I am not ashamed of any work. Most of us like me can go to any place if it is needed."*

In general, the **poverty status** of RMP women over 7/8 years has improved at much higher pace than that among non-RMP women. During the same period, the overall poverty among RMP graduates has been reduced by 58% and that among non-RMP by 45% though both started with a common low base. Among RMP women, the share of uppermost cohort (of four poverty cohorts: *non-poor*, moderately poor, poor, and very poor) has increased compared to before by four folds, while among non-RMP by only 0.5 percentage points. At the same time the magnitude of very poor group among RMP women compared to non-RMP has halved.

Besides, the usual slow pace of poverty reduction in Bangladesh, the RMP interventions (learning to work, building capital through accumulation of resources, training, confidence building and raising awareness on self dignity) were more instrumental for attaining higher pace of poverty reduction. In words of Rina Rani, *"We are now, in general, better than before. People like us: disserted/separated/divorced/widowed had in the past no other option than to depend on the mercy of relatives and others. But, RMP provided us not only with jobs for four years but opened our eyes. We know we can work, go out side homes, have learnt different trades. We have earned our dignity in the society. What we have in the past? No own place to live? Only some casual earning, otherwise begging mercy of the community. Now, I have my own house, cattle, trees, stable earning from my small village grocery (gross sales: Tk. 200 – 300), have enough food from my earnings, modest sharee, I have necessary furniture and other durables.How I earned all these? While working in road maintenance, I saved some amount (Tk. 20 per week) with CARITAS besides the mandatory part of RMP savinings. I received a cow loan from CARITAS. After returning from road work, I spend about 2-3 hours for raising the cow. Within a year it gave birth of calf. I raised both of them, and sold the milk in the village market. I lived with the earning of RMP and continued saving. I also saved the earning from the milk with CARITAS. Next year I sold the calf, but the mother cow gave birth to another. This time I decided not to sell the calf. At the fourth year we were given some training and after that we were given Tk. 7000 from our RMP savings. I bought about 1.5 decimal land from that money, built a thatched house and invested about Tk.1000 in grocery business in my house. I run the grocery in the second half of the day while in the first half I worked in the road. I gave my only child (son) to school. Now I visit doctors for health services"*.

The processes explaining improvement of RMP women include following: (i) most were not involved in work outside home before joining RMP, (ii) now they can go anywhere for work, (iii) household income has increased compared to before due to involvement in various IGAs, (iv) in some families, the number of income earners has increased and most of them (additional earners) provide support to the families,(v) they live a modest life, and do not indulge in 'lavish'

spending because they know the worth of saving, (vi) they use to save certain portion of income as they are more conscious about future, and (vii) due to RMP learning, they can meet-up the food crisis during bad days from the savings.

Assuming total development of an individual women as 100 units, for an average woman currently belonging to *non-poor* cohort, RMP has contributed 20.5 units, all other agencies/factors 0.5 units and she herself (responsible) 79 units in attaining her current livelihood status. For those RMP graduates who are at present in *very poor* cohort the “other agencies/factors” pushed back their improvement efforts by 25.5 units (-), while RMP has provided 36.3 units of push forward thrust (+) to them. The individual responsibility of the women for being in the lowest poverty category is 89.2 units.

In terms of households **decision-making** the RMP women are more capacitated than their counterpart non-RMP women. Most non-RMP women themselves have said higher decision making power of RMP women in terms of their going to market, meeting doctors at times of sickness of children and elderly persons, selling home-based agro-products and handicrafts.

RMP has enormous positive impact on women's **control over their income**. Most RMP women have access to and control over their own income. In contrast, most non-RMP women often pass on their entitlement to others – especially to sons, and then husbands. A few non-RMP women mentioned that through learning from RMP women's experience, they also now tend to establish their control over own income, implying a spill-over effect of RMP on non-RMP women.

