

Endevaluation ex post assessment

(OMERGA ADP)

# CLOSURE EVALUATION REPORT

---

## OMERGA AREA DEVELOPMENT PROGRAMME

Programme No: I7046

---

Field Validation: 25<sup>th</sup> Aug – 3<sup>rd</sup> September 2015

World Vision India  
Mumbai PMO

December 2015

Published December 2015  
© World Vision India

**CONTENTS**

Table of Contents ..... 2

Acknowledgement ..... 3

Affirmation ..... 3

Glossary ..... 3

1. Executive Summary ..... 5

2. Evaluation Introduction / Background ..... 9

3. Methodology ..... 11

4. Limitations ..... 13

5. Findings ..... 13

6. Conclusions and Recommendations ..... 33

7. Lessons Learned from the Evaluation Process ..... 39

8. Appendices ..... 39



1. Children in Naik Nagar
2. School in Kantekar
3. VCC Members of Naik Nagar
4. Agri. Plot in Kantekar
5. School in Asta Jahangir
6. Youths of Kothali Tanda vill.
7. Members of DPO
8. SHG Members of Naik Nagar

We greatly acknowledge the involvement of the Community including the children (boys and girls), youths, CBOs, men and women, SHG members, Panchayat members and the local volunteers who actively participated in the Evaluation before and during the Field Validation and provided their valuable inputs, feedbacks and shared their journey with World Vision through Omerga ADP.

My sincere thanks to [REDACTED], (In-charge – Program Officer) who took much effort and provided all the support during the Evaluation starting from the preparation of the TOR till the end of the preparation of this report.

I continue to thank [REDACTED] (PM– Bhokar ADP), [REDACTED] (Gender and Development), [REDACTED], (PO – Dangs ADP) and the other staff of Miraj ADP, Bharuch ADP and Bhokar ADP for their involvement and participation throughout the process.

Simultaneously, I am grateful to [REDACTED] (AD - Mumbai PMO) and [REDACTED] (DME Manager) for their support to the ADP and the Evaluation Team during the Evaluation Process. I thank all the ADP colleagues who were a part of the Evaluation Team.

Also thank [REDACTED] (Head – Strategic Evaluation) who was very much involved in the Evaluation since the preparation of the TOR and provided his support during the entire process. Acknowledge the guidance of [REDACTED] (NC – Strategic Evaluation) and [REDACTED] (PO – Data Quality and Governance) for their support.

[REDACTED]

## AFFIRMATION

“Except as acknowledged by the references in this paper to other authors and publications, the evaluation described herein consists of our own work, undertaken to secure funding, implement the activities, describe and advance learning, as part of the requirements of World Vision’s Design, Monitoring and Evaluation Learning System.”

Primary quantitative and qualitative data collected throughout the evaluation process remain the property of the communities and families described in this document. Information and data must be used only with their consent.

Strategic Evaluations – Strategic Ministry Solutions  
December 2015

<b>ANM</b>	Auxiliary Nurse Midwifery
<b>ASHA</b>	Accredited Social Health Activist
<b>AWC</b>	Anganwadi Centre
<b>CBO</b>	Community Based Organization
<b>CBO</b>	Community Based Organization
<b>CHC</b>	Community Health Centre
<b>CI</b>	Confidence Interval
<b>CPU</b>	Child Protection Units
<b>CWBT</b>	Child Wellbeing Target
<b>DME</b>	Design, Monitoring and Evaluation
<b>DPO</b>	Disable People’s Organization
<b>FGD</b>	Focus Group Discussion
<b>HH</b>	Household
<b>ICDS</b>	Integrated Child Development Services
<b>IGP/EDA</b>	Income Generation Program / Economic Development Activities
<b>IMR</b>	Infant Mortality Rate
<b>ISO</b>	International Organization for Standardisation
<b>KII</b>	Key Informant Interview
<b>KPI</b>	Key Performance Indicator
<b>MMR</b>	Maternal Mortality Rate
<b>NABARD</b>	National Bank for Agriculture and Rural Development
<b>NACO</b>	National AIDS Control Organisation

<b>NC</b>	National Coordinator
<b>NFHS</b>	National Family Health Survey
<b>NO</b>	National Officer
<b>NRC</b>	Nutrition Rehabilitation Centre
<b>NRHM</b>	National Rural Health Mission
<b>PHC</b>	Primary Health Centre
<b>PM</b>	Programme Manager
<b>PMO</b>	Program Monitoring Office
<b>PO</b>	Programme Officer
<b>PRI</b>	Panchayat Raj Institution
<b>SAP</b>	South Asia Pacific
<b>SD</b>	Strategic Directives
<b>SHG</b>	Self Help Group
<b>SMC</b>	School Management Committee
<b>SO</b>	Support Office
<b>SRI</b>	System of Rice Intensification
<b>TDI</b>	Transformation Development Indicator
<b>ToR</b>	Terms of Reference
<b>UMANG</b>	Urgent Management and Action for Nutritional Growth
<b>VCC</b>	Village Care Committee

## 1. EXECUTIVE SUMMARY

Omerga Area Development Programme is a program initiated during the year 1996 immediately after the Relief and Rehabilitation for the people affected due to the earth quake in the year 1993 in the District of Latur and Osmanabad (Maharashtra – India). World Vision with the support of World Vision Germany initiated this ADP and has been operational in the Block of Omerga and Lohara. During 2010, based on the Evaluation recommendations and agreement with the Support Office, Omerga ADP phased out from Lohara Block and continued working in 25 villages of Omerga Block. The ADP has been working with different Peoples Groups including Maratha, Lambani (Banjara), Lingayat, Dhangar, Wadar, Mahar etc.

The ADP has been working with a Program Goal “Sustained Wellbeing of Children” (2014 – 2015). The Program Goal of FY 06 – 09 is more comprehensive – “Community empowered to live, life in all its fullness (with peace, justice, dignity and hope).”

The ADP during its lifespan has worked with the following sectors: Health, Education, Economic Development and Leadership.

This End of the Program Evaluation is a part of the program quality improvement effort considering the whole lifespan of the ADP but focusing on the Last phase (Transition) of the ADP.

### **Purpose of the Evaluation:**

To determine the effectiveness and impact of the work in Omerga Area Development Programme, with respect to Child Well Being Targets, Strategic Directives of World Vision India and Design Specific Indicators.

### **Following objectives were formulated for this evaluation:**

1. Determine strengths (including successful innovations and promising practices) and weaknesses (factors impeding progress) of the program design in achieving the programme objectives.
2. Determine how the program involved and benefited the most vulnerable including different gender, children, differently able, etc.
3. Assess the quality and level of participation of community and other stakeholders in planning, implementation, monitoring and evaluation and ongoing management of the program.
4. Assess the sustainability of changes including the strength and effectiveness of the community and their ability to sustain change processes in the ADP.

This Evaluation went through different phases including, raising the ToR and Design, Quantitative Data Collection, Field Validation and Analysis/Reporting. This Evaluation used both Quantitative and Qualitative Methodologies including 30 Cluster Sample HH Survey, FGDs, KIIs, River of Life, Assessment Matrix etc and the data was triangulated with the ADP Staff and the Community.

This Evaluation looked at the aspects of Economic Development, Health and Nutrition, Education, Community Participation and Sustainability and tried to determine the effectiveness and impact of the work in the programme. This Evaluation considered the Outcome indicators of the last phase of the ADP and linked it with the other phases.

## **Main Analytical Points and Conclusions**

The Omerga ADP has been focusing one of the most vulnerable communities as identified by World Vision India. The part of this area was hit by the Earthquake and has been struggling with drought situation every year. The communities were going through Poor economic conditions and lack of employment opportunities due to which families were migrating, living in poor condition and even adopting illegal means for livelihood.

### **Economic Development**

There is a significant change in the economic condition of the households during this period which is evident from various sources of data. Baseline 2002 says that 49% of households are poorest and not having sufficient income to meet their basic needs, food, shelter, health and education. However 2015 data says that presently 84.52% of households are Food Secured and 99.17% of households have one or more adults who are earning an income. The annual household income has been increased significantly and households earning below Rs.15000 has been decreased by 17.74% but increased in other categories where households are earning more than Rs.15001.

