

EVALUATION REPORT

Healthy Children – Healthy Adolescents – Healthy Families



Project Implemented by:



Project Supported by:



Phase Ending Evaluation

(17th to 20th March 2015)



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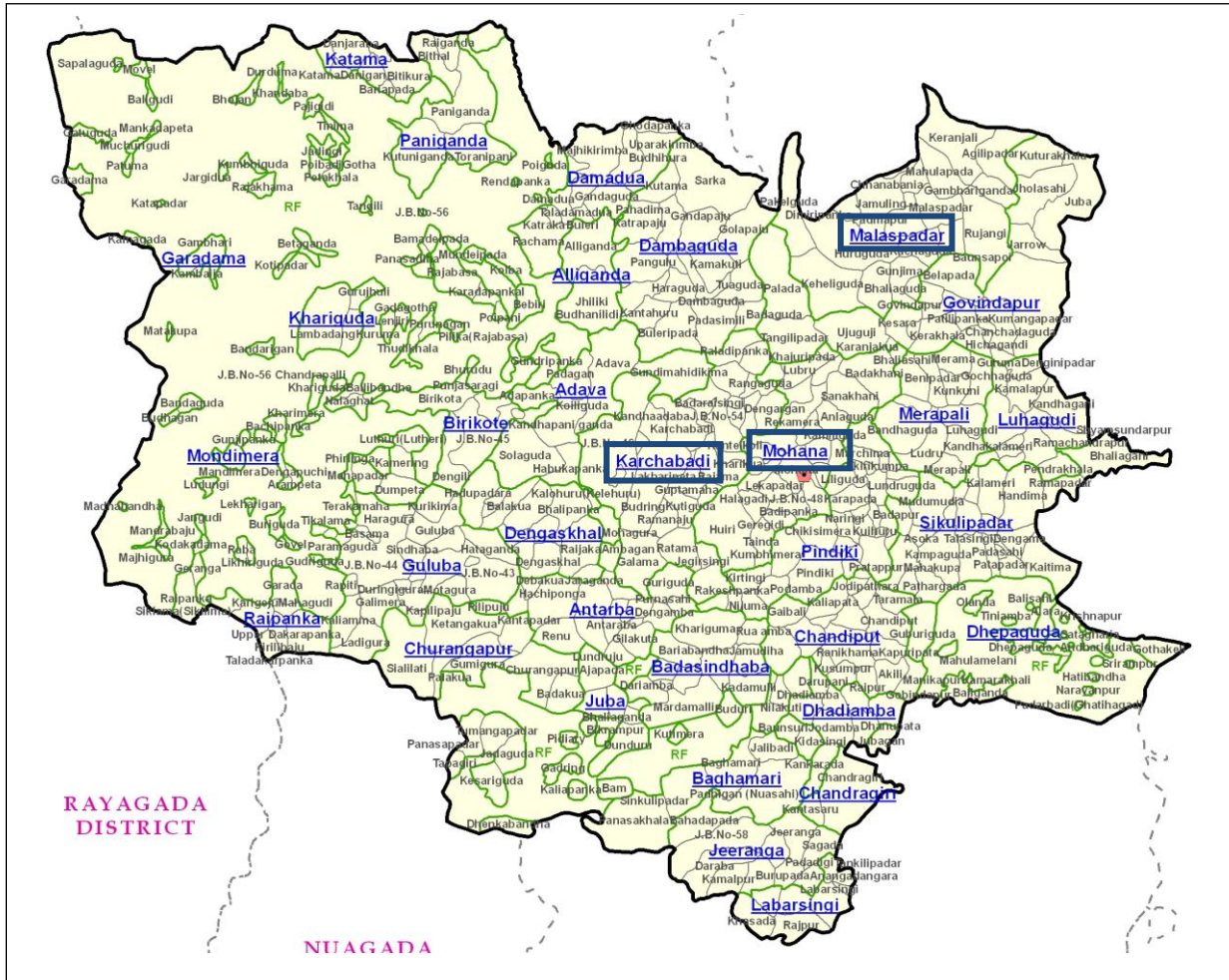
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Acronyms