RMP women suffer from lesser **violence**, both **at home** and **community level**, than other women in the community. Since violence against RMP women is reduced, their frequency to go to police station and seeking help from police is also reduced. Moreover, about 60% of the RMP women perceive that they have earned the capacity to lodge complain with the Union Parishad for remedial shalish purpose. Non-RMP women lag behind RMP women in this context (nearly 39% retain such capacity). A woman has stated, *“some youths in the vicinity began to disturb my adolescent daughter. While the incidents came to my knowledge, I instantly met Union Parishad Chairman, members and the Upazila Nirbahi Officer (UNO). Soon the bad boys realized the possible future consequences of their misconduct. Since then, they never dared to advance anymore with such behavior”*. She has added further, *“If I would not have learned about value of my dignity, equity and voice for dues and rights through RMP, I would never have had that courage to go up to the UNO”*.

RMP women have higher **crisis coping** preparedness compared to non-RMP. In crisis, RMP women primarily depend upon their own savings, while non-RMP women largely depend on either on loan from different sources or on the mercy of others.

RMP empowers women through various pathways of awareness, mobility, technical know how. Training on saving creates a saving oriented mind. Training enhanced mental strength of poor people who can now dare to go to different places in time of need.

Overall, RMP women are more **satisfied** with most of the well-being indicators compared to non-RMP women. More than half of the RMP graduates reported to be happy in four indicators: current status of housing type, availability of credit facilities (source), level of monthly savings, and safe drinking water. Almost similar proportion is somehow happy with their present level of monthly income, level of education, and their current acceptability in the society. Very few of the non-RMP women reported their happiness on these indicators. A large majority have shared

that they were fairly unhappy before (7-8 years ago) with their type of housing, income, acceptability in the society, and access to credit and savings facilities.

Key **success factors** of RMP women include: learn to earn; planned expenditure/manage expenditure; savings/tendency to save; increased mobility; proper utilization of training; increased decision-making capability; investment in productive sector; ability to demand right wage; declining shyness; affiliation with other organization; and employment of husband or son.

Many instances are there when women have failed to sustain the relative improvement attained during their work in RMP. Major **reasons for failure** are: (i) could not save, (ii) not using training properly, (iii) sudden medical cost, (iv) daughter's marriage (expenses including dowry), (v) expenditure greater to income, (vi) house construction with greater cost, (vii) loss in business, (viii) inability to recover loans, (ix) proceeding litigation and (x) decrease in income.

A few RMP crews who were destitute at their earlier stage has improved their social acceptance at such a level which has reflected in their **political empowerment** through their participation in election, campaign, and finally being elected as representative of local government bodies.

Based on the above findings, it can be concluded that Bangladesh has made substantial progress in reducing poverty over the last decade – one of the crucial and expected outcomes of RMP. In almost all the areas of LRSP, namely, extent of knowledge on women rights and social justice, economic role, quality education and poverty reduction, substantial progress was noticed among the RMP graduates compared to the corresponding non-RMP women.

Recommendations

Based on the analysis of this study, it can be concluded that RMP is one of the few distinguishable models of success of transforming the human resources of the marginalized rural women into the driving force for poverty reduction. Given due consideration to the above positive and thought provoking findings, it can be concluded that the poverty reduction endeavors mediated through RMP acted as an accelerator in enhancing the well-being status of the former destitute women, who were part of RMP. Upon lessons learnt, the following suggestions are made so that CARE Bangladesh may consider paying greater attention to overcoming limitations of RMP for future-day replication of similar or likely programs -

1. ***Encourage investment in productive sectors:*** Many of the RMP graduates invest or had to spend a large amount of the capital for non-productive affairs like housing, homestead land, payment of dowry etc. As a result, no or insufficient money is left for business. In this connection, the following suggestions put forth by graduated RMP women themselves worth considerations: increase RMP daily wage; increase RMP duration from 4 to 8 years; increase 'forced savings' part of savings; ensure rational use of savings deposit; provide low interest loan for housing during RMP; and provide low interest business loan.
2. ***Design built-in coping strategy:*** Development program with such ultra poor population should have a well-designed coping strategy. Coping scheme, for example in the form of insurance (social health insurance to cope with catastrophic expenditure), low interest loan during lean season, support during flood can allow them to sustain their earning for longer period.