Similarly, there is a sharp rise in the productivity of Rice (51.64%) and Wheat (48.31%) which is very much significant. The households having a SHG Member is 63.71% where women got opportunity to participate in increasing the income of the households. Likewise 40.98% youths were trained (youths above 19 years) in any livelihood which also contributed in getting employed.

### **Health**

The Nutrition level of the children below 5 years has been improved and quite low as compared to the country level data (2005 – 2006). Stunting is 37.40% whereas country level it is 48% and Underweight is 21.30% whereas country level it is 43%. The Institutional Delivery is 94.12% which has been increased due to increased awareness and available health services in the community. However, the consumption of IFA tables, having extra meal in a day is still low among pregnant women (56.06% & 46.34% respectively). The hand washing practices has been increased from 30.89% (2013) to 49.25% (2015) which helps in minimizing various diseases including diarrhea, respiratory infections, eye and skin infections etc.

The study shows that 95.51% of females above 18 years are able to name at least 2 important ways how the HIV is transmitted, however only 20.04% feel that they are at risk of getting infected with HIV.

Community confirms that still there are households that are having blind beliefs and practices.

### **Education**

There is a significant change in the enrolment of the children in the Primary Education (from 84.92% to 90.91%) whereas the enrollment in the Secondary Education there is not much change (from 88.56% to 89.88%). However there is a significant change in the completion of Class 10 (from 47.51% to 63.49%). Now the School Management Committees are functional, Teachers are dedicated and are Child concerned and the schools are found to be child friendly during the visits and discussions.

Though the Quantitative survey says 90.91% are enrolled in Primary Schools, but in all the FGDs with the Parents, Teachers and SMC members mention that there is 100% enrolment in Primary Schools, however few dropouts are there in the Secondary and Higher Secondary stages.

The role of Govt. is appreciated in providing support to the schools, encouraging the teachers and coming up with new innovations for better education.



## **Community Participation and Sustainability**

Changes are found in the communities with regard to their participation in the development process, Unity, Peace building and Caring for others. The Village Care Committees, SHGs and Seva Sanghs (Apex Bodies) are strong bodies which are functioning closely with the Panchayat Raj and are instrumental in carrying the development process of the community. Simultaneously Disable People Organization, Play for Peace (An youth Leadership building unit through Plays and Skits) are working simultaneously in the community.

Women are empowered through the SHG process and actively also are involved in the overall development process of the community by involving in the Panchayati Raj as Sarpanch or Member.

The communities have better linkages with the Govt. departments and Service Providers through which the program qualities are getting better and a sense of accountability has been created.

## **RECOMMENDATIONS**

1. The Programs should have good Design documents and the target areas should be contiguous and inclusive of all the villages in the area. The target villages should be selected carefully so that there will be consistency to maintain till the end of the program.
2. The Programs should identify the most critical issues prevailing in the community and identify the most vulnerable groups and include them for long term intervention. Simultaneously, the Programs should focus on the reduction of various identified issues through prevention and work on the reasons for the existence of those issues. For example, Omerga ADP had high prevalence of HIV+ and Disability which was not included in the programming and especially during the last phase of the ADP.
3. Programs should have a centralized Database to store longitudinal data which can be used for regular monitoring by the ADP.
4. World Vision should continue to have more Capacity building initiatives in Programs which contributes to the programming in a long run and produce results. Omerga ADP is an example of this.
5. Need to work closely with the Govt. mechanism and be a partner with them to generate impact and produce better result. It should be mandatory for all the ADPs to work along with the Govt. departments and Organisations with mutual agreement, long term planning and proper collaboration.
6. Should invest more on the non-participating villages, identify and mitigate the constraints/barriers and engage them in a common platform for knowledge and exposure. As about 20% of the total villages are not participating and due to which investments are low in these villages, proper follow-up should have been taken place while working with these communities.
7. Proper Business Development Services should be in place while engaging with the community for Economic Development Initiatives. Though ADP had used different partners for training and capacity building purposes, but still there is a felt need about ongoing business support while engaging in Agriculture, Production units, Retail Businesses, Service Providing Assignments etc. A unit should be engaged in helping these entrepreneurs in Business development, better Market opportunities, Quality Control, Investment Opportunities, Risk Management which will enable the businesses/initiatives for long term and they can compete in the market.
8. Programmes should identify the real needs of the community and accordingly engage themselves in mitigating those issues. As in the case of Omerga ADP, Water is a need but ADP has made limited contribution to it

which has been prevailing since long years. ADP to take issues and advocate for the causes of the people, create discussions in the forums and help in creating urgency in mitigating the issues. Apart from World Vision funding, the Programs can seek other available sources for the purpose.

9. Programs to include all the children in the target communities and should see that all the children are participating. There should be proper monitoring of all the children and their participation and involve them in the Community Development process.
10. Programs should look into the opportunities of working with the like minded NGOs, Organizations and be a part of the forums for greater impact and influence. Programs can look into different levels of engagement (local, Block, District, State etc) which can provide them a space for better opportunity for advocacy, partnership and collaboration.
11. Omerga ADP is a good example of working with the CBOs and PRIs where it collaborated together for Child wellbeing. Long Term engagements, proper understanding of the communities and continuous efforts have enabled them to create this environment.
12. CBOs need to be linked with Organizations, Agencies, Forums or Collaborations to create sustainable engagements. In this way CBOs will have more opportunities of resources that can be tapped and have a common platform for opinions, voice and action.



## 2. EVALUATION INTRODUCTION / BACKGROUND

Omerga Area Development Programme has been started in the year 1996 after the Relief and Rehabilitation initiated for the people affected due to earth quake in the year 1993 affecting Latur District and Osmanabad District of Maharashtra (India) which had claimed almost 10000 lives. World Vision India initiated a full-fledged ADP supported by World Vision Germany in the Block of Omerga and Lohara in order to create a long term impact and sustainability in the communities. The ADP was working in two blocks namely Omerga and Lohara until it phased out from Lohara Block w.e.f October 2010 based on the Evaluation recommendation and agreement with World Vision Germany. Since then the ADP has been working in 25 villages of Omerga Block among different tribal and non tribal people groups. Maratha, Lingayat, Banjara, Dhargar, Wadar, Mahar, Matang and Lambani are the major people group among which the ADP has been working.

<b>Programme/Project:</b>	Omerga Area Development Programme
<b>Programme Phase:</b>	Transition
<b>Evaluation Type:</b>	Closure / End of Programme
<b>Evaluation Purpose:</b>	To determine the effectiveness and impact of the work in Omerga Area Development Programme, with respect to Child Well Being Targets, Strategic Directives of World Vision India and Design Specific Indicators.
<b>Primary Methodology:</b>	<input type="checkbox"/> Quantitative – Reflection on HH survey results, use of Secondary data such as previous baseline documents and government data. <input type="checkbox"/> Qualitative –Focus Group Discussions, Key Informant interviews
<b>Evaluation Start and end dates:</b>	25 <sup>th</sup> August to 03 <sup>rd</sup> September 2015
<b>Evaluation Report release date</b>	December 2015



## Type of Evaluation

This is an End of Programme Evaluation which is a part of the program quality improvement effort by looking into the whole lifespan of the ADP. The indicators selected for this evaluation was done by looking into the outcome indicators from each cycle but focusing on the Transition Phase (last phase) of the ADP along with the mandatory indicators for World Vision India. It has not intentionally evaluated all the outcomes for all the log frames but has focused on few critical indicators on which the ADP has been involved with and World Vision India has a focus (Child Wellbeing indicators which also includes in the Country Strategy).

This Evaluation captured five major areas which the ADP has been focusing throughout its lifespan and investments have been made including Economic Development, Health, Education, Community Participation and Sustainability.

### Omerga ADP – At a Glance

• Village	25
• GP	8
• Target HH	6718
• Total Population	40001
• Total Children (below 18)	7244
• CBOs	
– Children Clubs	25
– Child Protection Units	25
– SHGs	385
– Village Caring Committee	25
– Seva Sangh	16



### Following objectives were formulated for this evaluation:

1. Determine strengths (including successful innovations and promising practices) and weaknesses (factors impeding progress) of the program design in achieving the programme objectives.
2. Determine how the program involved and benefited the most vulnerable including different gender, children, differently able, etc.
3. Assess the quality and level of participation of community and other stakeholders in planning, implementation, monitoring and evaluation and ongoing management of the program.
4. Assess the sustainability of changes including the strength and effectiveness of the community and their ability to sustain change processes in the ADP.