ASHA	Accredited Social Health Activist
AWC	<i>Anganwadi Centre</i>
AWH	<i>Anganwadi Helper</i>
AWW	<i>Anganwadi Worker</i>
BEO	<i>Block Education Officer</i>
CSOs	Civil Society Organizations
CDPO	Child Development Project Officer
GP	Gram Panchayat
IEC Material	Information Education Communication Material
IFA	Iron with Folic Acid
M & E	Monitoring & Evaluation
MIS	Monitoring Information System
MT	Master Trainers
NTFP	Non timber Forest Produce
OBC	Other Backward Castes
PDC	Panchayat Development Committee
PRI	Panchayati Raj Institutions
ST	Schedule Tribes
VDC	Village Development Committee

Map of Mohona Block showing project GPs



1. Executive Summary

SACAL has been implementing the project “Healthy Children – Healthy Adolescents – Healthy Families”, in 60 villages spread across 3 Gram Panchayats of Mohona Block since April 2012. The evaluation commissioned by SACAL was scheduled from March 17 – 20, 2015.

Mohona block is characterised by inhospitable terrain, remote villages, poverty and underdevelopment. The coverage of villages in the gram panchayats is close to 90% which means that the influence of the village based CSOs would be substantial at the revenue village or panchayat level. A sizeable percentage of the villages are small as a result the leadership pool in these villages is very small. Under this project two types of CSOs was promoted by SACAL – Village Development Committee (VDC), Gram Kalyan Samiti (GKS). The GKS is formed under mandate by the government, but the VDCs are promoted by SACAL. The GKS is at the level of revenue villages, which may include many villages in the SACAL target area. It is the VDC which forges the linkage to ensure services reach the village. CSO strengthening has ensued from the project interventions in 77% VDCs and 81% GKS.

The knowledge levels among the community pertaining to safe motherhood, adolescent health, nutrition have improved and also in specific target groups like mothers, adolescents and government extension staffs (ASHA & AWW). The trainings have generated a lot of enthusiasm and demand for services. This is seen mostly in villages with AWC and active extension workers. The improved knowledge levels are acknowledged by the block representatives from the child care, education and health departments. Use of IEC material has helped in adding the visual component to the education promotion thereby improving retention levels. Gaps in technical knowledge of staff can be looked into for increased effectiveness. Public health themes on tuberculosis and malaria can be added to the fold as these are commonly found in the area.

The improved knowledge levels have created a demand for services in about 44% of the villages. Improvement in outreach to remote villages can help in this process. SACAL can look into further issues of attrition in the staffs and plan for specific GP wise targeting strategies to improve outreach education. Adolescent peer educators’ trainings though undertaken, gaps in follow up of the Master Trainers should be bridged.

The activities planned in the project have been undertaken as per target though in a limited time frame due to staff attrition and the natural disaster (cyclone Hudhud), which struck in October 2014. One of the GPs of the project area was severely affected.

Among the activities that resonated with the community most are the kitchen garden promotion (both community and individual levels), cooking of millet based recipes in promoting nutrition, health camps and baby shows. Changes in practice of the people are seen in ensuring personal hygiene among children, ensuring regular weighing of children below five years, cooking of millet recipes. Accountability from government extension staffs have improved as mothers demand services for children under five and also support the AWW in the village. However, promotion of institutional delivery is a gap area needing attention. Health camps should be promoted in only difficult to reach villages of the project area.

CSO strengthening achieved in 77% of the villages is extremely good progress. This effort should be continued in all villages and specific strategies to target the remaining villages should be undertaken. It is envisaged that with minimal support the activities like kitchen garden and millet recipes promotion for nutrition can be undertaken. The environment is right for promotion of traditional food systems and cultivation of a variety of traditional crops in the area.

Specific GP based planning needs to be included in the implementation strategy, in the next phase as issues and knowledge levels differ vastly, as does the terrain and remoteness. The high attrition levels staffs should be addressed to enable continuity of knowledge and efforts and improvement in project performance further. A structured monitoring and evaluation system based rational indicators needs to be introduced for impact level results to be mapped. It will also support in monitoring of the project and planning in course of interventions.