3. Integrating safety-net provisions: Despite RMP developments, it is learnt that graduated women's vulnerability still persists in terms of absence of adequate safety-net. Safety-net may include revolving IGAs, pension plan, deposit scheme, welfare fund, disability insurance, accident insurance plan etc.
4. Emphasize demand side in income diversification component (IDC): More attention is to be paid in rational utilization/mobilization of resources. Income Diversification Component is to be further fortified with demand side components. Beneficiaries should be encouraged for organizational affiliation, which may help accumulate capital for IGA.
5. Address social shocks: Dowry and violence against women constitute two major shocks inhibiting progress. Therefore, extensive measures should be taken in the future RMP to reduce the effects of these social shocks.
6. Non-formal education: It is suggested that CARE would integrate in its future program bundle informal literacy, adult literacy, night school, feeder school for working women. Such scheme would surely enhance destitute women's level of consciousness and voice and choice.
7. Built-in gender training for male members: Women who has male members at home, project should give more emphasis in organizing special training on gender issues (relationship between men and women), so that male members would understand what is going on and thus they do not create problem and as a result many more poor and helpless women can come and join the program.
8. Include training on multidimensional technical skills: In overcoming the unprecedented distress situation, training on various technical skill including entrepreneurship training on diverse local demand-based subjects can help reduce problem of unemployment and offer diversity to sustain the IGA.
9. Integration of monitoring and follow-up: Most women mentioned that they could have done much better, and sustain IGAs if there were concerted monitoring and follow-up, and technical support from CARE even after their graduation from RMP. Thus, it is suggested that post-intervention monitoring and follow-up needs to be considered as an integral part of any intervention for destitute women's livelihood development.
10. Seasonality compliant program formulation: Seasonality varies over regions as well generate variable affects in livelihood conditions of destitute women. CARE needs to reconsider innovating and incorporating seasonality-based alternative IGA options. When seasonality bars women from working outside, in-house IGAs may save them from seasonal distresses.
11. Integrated approach for low-cost housing for women: This is evident that women's destitution hardly changes due to most women's dependence on others for shelter or housing. This is why their domestic insecurity is much greater than outside insecurity. Thus, it is suggested that CARE may consider initiating low-cost housing provision for homeless women and/or relate the crews with "cluster village" program of the government.
12. Networking with services providers: It is evident that one of the weakest aspects of the RMP is that it could not guide women realize and be activated toward accumulating as much benefits as possible from available external service providers. This is why even some eligible women are deprived of their due VGD/ VGF cards. Given all learning due consideration, it is recommended that CARE Bangladesh's any such similar package

needs to consider forming a small networking and liaising cell. This cell would list, mobilize, motivate and lobby with external service providers to convince them toward extending their support to women. As well, the cell may train and make women aware of all available service providing agencies around; as well as educate them with all techniques to establish their control over service provisions of these organizations. This would enhance greater mobility of women, as well, serve as an alternative means of safety-net for women.

13. Accelerate process of political empowerment: Economic and socio-cultural empowerment of women leads crystallization of political empowerment. Some RMP women have been elected as members of Union Parishads. To accelerate this process, leadership and right-based training should be made compulsory in the program.

Comparison of well-being status of RMP and non-RMP women (%): Key Table

Indicators	Before ¹ : RMP and non-RMP	Current ²	
		RMP	Non-RMP
Housing			
Own house on own land	31	51	28
Number of dwelling rooms: 2+	26	54	22
Use of tin as construction material	42	83	68
Food			
Can afford three meals a day round the year	12	34	4
Health, water and sanitation			
Visit health facilities where medically competent provider available	17	62	37
Own tubewell	11	21	4
Own sanitary latrine	11	40	20
Income-expenditure			
Income satisfies expenditure	25	85	45
Asset-ownership			
Own agricultural land	25	46	16
Have savings	4	47	8
Education			
Can afford sending all children to school	43	51	47
Safety-security			
Better Safety-security inside home	35	59	57
Better Safety-security outside home	29	70	51
Social participation			
Associated with NGO	17	44	30
Community status			
Participation in 'shalish'	-	18	10
Family life happiness			
Satisfied and very satisfied	39	54	51
Life satisfaction			
Satisfied and very satisfied	7	50	20
Composite well-being scores (points)	37	52	43
Poverty status			
Poverty status: very poor (%)	60.8	24.5	50.0
Poverty reduction index	0.38	0.58	0.45

¹ Before-refers to time immediately before joining by the women to RMP (about 7/8 years back).