### Partners and Stakeholders Participation

This Evaluation is a joint effort of all the Partners and the Stakeholders. The Field Validation organized for 10 days was basically planned to involve large varieties of stakeholders who participated in the exercises and shared their experiences during the last 15 years. The Stakeholders including Gram Panchayats, Village Care Committees (VCC), SHGs, Health Department, Education Department, Block Development Office, ICDS and other like minded organizations. Women, Men, Boys, Girls and Youths were included in the Evaluation. The exercises were done by visiting 12 villages and having FGD with the CBOs and Communities including Children and Youths.

### Tasks Undertaken with reference to the Evaluation TOR

The Evaluation process has been undertaken as per the plan mentioned in the Evaluation TOR.

A TOR was raised by the ADP which was reviewed and finalized by the Evaluation Team – WV India and was sent to SO and DME Specialist – SAP Region for their feedback. Based on their feedback the Evaluation was designed and feedback was received for that too. Based on the feedback of various stakeholders, the Evaluation was planned, Tools were prepared and administered.

A 30 Cluster HH Quantitative Survey was conducted for 600 Households including the indicators of CWBT, WV India SD KPI Indicators and Design Specific Indicators. The data were fed into a database prepared for this Evaluation with the help of EPI Info and report was generated.

Field Validation was conducted involving all the stakeholders, partners, communities, Service Providers, volunteers, adults, children & youths who participated in various exercises & discussion and provided their inputs, shared their experiences with the Field Validation Team. Then the data was triangulated and analyzed and conclusions and recommendations were formulated based on that.

### **Structure of the Report**

The Report has been started with an Executive Summary focusing on the main analytical points and indicates the main conclusions, lessons learned and specific recommendations. This is followed by the Evaluation Introduction and Background with a description of the programme context, type of evaluation, extent of participation of different stakeholders in the evaluation etc.

The next paragraph describes the Methodology of the Evaluation followed by the Limitations of the Evaluation.

The Findings section has been written providing a balanced assessment of the current situation and has taken into account the views of the partners, government, community representatives, girls, women, boys and men. The findings are organized as they relate to the purpose, objectives, and questions established in the evaluation design.

### **Indicators and its status**

This Evaluation includes the CWBT Indicators, WVI SD KP Indicators and Design Specific Indicators for measurement and evaluation. The CWBT Indicators and WVI SD KP Indicators are mandatory indicators for World Vision India which needs to be measured during the end of each evaluation. Simultaneously all the other indicators which are in the Log frame but not a part of CWBT and SD KPI are taken as Design Specific Indicators and measured. The mandatory indicators are a part of national level monitoring efforts used for CWB Reporting and other monitoring purpose.

## **3. METHODOLOGY**

### **Planning and Design**

The Planning and Design of the Evaluation was prepared after the preparation of the Evaluation TOR and receiving the feedback of various stakeholders. The Evaluation TOR has been raised by Omerga ADP, reviewed and finalized by WVI – Evaluations department which was sent to different stakeholders for agreement.

The Indicators are identified in two different categories including Child Wellbeing Targets Indicators and Design Specific Indicators. All the CWB Indicators are mandatory indicators which are monitored nationally for annual reporting and Child Wellbeing Report. All the Design Specific Indicators are the indicators that are specific to Omerga ADP covering all the phases since the initiation of the ADP.

Various documents including Design Documents, Log Frames, M&E Plans, and Reports etc were reviewed to retrieve vital information including identification of Stakeholders, the CBO Model, the context, the development approach, the challenges, constraints and opportunities and the timeline. This helped the Team to understand the ADP properly and generate an appropriate plan for the Evaluation.

### **Quantitative Household Survey**

The identification of indicators was done referring the Transition Design (2014 – 2015), Design Document (2011 – 2013) and Design Document 2006 – 2010.

Following criteria were used to identify the indicators for measurement:

- Mandatory Indicators required by World Vision
- Indicator which is a part of the Outcome that has been of two or three program phases
- Indicators of the Current Phase
- Indicators that directly measures Child Wellbeing
- Indicators that have baseline figure

All the relevant indicators which were identified for Quantitative Survey were measured through HH Survey consisting of various tools used for the measurement. This was done using 30 Cluster Sampling Frame resulting in 600 Households as samples from 25 villages. 40 volunteers were trained and formed 20 teams to collect data from these 30 clusters. All the tools were translated into local language and the volunteers were trained on the Tools.

## Field Validation

The Field Validation was conducted from 25<sup>th</sup> August – 3<sup>rd</sup> September 2015 by a team formed for this purpose comprising staff from other nearby ADPs.

Various exercises were done with the identified stakeholders and partners, data were consolidated, aggregated and triangulated for data analysis and recommendations. During the Evaluation, the ADP Area Map was considered, Community Visit Plan prepared, Teams were formulated and data were collected for further analysis and use.

## Village Selection, Exercises and Tools during Field Validation

To identify the sample villages for FGDs, all the 25 villages were plotted according to their levels of Investment and Participation (High/Medium/Low). According to the exercise 32% of the villages are under High Investment and High Participation Category, 16% villages are in Medium Investment and High Participation, 16% villages are Medium Investment and Medium Participation, 20% of the villages are Low Investment and Low Participation. Out of these villages, 12 villages were chosen including 4 categories High (Investment) - High (Participation); Medium (Investment) – High (Participation); Medium (Investment) – Medium (Participation) and Low (Investment) – Low (Participation). The selection of villages was done through random sampling.

FGDs and KIIs were formulated based on the questions from the Development Tree framework and used it for different groups as follows:

<b>Economic Development</b>			
FGD	Village Care Committee + SHG	3 villages	2 High (Inv.) - High (Part) 1 Medium (Inv.) – High (Part.)
SHG Assessment	SHG Members		
<b>Health</b>			
FGD	Pregnant Women and Mothers with children below 5 years	3 villages	2 High (Inv.) - High (Part) 1 Medium (Inv.) – High (Part.)
KII	Anganwadi Workers		
KII	ASHA Workers		
KII	Child Development Project Officer (CDPO)	1 no.	NA
<b>Education</b>			
FGD	Parents	3 Villages	2 High (Inv.) - High (Part) 1 Medium (Inv.) – Medium (Part.)
Smiley Tool	Parents		
Smiley Tool	Children		
KII	School Management Committee		
<b>Sustainability</b>			
FGD	CBOs	3 Villages	1 High (Inv.) - High (Part) 1 Medium (Inv.) – High (Part.) 1 Low (Inv.) – Low (Part.)
KII	Block Extension Officer (BDO Office)	1 no.	NA
KII	DPO	1 no.	
<b>Children</b>			
FGD	Children Clubs	3 Villages	2 High (Inv.) - High (Part) 1 Medium (Inv.) – Medium (Part.)
KII	Child line	1 nos.	NA

#### 4. LIMITATIONS

□

##### Inconsistent Baseline Reports

- There was a restructuring of the ADP during FY 2010. The ADP has been concentrating on 2 Blocks namely Omerga and Lohara. But as the area was too vast and due to operating concerns the ADP dropped the Lohara Block and is operating only in Omerga Block. This was a recommendation of 2009 Evaluation. Hence, the Evaluation is not able to look into the change prior to 2010 but focused from 2010 till the end of the ADP.
- The Quantitative data of 2008 cannot be compared with the present data due to the above reason.

#### 5. FINDINGS

##### **Program Goal:** Sustained Wellbeing of Children (Programme Design Document 2014 – 2015)

The Omerga ADP envisions a sustained wellbeing of children which is community based where community are capable to ensure the wellbeing of the children. This has been evident in all the designs of the ADP. For example the Programme Design FY 06 – FY 09 Program Goal says “Community empowered to live, life in all its fullness (with peace, justice, dignity and hope)” and Program Design FY 10 – FY 2013 Program Goal says “Community are capable to ensure the wellbeing of their families and children through a sustained development process.” This displays the passion of the ADP for sustainability and intentional planning which has been incorporated in the Planning of the ADP.