The good will generated in the community and government circles of health, education and nutrition has opened doors for further collaboration and scaling up of project. SACAL should capitalize on this plan the next phase accordingly.

2. Purpose of the Evaluation

Given the context that the project being implemented since April 2012 and nearing completion (March 2015), SACAL decided to undertake an evaluation of the project activities to understand its effectiveness. The evaluation would not only establish the performance status but also could form the basis for charting a future direction for the next phase of project. The discussion with consultants was to undertake the following:

1. To assess the current outcomes and impact of the project as measured against the project plan
2. To analyse the extent to which changes brought about as a result of the project are of a sustainable nature
3. To assess the project in term of its planned activities, outreach to the desired villages and beneficiaries.

The assessment has focussed on three components within the project interventions. These include

- **Knowledge** – Benefits and critical gaps
- **Action (effectiveness)** : By community and practice of initiatives
- **Sustainability of project interventions:** government linkages, CBO initiatives, future changes for adoption of ecological agriculture

In the process of evaluation project performance in the above mentioned spheres, certain project strategies and supportive processes were also looked into which were facilitative and recommendations for changes to the same could provide better results. These have been highlighted in the section on **Program Strategies and Supportive Processes**.

3. Methodology

Methods & Procedures

The methods used for the evaluation included desk review (based on information provided by SACAL), site/village visits, interviews with project team, interviews and discussions with community members (primary stakeholders) and other secondary stakeholders (Government Officials) who are involved in the process.

The *Desk review* was done based on project proposal, quarterly progress reports, evaluation reports and data sets of achievement of project outreach. Secondary information was also studied to look at the demographic composition, issues of tribal groups, problems relating to agriculture and nutrition in the area.

Village & Site Visit was undertaken on two days and it mostly focussed on meetings with CBOs, discussion with direct project participants (mothers, adolescent boys and girls some of whom were master trainers, government extension workers for health and child services)

Discussions and interviews were undertaken with concerned government officials for Health, Education and Child Services. Staff discussions and interviews were undertaken to ascertain their perspectives on the project and also the challenges they faced in project implementation. The perspectives of the staff were triangulated in the field visits through the various discussions and interviews.

Tools: Specific tools for interviews and discussions were not designed, but prompts to be used for the same were listed to maintain parity between the personnel of evaluation team.

Selection of Villages and Sampling:

Selection of the villages was based on random sampling. The sampling was done by lottery using chits for all the 60 villages. Two villages were changed from original selection as reaching them would not be possible due to paucity of time. One of them was a hill top village and the other across a river. The change was done in consultation with SACAL.

The final schedule of the evaluation is given as under

Date	Activity	Tasks/Methodology
18/03/15	Sharing of evaluation objective and the schedule with the team of SACAL	Lecture and open discussion Presentation from the team on the project.
	Visit to 2 Villages of Karchabadi GP (A Khajuripadar, Karchabadi)	<ul style="list-style-type: none">• FGD with Adolescent girls & boys• Interview with mothers• Discussion with VDC• Interview with ASHA/AWW
19/03/15	Village visit (5 villages in 3 GPs) Dhepanaju, Palakua, Gunjima, Jhatikasahi, Mahulapada)	<ul style="list-style-type: none">• FGD with Adolescent girls & boys• Interview with mothers• Discussion with VDC• Interview with ASHA/AWW• Interview with Ward member• Interview with Govt Officials• Interview with Staffs
20/03/15	Interview	Meeting with Executive Head (Secretary)
	Exit Meeting with SACAL Team	Discussion

The details of the villages visited are given below:

Gram Panchayat	Village	Total HH	SC	ST	OBC	M	F	Total	0-5 Yr		10-19 Yr	
									M	F	M	F
Karchabadi	A.Khajuripada	38		38		94	75	169	24	20	15	11
	Karachabadi	85	12	56	17	221	183	404	34	33	23	27
	Dhepanaju	0				70	62	132	12	16	8	9
Malaspadar	Gunjima	13		13		30	32	62	6	5	10	6
	Mahulapada	28		26	2	78	64	142	5	5	13	24
	Jhatikasahi	15		15		17	21	38	7	8	11	9
Mohona	Palakua	15	0	15	0	37	42	79	1	4	13	8
TOTAL		194	12	163	19	547	479	1026	89	91	93	94

The table below gives the details of the number of discussions and interviews undertaken as a part of the evaluation

Interface with	Discussions	Interviews
VDC	5	0
Adolescent boys	0	4
Adolescent Girls	2 (10)	2
AWW	0	5
ASHA	0	4
Mothers	3 (23)	4
Ward Member	0	1
Government Official (BEO, CDPO, MO in charge)	0	3
Project Staffs	2	3

Limitations of the Evaluation

The evaluation was majorly dependent on the qualitative methods used and has a very small component of quantitative information which was provided by SACAL reports. It is difficult to estimate the overall change in the situation related to nutrition and health in the area as a result of the project, but broader trends were seen.

The coverage of villages in the evaluation was approximately 12% of the total. The difficult to reach villages across rivers and on hill tops were not visited due to paucity of time.

The language spoken in some of the villages was Saura and few people spoke Odiya. Women in few villages did not speak Odiya at all. In few situations translation by SACAL representatives was needed.

4. *The Project Area and Background*

The major part of Gajapati district belongs to hilly terrain and undulated topography, which is inhabited by the tribal groups. The dominant tribal group are the *Sauras*. More than 60% of lands are situated in hilly terrain, which are high lands, mainly suited for horticulture plantation and other cultivable land belongs to the category of medium lands and low lands.

Agricultural production is low due to the terrain and 29% of the land is under forests. Irrigation potential is also low in the district ranking it at 20 out of 30 districts.

Tribal groups are the dominant (50.78%) inhabitants of the district and the SC groups are 7.5% of the population. The Saora (Saura) community are numerically the largest tribal group in Gajapati District. This district has a higher female to male ratio with 1042 females every 1000 males. Literacy levels are poor (65.58%) with female literacy at 43.59%. The district is ranked 28 out of 30 in the food security outcome index and is extremely food insecure¹.

A study carried out by World Food Program² in 2013 among school children (6-14 years) in Gajapati revealed that 19% of the children were stunted (low height for age), 14.5% of the children were wasted (low weight for age). Overall 63% boys and 68% girls were affected by anaemia, with a higher prevalence among lower primary school students aged between 6-10 years (73% boys; 74% girls). About 50% of all children in the sample had fallen ill and not attended school regularly in the previous six months. Another study quotes more than 54% of the tribal children under 5 years (constituting 12.14% of total population) are malnourished in the district.

The tribals produce mainly cereals (like paddy, maize finger millet, sorghum and pearl millet a little of pulses & seasonal (Rainy) vegetables. The traditional pattern of cultivation was mixed cropping which has cereals, millets, pulses, oil seeds and vegetables. However, with the introduction of new agriculture policies/practices this has changed. Today the food is mainly devoid by proteins and micro nutrients. The replacement of traditional millet cultivation with hybrid maize and other similar replacements have meant the continual eroding of traditional cropping systems. The BGREI³ program is promoting maize and paddy based cropping using subsidised input packages in the area. The seeds given are not the traditional seed varieties (maize is hybrid seeds) and also promote chemical intensive agriculture. The rapid increase in people afflicted with micronutrient malnutrition during the last three decades coincides with the expansion of "green revolution" cropping systems in developing nations. This pernicious, but preventable human health crisis calls for a new agenda for agriculture, an agenda that not only focuses on the agricultural community and staple food production as the primary goal, but one that also recognizes the urgent need for agriculture to adjure attention to producing enough food of high nutritional quality and diversity to satisfy a balanced diet for all people thereby ensuring healthy and productive lives.