² Current refers to April 2006.

RMP women’s level of satisfaction on selected indicators: research findings and sustainability analysis

Indicator	Reported satisfaction level	Researchers findings	Sustainability analysis
Housing	Nearly half women are happy with present housing condition compared to before	<ul style="list-style-type: none"> • Currently more than half of the women own both house and homestead. • Similar proportion of women having two or more living rooms in their dwellings. • Women are using more quality construction materials (viz. .tin) for their houses compared to before. 	Housing is one of the prime basic needs for any human being. In general housing security of women has improved as a consequence of their involvement in RMP. Whenever these women are able to mobilize disposable resources, their first priority is to invest in housing. In most instances, it (improvement of housing) has been achieved using a significant portion of their savings. Therefore, it is suggested that in future CARE may consider initiating low-cost housing provision for homeless and/or relate the crews with “cluster village” program of the government.
Economic security	Nearly half women are some how happy and some are happy with current level of income. Currently nearly half women are happy to have some savings, which they do not have before	<ul style="list-style-type: none"> • About 34% women can afford 3 meals round the year, and another 24% are almost in same level except the days of natural calamities. • Around 85% reached a level of income, which meets their expenditure. • About half of the women have at least some savings. • Most women either does not have access to credit and/or avoid the same. However, proportion of those who have some credit among women has increased by two folds. 	Around 38% women reported having their current daily household income equivalent to or more than that of RMP wages. Similarly about 32% have their monthly savings at the level of RMP days. It allows them to maintain modest but near to poor livelihood. Interactions with the women reveal that if they are not severely bothered by health related and/or other major shocks, it is more likely that their current livelihood will sustain. However, as the women commonly use to channel sizable amount of resource for improving their housing, no or insufficient amount of money is left with them for investing in IGAs. Therefore, more attention is to be paid in rational utilization/mobilization of accumulated resources. For enhancing the technical and professional capacities and/or sustaining the IGAs, training on various skill developments and diverse local demand-based subjects is to be introduced in future programme.
Cultivable land	Large majority of women are unhappy because they do not own or own very small amount of land	<ul style="list-style-type: none"> • About half of the women do not own any land and only 8% own more than 50 decimals. 	The reported affiliation of these rural women with agriculture (land) before joining RMP became low due to various reasons. However, the dream for owning agricultural land has remained high. Therefore, a large number of them have invested in any of the traditional forms of land mortgaging activities and involved in production.
Social acceptance	Nearly half women expressed their satisfaction with current status of social acceptance, which is higher than before	<ul style="list-style-type: none"> • Around 46% women participate in community events including 18% participating in ‘Shalish’. 	Social acceptance scenario of the women has improved over time with the improvement of economic status. Although, a large number of women have reported involvement in community activities, around one-sixth has reported participation in dispute mitigation (‘shalish’) at the community level. In most instances, the participants do not have any decisive role in ‘shalish’. However, the presence in ‘shalish’ itself indicates some sort of improvement of community status. It is therefore suggested to impart training to the former RMP women on conflict resolution for ensuring better dispute mitigation for the poor and establishing their right.
Affiliation to social organization, NGO etc.	Half of the women expressed their unhappiness with the current status of affiliation to social organization, NGO etc.	<ul style="list-style-type: none"> • While 44% women are involved with the NGO driven micro-credit activities, the participation in and/or affiliation to social organization in general is low. 	Women- through their involvement in RMP- have developed their individual capacities to a large extent, they are left aside and not yet became integral part of most the community based developmental activities. Their capacities as development agents at the grassroots are not utilized.
Local representation	Almost all women are dissatisfied with current level of local representation (local government)	<ul style="list-style-type: none"> • Although, most women have become active and vocal, only 2% of them have contested local government elections. • The representation of former RMP women as sitting members of ‘union parishad’ (UP) is too low. • Only 80 members out of 13,500 female constituencies in UP all over the country belong to them. 	To accelerate process of economic and socio-cultural empowerment women and crystallize of political empowerment of the poor, more poor women with exposure in RMP is needed in ‘Union Parishads’ as members. A leadership and right-based training should be made part of future program.