The findings of the Evaluation are as follows:

Project Goal: **Empowered community to ensure child well-being.**

Indicator: **% of CBOs are able to manage and sustain programmes effectively and independently.**

This Evaluation included Qualitative Tools to assess sustainability and the effectiveness of the CBOs who are engaged in the development process of this community. The Evaluation didn't include any tool to collect quantitative data for this purpose.

##### **Seva Sanghs**

There are 16 Seva Sanghs [Apex Bodies] which has been formed by the ADP and are functional. The members are highly motivated to take on the development work as their mind set has been changed and their perception towards their community has been changed. This Seva Sanghs [Apex Body] are actively involved addressing the issues of the women, girls and children. They have been instrumental in rebuilding families through counselling and settling conflicts in the families. (Source: FGD with Seva Sanghs)

For example in the village Jakekur & Chincholi Jahagir, the Seva Sanghs are instrumental in settling many family issues as a result of which many families are benefited. Seva Sanghs are also active in preventing early marriages of girls below 18, re-enrolment of dropout children to school and providing assistance during financial crisis. (Village Yeli, Asta Jahagir, Jakekur, Omerga Vasti). Jakekur Village is facilitating the cleanliness drive in the village and preparing Village Development Plans for their village and providing it to the Govt. The Apex body of Paraskheda village got one village road sanctioned from a District Political Party and the road was constructed due to their initiative.<sup>1</sup> (Source: FGD in Jakekur and Chincholi Jahagir village)

##### **Disable People's Organization (DPO)**

---

<sup>1</sup> Source: Annual Report 2015



Omerga ADP has been working with a district level Disable People's Organization named [REDACTED] which has been initiated by the ADP. There are 130 members and 7 are in the Committee. As per the survey done by this DPO there are about 2500 disable people including children in the entire Taluk. This DPO has a great vision of working for the disable people and is a registered body. They are fighting for the rights and entitlements including Bus Passes, Subsidies and other facilities for the disable people including students. World Vision has trained them about their rights and the entitlements that are available for them. They are basically from very poor category of people including Beggars, Rickshaw pullers, Daily Labourers, Small Vendors etc. World Vision has helped them for EDA to make them self supported with a dignity in life.

This DPO is extensively working on raising awareness among the disable people, helping them to get their entitlements and the benefits from the Govt, assisting them for a livelihood, networking with like minded organisations and generating resources for the people of this kind. They are helping these people in getting Ration Cards, Stipend, Bus Passes, DRD Cards etc. They have helped them to get Bank Account for all the members.

The DPO members are also part of SHG. The SHG is presently having a Balance of Rs.1, 30,000.

*(Source: FGD with DPO Members)*

### **Play for Peace**

A group of youths named 'Bharatiya Shanti Sangh' are involved in spreading the message of peace and harmony through plays and skits. Under this initiative named 'Play for Peace' 38 youths are trained and have completed IV module under Play for Peace which equips them to mobilize children, youths and adults alike through songs and skits and promote peace, harmony and tranquillity in the community.

These youths are part of a bigger initiative in different districts training the young children on peace building. They have now registered themselves and working as a development agency promoting peace, harmony through skits and plays. They cover the topics including Child Rights, Child Labour, Health and Sanitation, HIV/AIDS, Nutrition, Girls Rights etc in the community. <sup>1</sup>

### **Local Ownership**

There is a strong ownership of the development process in many of the villages as evident during the Evaluation. All the community has confidently conveyed their willingness to continue the development process and have taken the responsibility to carry it out of their own. They are now involved in various initiatives through getting themselves involved in the Panchayati Raj system. (FGDs with VCCs, CBOs and SHGs)

The Village Care Committees are now part of Panchayats as the members got themselves involved in the Panchayats. They are working in isolations and apart from Govt. departments they don't have any partnership with any other organisations or groups.

### **Outcome - I**

**The communities are economically capable to take care of their basic needs. Youths are involved in economic development process.**

The ADP has been engaged in focussing on the vulnerable communities of the target area who are economically poor, meagre farmers, agricultural workers, landless labourers, migrating families, BPL families, Women groups and unemployed youths. ADP has focused on building the capacity of these communities through community organization, orientation and training. Seva Sanghs (Apex bodies), SHGs, farmers & youth groups and CBOs are the key partners in the communities with whom Omerga ADP was able to execute different interventions.

**Indicator 1: Proportion of parents or caregivers able to provide well for their children**

As per the DSI Survey 2015, 86.64% (95% CI. 81.91%, 90.52%) parents or caregivers say that they are able to provide well for their children (5 – 18 years).

As per the Caregiver Survey Tool, “provide well” means if the parents or the caregivers were able to provide the following items to all the children aged 5 – 18 years living in their household, without any assistance from relatives, government, NGOs or anybody else.

- 2 sets of cloths
- A pair of shoes
- A blanket for sleeping

**Indicator 2: Proportion of youth [girls and boys] who found employment within 12 months of completing a vocational/skills training course**

As per the DSI Survey 2015, 75% (95% CI. 64.36, 83.81) youths above 19 years got a placement after their training.

**Other Indicators measured & the findings:**

**Economic Development through SHGs**

Omerga ADP has worked extensively among the women in building their capacities, self esteem and organizing them through SHGs and providing them opportunities for economic growth, leadership development, capacity building and better opportunities.

- Omerga ADP has established 385 SHGs involving more than 5000 women in the process during its life time. These SHGs are working as strong driving force in the villages and has become Centre of Development for the govt initiatives too. Due to World Vision’s extensive work among women, Govt. of Maharashtra selected WV as SHG facilitator for Omerga Block since 2007-2008. (Source: Evaluation Report 2008)
- Omerga ADP identified the most vulnerable families including landless, migrating families, unskilled labourers, Tribals etc and organized the women into SHGs, provided trainings and engaged them in savings, internal loaning, reinvesting and Petty Businesses. They were involved in Animal Husbandry, Small Businesses, Agriculture allied activities and Service Providers etc which added to their household income, built their self esteem and confidence.
- This additional income helped the families to provide their basic needs including food, education and health especially for their children.

As per the DSI Survey 2015:

- Proportion of Household with SHG Members: 63.71% (95% CI. 59.66, 67.59)

- Proportion of SHG members doing regular savings: 94.81% (95% CI. 91.87, 96.76)
- Major source of credit for the Households:
  - Money Lenders 12.33% (95% CI. 9.86, 15.30)
  - Private Institutions 3.50% (95% CI. 2.23, 5.39)
  - SHGs 65.67% (95% CI. 61.69, 69.44)
  - Bank 31.67% (95% CI. 27.99, 35.58)
  - Other 4.83% (95% CI. 3.32, 6.95)
  - Did not access credit 2.00% (95% CI. 1.09, 3.57)

As looked into the above data, 63.71% of Households are presently having a member in the SHGs which is very significant and out of which 94.81% of SHG members are doing regular savings. SHGs are the major source of credit for the 65.67% of households which has outnumbered the Money lenders (12.33%) and Private Institutions (3.50%).

Since the initiation of the development interventions, ADPs has stressed on the formation of SHGs, organizing them, providing ample training and orientation, assistance, market linkages and linkages to banks and institutions which has enabled specially the women to come forward, strengthen their capacities and build their economic stability which helped them to build their confidence level and develop savings habit, interloaning and engage in various economic activities. Due to this many villages are transformed and are changed into centers of development in the process.

Story of Naik Nagar village as an Example for holistic transformation through the ADP's intervention:

Naik Nagar is a village with 162 Households and a target village of Omerga ADP with a population of 381 people who are from Lambani Tribe. The community of these villages were going through dire poverty situation. They were living in small huts, no work and even no proper cloths to wear. Earlier people used to fear to cross this village as they used to rob the passers by, quarrel and fight with others and the village was going through very terrible condition. Children were not going to school, had severe health conditions and were malnourished.