The district is part of the red corridor which describes an impoverished region in India that experience considerable Naxalite communist insurgency. These are also areas that suffer from the greatest illiteracy, poverty and under development. Mohona is one of the affected blocks.

¹Food security Outcome Index (FSOI). (2009). Published by Institute for Human Development and World Food Programme.

²World Food Program. (2014). WFP India: Improving child nutrition through rice fortification in Gajapati. February 2014.

³BGREI - Bringing Green Revolution to Eastern India.

5. Findings of the Evaluation

The findings have been categorised as

- **Knowledge** – Benefits and critical gaps
- **Action (effectiveness)** : By community and practice of initiatives
- **Sustainability of project interventions** : government linkages, CBO initiatives, future changes for adoption of ecological agriculture or project interventions

However, in the process of looking at program performance based on the above 3 criteria, the team has some suggestions on **program strategies and supportive processes** also.

Increase in Knowledge

To help improve knowledge levels, trainings, exposures, meetings and discussions were held as per need and project targets. We shall look at these components in detail in this section.

A total of 30 trainings have been held, for 1123 participants. The details as per category of people are given below

Sl No	Participants	Topic	# of trainings
1	Staff	Nutrition, Organic farming, nutritive values of traditional foods, marketing of forest produce	04
2	Adolescents	Body changes during adolescence, Reproductive system, diseases, personal hygiene, health services for adolescents. Role of trainers was done only for master trainers.	13
3	ASHA/AWW	Identification of reproductive health problems, Role of AWW in child care, group formation, identifying nutritious foods, role of local foods for malnourished children, ragi recipes	05
4	VDC/GKS	Leadership, Confidence building and interaction with government officials, health and nutrition issues, role of local foods in combating nutrition, government schemes for children	07
5	Volunteers	Street theatre	01

Trainings were found to be effective as mothers, adolescent boys and girls could recognize messages to a large extent. Adolescents could also recollect messages from meetings and details of topics malaria, TB, Adolescent health, nutritious food. Knowledge of menstrual cycle was high among adolescents, and AWW.

Strengthening the knowledge base through meetings using IEC materials has helped in promotion of messages. For example, placing the weight of their child in growth charts helped mothers internalise the message easily and has also created a demand from mothers to weigh their child regularly in AWC. A host of IEC materials have been developed under the project and it has helped the Animators and AWW take the messages to the community and targeted groups.



We discuss about periods (menstrual cycle) among ourselves but we need more information for some of us have problems regarding periods.

- Adolescent girls at FGD in Karchabadi Village

Trainings to master trainers (MTs) have been undertaken and most MTs interviewed, were able to state key messages. However, they were not able to give reasons for the do's&dont's prescribed related to menstrual cycles. A little more handholding support for master trainers is required. Some MTs were trained as late as December 2014 and do not have much experience of attending follow up meetings or explaining to peer group.

Master Trainers are not available in the villages in quite a few cases since they are attending residential schools outside the Panchayats. Some of the adolescent boys trained have migrated for work. This gap in creating an enabling environment is felt more in villages which do not have AWC or have a non-active AWW. While the AWW is crucial in following up the adolescent boys and girls, the project representatives can improve interaction too.

Additionally, messages strengthened by practice or demonstration sessions or provision of materials to do the same have fared better. Some of the examples include -

- Recipes introduced to this community to revive traditional foods found a lot of acceptance in Karcharabadi and Mohona panchayats. In Malaspadar panchayat there was excitement about the same but is not being cooked at home in the villages visited.
- Knowledge of eating vegetables has improved which was strengthened by provision of seeds for kitchen gardens.
- The knowledge of personal hygiene has improved and the provision of hygiene kits has helped women to understand the importance. In some villages women have moved to ensuring hygiene of children at home and are not dependent on the hygiene kit provided.

Knowledge of traditional food systems has increased moreso in Karchabadi and Mohona panchayats. And it is the right time to capitalise on the interest generated.

Knowledge about government schemes/facilities and entitlements has increased and in some VDCs it is being discussed. Some effective ASHA workers are able to identify bottle necks in the service delivery and infrastructural problems.