But now after the intervention of World Vision, the scenario has totally been changed. World Vision started working with this community by mobilizing them through SHGs, VCCs and Children Clubs. Women and Men were mobilized for Handicrafts as Lambani Community is good in Handicrafts and stitching traditional dresses. They were trained, provided exposure and supported as a result of which slowly the community got transformed into a best village in the Block and even in the District.

- The *Laxmibai Mahila Bachhat Gat* (SHG) of this village received the Second best SHG Award “Mahalaxmi Saras Pradarshan Award” at the National Level and Best SHG Award at the State level by former President of India Mrs. [REDACTED] held in Mumbai from the Ministry of Rural Development and NABARD. This SHG also was felicitated by the Chief Minister of Maharashtra [REDACTED] International Women's Day.
- Now, all the families (100%) are part of the SHG initiative due to which all the families are having savings, and are engaged in SHGs. All the households are having some sort of livelihood and are engaged in various works to earn their income.
- Now all the houses are concrete houses, have appropriate income, have appropriate cloths, have enough to eat and never go hungry.



- All the families are having Sanitation facilities (100%); the village is having pucca roads, Street Lights, Drainage System and are comparatively clean than any other villages. They have received the Nirmal Gram Puraskar from the President [REDACTED] in the year 2004, May 4.
- 100% Children are going to school, including the elder children who are pursuing higher education.

Similar stories were heard during the FGDs in other visited villages like Yeli & Jekekurwadi too.

(Source: FGD with Village Care Committee and SHG of Naik Nagar)

### **Economic Development through Agriculture**

Omerga ADP has been involved with various economic development initiatives through enhancing the Agricultural production of the meagre and small farmers. Agro based trainings and Exposure tours benefited about 5896 farmers which enabled them to adopt improved techniques which are helping them to increase their productivity. (Source: Omerga ADP)

As per the DSI Survey 2015, 40.30% (95% CI.36.36, 44.37) have their own land out of which 50.39% (95% CI. 44.10, 56.68) households have less than 2.5 acres of land. Omerga ADP targeted the meagre farmers to improve their productivity and create employment for the landless who work as Agricultural Labourer in the agricultural field. The majority of the landless people are unskilled and mainly depend upon the manual labour for their living.

As per the DSI Survey 2015, about 66.02% (95% CI.59.86, 71.80) farmers practices Harvesting and Post Harvesting Practices and 30.86% (95% CI.25.26, 36.91) have changed their Cropping Practices and adopted SRI (System of Rice Intensification) which is a technique of Rice cultivation which increases the yield. These initiatives have helped in enhancing the productivity of the crops and minimize the cost of production.

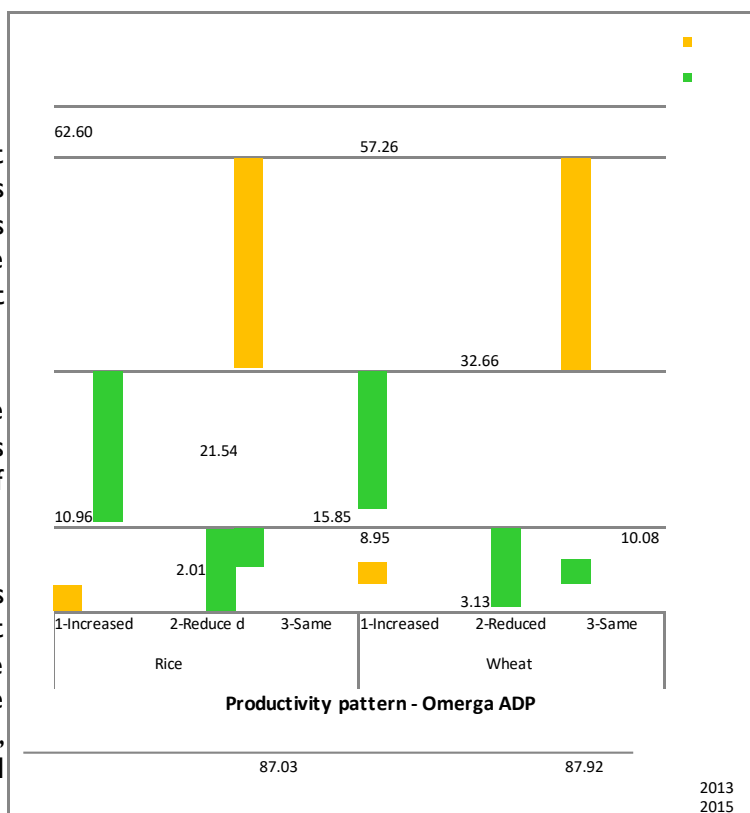
The ADP has developed 5 demonstration plots in 5 villages. These demonstration plots serves to improve agricultural awareness among farmers. For example, in *Village Asta Jahangir*, people were not growing any trees, plants thinking of nothing can be grown in the land. The ADP developed these demonstration plots to display about the possibility of various plants and trees which is helping the farmers to have better understanding of the possibilities for plantation in their lands. Plants like Mango, Pomegranate, Sapota and Teak were planted as a result of which the farmers gained the confidence to plant trees in their own backyard and land and planted in their own land.

### Economic Development through Irrigation

As per the DSI Survey 2015, there has been a significant increase in the production of both Rice and Wheat. As per the survey, 62.60% (95% CI.56.23, 68.67) farmers say that there is an increase in production of rice whereas 57.26% (95% CI. 50.84, 63.50) farmers say that there is an increase in the production of wheat.

All the farmers who said that the productions have increased are the beneficiaries of Irrigation facilities initiated by World Vision. The Output level data of the ADP are shown in the table below.

The ADP has constructed Check Dams, Farm Ponds and Compartment Bunds which provided permanent solution to the irrigation needs of the farmers. These structures have contributed significantly to recharge the ground water level in these villages. Similarly, pipelines for irrigation and Motor pumps were provided



Interventions on Agriculture	
Activities	No. of benef.
Agro Based Trainings	5896 farmers
Exposure Tours	2700 farmers
Deepening of Well for Irrigation	105 families
Ground Water Recharge	5042 families
Check Dams	51 villages
Farm Ponds	376 farmers
Compartment Bunds	9587 people
Seeds	7300 farmers
Pipeline for Irrigation	575 farmers
Submersible / Motor Pumps	175 farmers
Agriculture Implements	378 farmers
Demonstration Plots	5 villages
Plantation Villages	43 villages
Source: Omerga ADP Activity consolidated Sheet	



to use it for farmlands through which 750 farmers (households) were benefited.

During the Field Validation, Evaluation Team visited Kantekur Village where 6 small Check Dams were constructed where this village was facing acute water shortage. The whole village was dependent on open well and due to depletion of ground water resources the well also dried up. This forced people to fetch water from far places. These Check dams were constructed on small streams flowing through the village where the people themselves took part actively

in excavation. Due to these Check Dams, the ground water level has been recharged and now this village is green where 315 families are engaged in agriculture throughout the year. Simultaneously all the wells and Bore wells were recharged due to increased ground water level. (Source: FGD with villages of Kantekur Village)

### **Economic Development through Economic Development Assistance (EDA)**

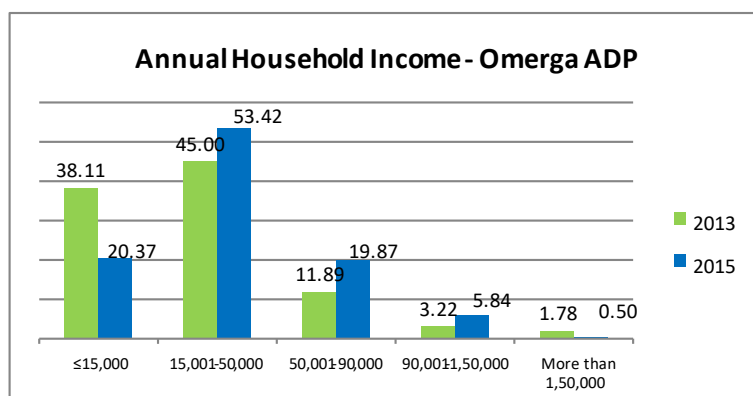
Omerga ADP has provided assistance to the most vulnerable families as identified by the ADP. The ADP included the Landless, unskilled labour, families Below Poverty Line, Disable, Nomad tribes, Tribals and Widows Etc for these initiatives.