It is stressed, that caution in imparting of technical information in the village should be taken by the staffs. Wrong or incomplete information should not be shared, especially in cases of children below 5 years. These can be related to ailments to children and course of treatment to be sought.

Action taken by Community

Interventions within the project included Health Camps, Distribution and use of hygiene kits, Kitchen gardens, Plantation, Strengthening of CSOs, Baby shows, besides meetings and trainings. Prioritization of interventions done with mothers based on which they liked, was done in two villages and they ranked Food festival as the best program followed by the baby show and health camps. In the second village, Kitchen Garden activity was rated as the best. In other villages too the finger millet recipes demonstrated in the food festival and the seeds for kitchen garden which the people repeated as very useful. In difficult to reach areas of Malaspadar GP the health camp was important as the nearest medical facility was 25 kms away.

My daughter won award in healthy baby show, we are very happy. Many mothers in my village ask about my feeding practices I learnt from attending SACAL meetings.

- Sunni Sabar

A Khajuripadar

- A total of 30 health camps were held reaching out to 4104 persons in the project area. Doctors from MKCG Berhampur and local doctors have reached out to provide curative and preventive treatment and education at the same time. A few highlights of the camps as provided by SACAL are given in the table below.

Total Case	Malnourished Cases 0-5 years		Anaemia		AN Mother		Malaria				TB	
	M	F	5+ to 9	9+ to 19	Total	Referred	Fever case	Pv case	Pf Case	Pf+Pv	Referred	Referred
4104	18	37	5	27	164	26	221	28	14	35	3	19

- Support for kitchen gardens was provided by SACAL in all the GPs. Initially, the community kitchen gardens were promoted and with the growing interest in the activity the individual gardens were also promoted.

Community kitchen gardens have provided fresh vegetables for an average of 4-5 months in most of the villages visited. They have been discontinued due to twin problems of open grazing and lack of water supply in summer. The activity has been crucial in enlisting support of village people and also the AWW in the process. The men ploughed the land and the women planted the seeds. This was recognised to have brought unity to the village in 5 out of the 7 villages.

...at least children got pesticide free food from the garden for 5 months.

Saraswati Behera, AWW, Karchabadi

Community Kitchen Garden						Individual Kitchen garden					
Yr1		Yr2		Y3		Yr1		Yr2		Yr3	
Kharif	Rabi	Kharif	Rabi	Kharif	Rabi	Kharif	Rabi	Kharif	Rabi	Kharif	Rabi
24	9	21	11	15	10	324	178	298	173	319	104

Individual kitchen gardens have been undertaken bringing the much needed dietary diversity to home cooked meals. However, in this season very few remain due to the problems mentioned above. In 2 out of 3 panchayats women said they would plant in the next season also. The activity still needs promotion to take roots in the area.

- A total of two food festivals have been to demonstrate millet recipes. Recipes have also been introduced in mothers' meetings. The practice of cooking the finger millet recipes for children snacks has increased as a result of demonstrations undertaken in 2/3 GPs.
- The hygiene kit has improved practice of washing and cleaning children. The weekly Sunday ritual introduced has attracted many mothers who now have moved from community hygiene kits to personal hygiene kits in 2 GPs.

*We requested our AWC teacher to inform us in advance if she is absent, because some of us can plan and help in AWC to run the centre that day.
Mothers at FGD in Dhepanaju village*

Baby shows, hygiene kits, recipe demonstrations has been pivotal in generating enthusiasm and practice. The impact is seen in the increased interest in mothers and their support to the AWW. Mothers are visiting AWC to check on preschool education, hygiene in and around the centre and help in hand washing and to give vegetables in 5 of the 7 villages. For growth monitoring they visit once a month.

The strengthening of CSO especially the VDC and GKS was seen in 5 of the 7 villages visited. The processes of this project have contributed to the same. The SACAL team was asked to rate the Village Development Committees (VDC) as “Strong”, “Medium” and “Weak” prior to the evaluation. The rating was to be done based on the criteria that the SACAL team thought was important to the project and not mandated by the evaluation team. The criteria for the grading used by SACAL was mainly the performance of the CSOs. If the CSO’s functioning was good the village was categorized as good and vice versa. The details of the aspects that were considered within this are given below.