The ADP provided the required training, awareness sessions on Business Development, Book keeping, Marketing Skill and Management which enabled these poorest of the poor to come up economically. Maximum families opted for the Animal Husbandry (3886 families) which includes Cow, Buffalo and Goats. Rearing of these animals provided them milk at their homes which was used for consumption as well as for sale which created extra money.

As per the data collected from the community during the Field Validation, all the participants during the FGDs confirmed that the Economic status of the community has been increased. For Example, the participants of FGD with Village Care Committees (VCC) and Self Help Groups (SHG) in Naik Nagar Village, Yeli Village & Jekekurwadi village state that the “Economic Status of the families has been improved through Petty Business, Agriculture due to improved Irrigation situation, Business through SHGs and other Economic Development programs initiated by World Vision, SHG Federation and Banks.”

<b>Assistance for Economic Dev</b>	
<b>Activities</b>	<b>No. of benef.</b>
Animal Husbandry (Cow, Buffalo, Goat)	3886 families
Petty Business	576 individuals
Catering Business	15 SHGs
Ceremonial Tents Business	12 SHGs
Sound System Business	7 SHGs
Dal Mill	2 Groups
Noodles Machine	25 nos.
Chilly Powder Machines	18 nos.
Grocery Shops	45 nos.
Saloon	16 nos.
Shoe Cobbler	12 nos.
Carpenters	18 nos.
Vermi-culture	27 SHGs + 70 individuals
<b>Source: Omerga ADP Activity consolidated Sheet</b>	

As per the DSI Survey 2015, 99.17% (95% CI. 97.95, 99.69) households have one or more adults who are earning an income. This indicates that a high proportion of households are engaged with some form of employment.



Simultaneously Baseline 2002 says, 49% of households are poorest not having sufficient income to meet their basic needs, food, shelter, health and education.

The ADP conducted the Household Annual Income Survey through DSI Survey 2015, which is projected along with the DSI Survey 2013 data.

This data is only compared with 2013 data as ADP doesn't have data prior to this. We can see a trend

of increase through this projection within the last 2 years.

As per the data available, the household earning less than Rs.15000 has been reduced from 38.11% (2013) to 20.37% (2015). Whereas the household earning Rs.15001 – Rs.50000 has been increased from 45% (2013) to 53.42%

(2015). Simultaneously there is a change of the households earning Rs.50001 – Rs.90000 from 11.89% (2013) to 19.87% (2015). Hence there is a 17.74% reduction among the families earning less than Rs.15000 whereas there is 8.42% and 7.98% increase among household earning Rs.15001 – Rs.50000 and Rs.50001 – Rs.90000.

The Food Security pattern of households shows that:

- Food Secured 84.52% (95% CI. 80.83, 87.62)
- Mildly Food Insecure 1.94% (95% CI. 0.95, 3.78)
- Moderately Food Insecure 0.0% (95% CI. 0.00, 0.00)
- Severely Food Insecure 13.54% (95% CI. 10.64, 17.08)

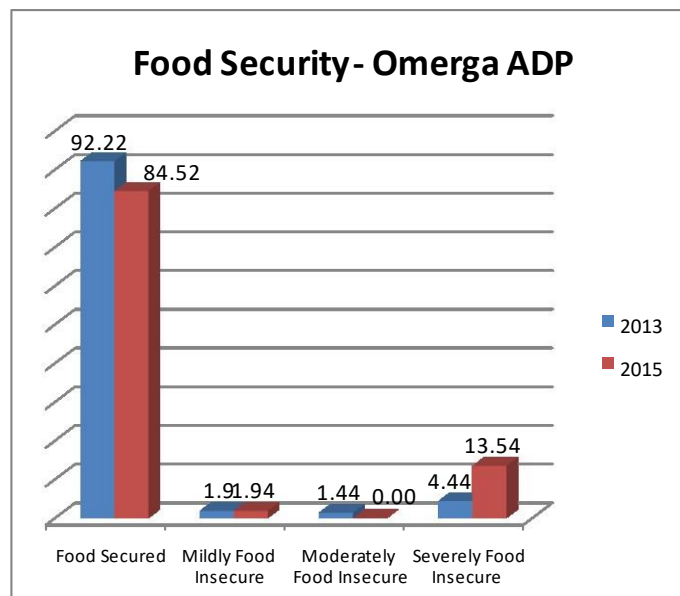
(Source: DSI 2015)

Furthermore, 0% (95% CI. 0.00, 0.00) Youths are with insufficient access to food.

As looked into the above measured indicators, the youths (boys and girls aged 12 – 18 years) say that all of them had sufficient access to food and never slept at night hungry because there was not enough food. The parents of the youths surveyed have provided at least minimum required food to their children.

As per the Household Food Insecurity Access Scale (HFIAS) Assessment 2015, through 30 Cluster Sampling, the report says that still 13.54% of Households are severely Food Insecure and 84.52% of Household are Food Secured.

As per the Food Security status of 2013, 92.22% (95% CI. 89.75, 94.70) of Households are Food Secured and 4.44% of Households are Severely Food Insecure.

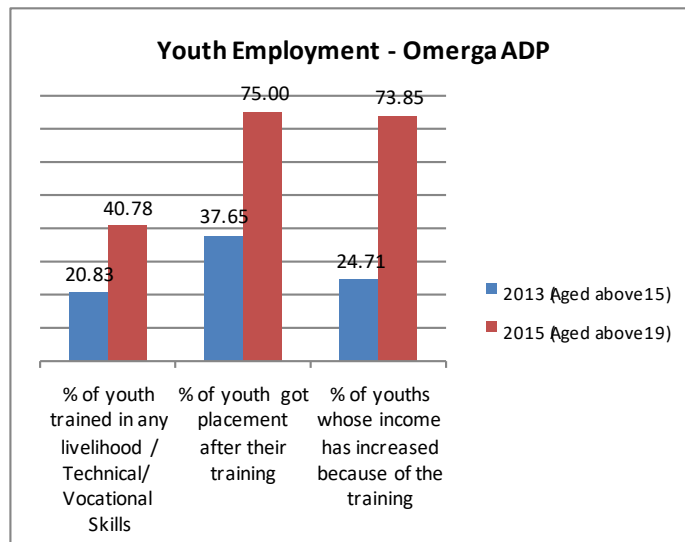


The community of Omerga is highly dependent on Agriculture. Therefore, the Food Security status equally dependent on the aspects of agriculture and the timeline. Both the studies are done during different time points. As looked into the months of the study, 2013 Assessment was done during the month of April - May and the 2015 assessment was done during the month of July – August. The variation of month may be the cause of little difference between the two time points. July – August is the starting of the harvest season and there may be more farmers who have finished their food grains stored for the year or have limited access to it.

### Economic Development through Youth Employment

Following are the findings from the Quantitative Survey 2015:

- Proportion of youth aged above 19 trained in any livelihood/Technical/Skills: 40.78% (95% CI. 34.00, 47.82)
- Proportion of youths aged above 19 got placement after their training 75.00% (95% CI. 64.36, 83.81)
- Proportion of youths aged above 19 whose income has increased because of the training: 73.85% (95% CI. 61.46, 83.97)



As the above data compared data with the data of 2013, following is the result:

As looked into the above graph all the indicators have a drastic change which is very much significant. However the limitation is 2013 measurement took youths above 15 years whereas 2015 measurement considered youths above 19 years.

**River of Life Exercise Findings**

In the River of Life Exercise by the Adults and the Children, both the groups have identified World Vision as the key development agency working in their community. The community highlighted Women Empowerment, increase in the access to Water for Irrigation, access to modern agricultural technologies, decrease in Gender discrimination, increase in Employment Opportunities through EDA as some of the achievements during the lifespan of the ADP. Poor Rainfall and continuous Drought like situation are some of the challenges which the community is facing continuously.



The Community contributed these changes towards:

- increased unity among the community people
- right identification of the available resources and opportunities
- enthusiasm of the community and their support
- use of Water Harvesting technology

**Outcome - 2**

**CBOs and child-led organizations are capable to ensure children’s well-being in the community**

Omerga ADP had worked with the following community based coalitions, networks and bodies and strengthening the CBOs and organizations so that they are capable to ensure children’s well being in the community:

LEADERSHIP	NOS
SHG Formation	385 SHGS



These organizations were key to Omerga ADP initiatives and were instrumental in working with WV and participated in the transformational development process.

SEVA SANGHS (Apex Bodies)	16
VDC / VCC	43
YOUTH CLUBS	25
CHILDRENS CLUB	25
Disable People's Organization	1 REGISTERED
PLAY FOR PEACE	1 REGISTERED
PRI TRAINING TO ELECTED GP MEMBERS	38
CITIZENS VOICE AND ACTION (CVA)	18 VILLAGES
JOYFUL TEACHING TECHNIQUES	25 SCHOOLS
EXPOSURE TOURS	25 VILLAGES

### Local Governance

World Vision initiated its operations forming various CBOs including Village Care Committees (VCCs), SHGs, Children Clubs (CCs) and Child Protection Committees (CPU). During the initial years of the Omerga ADP, the situations of the community were as follows:

- People were not organized and they didn't have any Community based bodies to monitor development of their villages
- Women were confined to their homes and are not participating in any of the initiatives
- Lack of participation among people
- Poor awareness about Panchayat and Gram Sabha (Village Meetings)
- There were no SHGs
- Women Discrimination
- Lack of capacity on community development and governance

(Source: River of Life, FGDs with Parents, CBOs)

Omerga ADP, World Vision India started working with these communities and building their capacities on various issues including Child Focus Community Development, Networking Resource Mobilisation and Planning. SHGs and VCCs were focused on this and provided necessary support on their capacity building. People were also trained on Panchayati Raj also.

Major Changes are as follows:

- ❖ Women are empowered as they are part of the SHGs and Seva Sanghs. They are involved in various village level initiatives including monitoring of Anganwadis, preparing food for Anganwadi children, monitoring of Health of the children & mothers etc. As a result of their continuous involvement, they became vocal, participating in the Gram Sabhas (Village Panchayat Meetings) and even are members in the Gram Panchayats. Due to their good works many of them are now in the Gram Panchayat as Sarpanch and Panchayat member working for the development through Panchayat Raj. For example in 'Naik Nagar (M)' the President of the Women SHG became Sarpanch for the 3<sup>rd</sup> time and without any election the village people selected her unanimously.
- ❖ In villages like 'Chincholi (Jahangir)' they say that all the issues of the village are brought to the Gram Sabha (Village Meeting) and approval is taken in the Gram Sabha (Village Meeting) before implementation. The women are empowered a lot and they are leading the development process in the village through being involved in the Panchayat, SHGs and Apex Bodies. Apart from the normal work of the Gram Panchayat, all the World Vision programs too are discussed in the Gram Sabha with full Community Participation and all the decisions are made there. The monitoring committee has the power to stop the work done by the Contractor if any quality of the activities goes wrong. All the initiatives and implementations are Child focused and priority is being given Child Development initiatives. The Panchayat also look into the matter of Child Protection and enforcement of Child Rights including Right to Health and Education which is ensured for all the Children. (FGD with CBOs – Chincholi (Jahagir)).

**Indicator: Children's groups demonstrate that they are participating in development processes.**

### Children Clubs & CPUs

Following are the findings from Household Survey Report 2015:

	2015	2013
% of children enrolled in children's club	36.96	30.8
% of Children who have access to a Child Protection Unit	55.68	28.21

Omerga ADP is working with 25 Children Clubs. As per the above data 36.96% of the children are enrolled in Children's Club. In this context, 63.04% children are not participating.

However, it is found that 55.68% of children have access to Child Protection Units and have knowledge about it. These units are operational with the Village Care Units and Panchayat bodies. The Child Protection Units are playing important role in Child Protection in the area. Examples of good work done by the CPUs:

- All the Early marriages were stopped in the community. For example, Vanita from Shashtri Nagar who was 16 years old, her parents decided to marry her, but CPU members counselled the parents and convinced them to readmit her in school. Anis Rathod was also readmitted after counselling.
- Dropouts are counselled and brought back to school. For example in Jekekur Village Bhagesh Kamble and Datta Kamble who were school dropouts were readmitted in the school by the CPU members who counselled the parents as well as the children.
- Children are supported for Medical Treatments and emergencies. Support for Rs.67,000 for a Heart Surgery of a boy called Summit of Chincholi Village (Source: FGD with Children Clubs)

	2015
% of children who are able to articulate any three basic rights of the children	23.82

The proportion of children having knowledge about their 3 basic rights is low.

**Indicator: Proportion of youth who rank themselves as thriving on the ladder of life**

As per the DSI Survey 2015, 7.01% (95% CI. 3.98, 11.30) of the youths have rank themselves as thriving on the ladder of life.

As looked into the above data, it was found that only 7% of the youths have ranked themselves as thriving on the ladder of life. During the FGDs with Children in 3 different villages it was found that there are certain challenges which the children are facing. The children are facing the following challenges:

- Lack of Sanitation facilities in house and in school (3/3 FGDs)
- Unmet Education needs due to poor economic condition by the parents (2/3 FGDs)
- Higher education for girl children are discontinued due to discrimination (3/3 FGDs)
- Early Marriages (1/3 FGDs)
- Lack of safe drinking water (1/3 FGDs)

When the findings from the FGDs are connected with the result for the Ladder of Life, it is fairly concluded that the youths have a high aspiration for their life and have a dream for it where they can have good environment, good education, better family economic condition and equality.

### Outcome – 3

#### Improve knowledge and practice of families on appropriate child care, nutrition and care seeking

Omerga ADP was instrumental in working with the vulnerable families focusing on Children (Below 5 and Above 5), Pregnant Women and Lactating Mothers. Since the inception of the programme, the ADP Team is involved with Block Health Department, PHCs and AWCs for the improvement of the health status.

**Indicator: Percent of children aged 0-59 months whose weight for age is less than minus two standard deviations from the median (WAZ) for the international reference population ages 0–59 months.**

As per the DSI Survey 2015, 21.30% (95% CI. 17.90, 24.70) children under five years of age whose weight for age are < -2SD

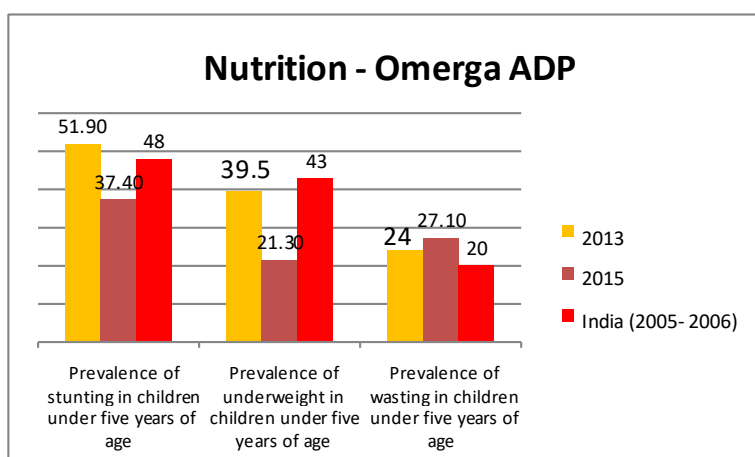
Total 21.30% (95% CI. 17.90, 24.70)

Male 23.30% (95% CI. 17.90, 24.70)

Female 19.40% (95% CI. 14.70, 24.10)

Omerga ADP has extensively worked on the Malnutrition since the beginning of the ADP but specifically during 2013 – 2015. The ADP redesigned appropriately to minimize the malnutrition cases in the ADP area through identified and targeted programming since 2013 through Nutrition. Since the beginning of the ADP, the ADP was focusing on Health Awareness, Water & Sanitation and providing Health Care

Support. But ADP focussed on the Nutrition of the Children below 5 years, identified and targeted the malnourished children.