Of the total 60 villages 52 villages have VDCs of which 14 (27%) are categorised as strong, 26 (50%) as medium and 12 (23%) as weak. Similarly, regarding the 36 GKS in the project area, 10 (28%) were found to be strong, 19 (53%) were medium and 7 (19%) were weak. The table below gives the status of the villages visited-

Village	VDC		GKS	
	Y/N	Rank	Y/N	Rank
A.Khajuripada	Y	Medium	Y	Medium
Karachabadi	Y	Weak	Y	Medium
Dhepanaju	Y	Strong	Y	Strong
Gunjima	Y	Medium	Y	Medium
Mahulapada	Y	Medium	Y	Medium
Jhatikasahi	Y	Weak	Y	Weak
Palakua	Y	Medium	N	NA

VDC members are now attending meetings of the GKS to see the allocation available for their village. In A Khajuripadar the VDC has applied for change of signatories to the GKS bank account to ensure the monies flow to the village. Without their participation earlier, they had no clue as to how the money (Rs10,000) was being used. Though this has created a friction with the AWW, it is envisaged as a positive step.

In case, future interventions are taken up, it is critical to ensure all villages have these structures formed and strengthened in the project area. It is important as these bodies act as collectives for decision making, ensure participation for all and are critical to avail the rights and entitlements of the community.

Sustainability

The practice of initiatives has resulted in visible/tangible benefits in the lives of the people which were observed in 4 villages out of the 7 villages. We envisage the benefits (healthy children, diseases are less, access to services have increased, accountability levels raised, children getting diverse foods) could result in sustainability of the actions with minimal support in two out of the three GPs.

Mothers support in vegetable cultivation and show interest in anganwadiactivities; sometimes they drop in to checkwhat’s going on too.

- SasirekhaSahu
AWW, Karchabadi

The vast network of CSOs that SACAL promotes has helped in adding value to the initiatives of the project. The formation/strengthening of VDCs in 77% of villages as a process of the project have ensured steps for sustainability of some of the activities.

Access to government schemes especially the Mamata Jijona and the JSY (for pregnant Women) has improved definitely in 2/3 panchayats. The increased awareness levels have ensured that women are demanding services. The distribution of IFAs was seen in all 3 panchayats. In villages without an AWC, it is non-existent. The role of the VDC is critical in such villages.

The acknowledgement of support from the CDPO has meant that a relationship has been forged which would enable accountability of the majority of AWW at the grassroots. Also it opens up avenues for their capacity strengthening.

The revival of the knowledge of traditional food systems seems definitely possible with the interest generated in the villages and the acceptance of the recipes re-introduced in the community. The CDPO mentioned speaking to the District Social Welfare officer to introduce traditional foods in the snacks that are being given in the AWC. The CDPO envisages that positioning of master cooks in each GP to in-turn train the AWH. She thinks SACAL could be the nodal agency for the initiative.

The change in knowledge levels of at least 60% of AWWs and the demand for quality services in the villages has brought about an attitudinal change in 44% AWW. The major collaborative government departments (Education, health and WCD) have acknowledged the role of SACAL in the process of changing mindsets of personnel. They want to explore the avenues for extension of the initiative in other panchayats and their role in supporting SACAL for the same.

Program Strategies and Supportive Processes

Attrition rate of staffs in the project is very high. While SACAL has made tremendous efforts to enable a comfortable stay for the staffs coming in from outside, it is not seen as an attractive proposition. Tribal staffs that joined have left to pursue opportunities within the government. The first set of staffs, who were given technical inputs have left. The subsequent joiners have received exposure/trainings (3) to build their capacities with limited time opportunities. The current team is about 1.3 years old and had to catch up with targets in a much limited time frame. In remote areas retaining technical staff is a challenge and recruiting capacitated staff is extremely difficult. The teams have excellent social and motivational skills; however, a little more focus on technical knowhow can improve the outreach.

The staffs know all the villages and the village people know them well. There is a lot of acceptance in the villages for the effort of the team. In Mahulapadar and Jhatikasahi village of Malaspadar GP the VDC said that they were more at fault than the team for not extending more support.

The staff strength in Malaspadar GP should increase given the terrain and remoteness of the villages. The current team is hard pressed to complete events as per target and do not have much time in focusing of softer skill building processes. Additionally, recruitment of women staff is recommended. Young male staff find it difficult to engage with adolescent girls and women due to cultural taboos, the older ones do not face much barriers in doing the same.

Midterm strategy changes could have helped the program implementation especially in Malaspadar GP. Given the remoteness of village locations, village wise, or small cluster meetings should be promoted for the non-hill top villages too. GP level interactions are not conducive for encouraging participation. Additionally, the staff strength in Malaspadar needs to increase to cater to the remote villages.

A proper monitoring and evaluation system should be developed. The project has generated a lot of documentary evidence of work under taken, however the nuances in some areas have been missed. A monitoring system to check for knowledge levels among different target groups, follow up of CSOs and their progress, linkages to government services can help identify gaps and take decisive actions. A detailed MIS can provide help in this regard and also provide at glance information of the project.

6. *Recommendations*

The project in the subsequent phase can look into the following recommendations

Health camps to be promoted only for villages in difficult to reach locations. Those in accessible areas and in close proximity to Mohona CHC should be encouraged to avail those services.

CSOs (VDC & GKS) should be promoted in all villages and capacity strengthening processes should increase. This is with specific view of making the interventions sustainable and to enable people avail their rights and entitlements. A specific strategy to improve those CSOs at the medium and weak level should be highlighted.

Trainings for Adolescents are crucial input by the project and it should be strengthened in the second phase. Follow up of adolescent boys and girls post trainings, and promotion of institutional delivery for mothers, are areas which need more attention within the project. The myths or half-truths around the issue need to be demystified.

Technical training of staff should be increased to enable them to understand the reasons behind messages of do's and don'ts and also to enable them to answer queries of the adolescents/mothers.

Public health nutrition can be strengthened in the project design in the subsequent phase if any. Issues like TB, malaria, can be strengthened as these are endemic to the area.

Forest produce, traditional foods have acceptance in the community. Value addition to the foods or linking with IGA can help increase the sphere of influence manifold.

Implementation strategy for Malaspadar Panchayt should be drawn up separately from the other two panchayats.

Planning for extension of the project should be undertaken quickly, to capitalize on the goodwill generated with the communities and the government departments in the block.

Inspiring Young Mother

Village: Khajuripadar

The village is very clean and people are welcoming with smile. It was late evening everybody is returning to home. Without a second thought I entered one house and smiled at the young lady sitting on the verandah plating her hair. She reciprocated my smile and offered me to sit. I was more than happy to be accepted by her immediately I called my translator to help but somehow I felt that I was very well connected to her just with exchange of smiles

She told us that she attended a meeting in SACAL center where they discussed about pregnancy and child care. She got interested and continued her participation in the meetings and people at home also encouraged her. She live with her in-laws family there are about 7 in the house. She dropped out at after her 4 standard in her village and in late teens got married. She is mother of daughter about one year 3 months. Recently her daughter won prize at healthy baby show organized by SACAL. Parents and grandparents are very proud about it.

She explained that the meetings helped her lot to understand her own body as well as her daughter's body. She understood the importance of food and nutrition. She started growing vegetables for her home needs, she also learn to save seeds. The importance of dietary diversity also discussed in the meetings as well as millet recipes are also demonstrated and she tried some, like porridge and kheer with finger millet and started feeding her child.

She participated in health and hygiene meetings and now she takes good care in maintaining cleanliness at home specially during the preparation and feeding of foods to her child.

Their family uses mosquito nets and they regularly eat millet based foods along with fresh vegetables.

She not only practices what she learnt but also teaches too many young mothers in the villages. At least 6-7 mothers discuss with her to know more about health, hygiene and nutrition.