Following are the other DSI Survey 2015 findings on Nutrition:

- Prevalence of stunting (Height for Age <-2 SD) in children under five years of age:

Total 37.40% (95% CI. 32.80, 42.10)

Male 38.40% (95% CI. 31.70, 45.10)

Female 36.40% (95% CI. 29.80, 43.10)

- Prevalence of wasting (Height for Weight <-2 SD) in children under five years of age:

Total 27.10% (95% CI. 22.80, 31.50)

Male 25.00% (95% CI. 18.90, 31.10)

Female 29.20% (95% CI. 22.90, 35.60)

There is a change in the prevalence of Stunting and Underweight of children under 5 years as seen in the graph. The Underweight of children under 5 years show a significant change (18.2%) whereas Stunting shows a change of 14.5%. Simultaneously, there is an increase in the wasting of children from 24% (2013) to 27.10% (2015).

The Baseline available for this is the *TDI Report 2003*, which says that 54.7% (95% CI. 44.9, 64.4) of children aged 6 – 59 months had Z scores greater than minus 2 SD from the median height for age (stunting). The age group of this data is 6 – 59 months whereas FY 13 and FY 15 data is for 0 – 59 months which could be compared.

Omerga ADP has been involved in improving the nutrition condition of the children below 5 in working with the local Health Departments, Anganwadis (ICDS) and Health Centers. The children who are identified Severe were referred to the NRCs (Nutrition Rehabilitation Centre) and Moderate & Mild were included in the Nutrition Supplement program. *3100 children below age 5 were included in this initiative.*

As looked into the above status data, Stunting and Underweight is much lower than the National Figure whereas the Wasting figure is higher than the national figure.

### **Findings from the Qualitative Data**

As per the findings from the FGDs with the mothers it was found that earlier there was a prevalence of Early Marriage and Early Pregnancy. Parents were giving marriage to their daughters below 18 years due to which there was a high prevalence of low birth weight among the newborns but now it is being reduced. (Source: All FGDs with Pregnant women and Mothers having children below 5 years)

According to the Children who participated in the River of Life Exercise, 10 years before Early Marriage prevalence was 50% which has been reduced now to 20%. Due to decreased proportion of early marriage, there is less prevalence of Low Birth weight among the newborns which is one of the reasons for decreased level of underweight children. (Source: *River of Life – Children*)

According to the mothers, increased awareness on Child Health, improved feeding practices, improved care for pregnant women, Breast feeding practices and care is helping them to improve the health of the children.

Kamal Mallinath Dulange of Jekekur Village (Anganwadi Worker) says “Presently parents are more aware of mother and child health. Food intake practices are being changing and the gender discrimination has been reduced. Now babies are born with good weight and children are healthier now. Kamal attribute it to the increased awareness level of the families, Govt. and WV Awareness programs, decrease in superstitions and increased literacy level. The Nutritious Food awareness program for Pregnant and Lactating mothers by World Vision is one of the great reasons for improved awareness.”

ASHA Worker – Saroja says “The presence of ASHA Workers in the villages, Take Home Ration (THR) in the Anganwadi Centers, Timed Counselling to Pregnant mothers are helping the caregivers for behavioural change for better Health Care and Management. Simultaneously, the PHCs are arranging free transportation to the pregnant mothers for medical check ups which is encouraging them to avail the benefits.” {Source: *KII with Saroja Shirish Birajdar and Sunita Arun Sonkamble (ASHA Workers)*}

### **Indicator: % of children fully immunised**

The Data for full immunization collected through DSI Survey 2015 is having some issue due to which could not be used.

However, as per the District Level Household and Facility Survey 2007 – 2008, 66% of the children between 12 – 23 months are fully immunized<sup>2</sup> in Osmanabad District. (Note: Omerga is situated in Osmanabad District)

---

<sup>2</sup> DLHS Maharashtra (2007 – 2008) page 89. (<http://rchiips.org/pdf/rch3/report/mh.pdf>)

### Qualitative Evidence:

In all the FGDs with Mothers (3/3), the participants say that there has been an increase in the Awareness level among mothers and almost all the parents ensure that their children are immunized. As per the Anganwadi Workers and ASHA Workers, the mothers are much aware regarding Immunization of the children and due to regular follow up through counselling by Health Workers, the proportion is almost 95%.

**Indicator: % parents or caregivers who report washing their child's (aged (6 - 59 months) hands, using soap or ash before critical feeding or food preparation and defecation times**

*As per the DSI Survey 2015, 85.83% (95% CI, 80.92, 89.87) parents or caregivers of children aged 0-59 months report practicing appropriate hand-washing. The question included 4 different criteria including:*

- hand washing after defecation, ○ hand washing after cleaning baby's bottom, ○ hand washing before preparing food and ○ hand washing before feeding children.*

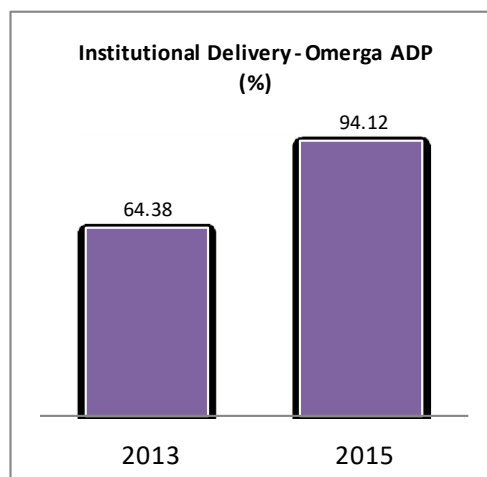
As per the FGD undertaken with mothers, in all the FGDs it was found that there has been a significant change in the hand washing behaviour among mothers. This has been improved due to continuous ongoing awareness programs organized at the Anganwadi Centers and Door to Door monitoring.

### Other Indicators and Findings

#### Maternal and Child Health Care

There has been a significant improvement in Institutional Delivery, during the course of time as per the different data sources.

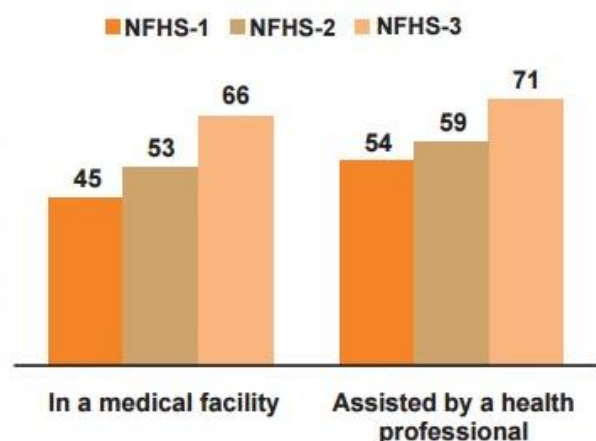
As per the DSI Survey 2015, the institutional delivery of mothers between 0 – 11 months is 94.12% as per the HH Survey data 2015, whereas during the year 2013 it was 64.38% (95% CI. 48.85, 79.92). There is a drastic growth of 29.74% which is significant. Simultaneously, the TT Vaccines taken by pregnant mothers is 78.82% and who are not taking at all is 17.65%. 25.88% of pregnant mothers have taken the vaccine on time.



Omega ADP is not having data beyond 2013 for Institutional delivery of children 0 – 11

### Are babies being delivered safely?

Percentage of births in the past three years



years. But when the data for NFHS I (1992-1993), NFHS II (1998 – 1999), and NFHS III (2005 – 2006) of Maharashtra State is looked at it is found that the ADP data is showing better progress in this case.

The role of Health departments including the PHCs and CHCs is significant in this regard. The health care services are made more community based to reach to the people and is made available through emergency services like Help line, Ambulance facilities, House to House visits, One to one follow-up are some of the highlights of the Health care program by the Govt. (Source: Saroja – ASHA Worker). World Vision has been engaged in building awareness, follow – up and monitoring other components.

The mother having Immunization Card is only 58.54% which is not encouraging. However during the FGD with the Mothers it was found that some Cards are being kept in the Centers for Data Updation.

As per the data collected during the FGDs, the participant mothers say - “Earlier there were home deliveries by untrained dais. There were no birth registration and no proper care. But now the Institutional Delivery has increased up to 90%. Earlier there were no care facilities available for the Pregnant Women, but now Timely counselling provided with their visits by ASHA/ICDS. TT injections and Folic Acid Tablets are provided. They continued to say that due to this there is a reduction in MMR and IMR. Increased in Immunization up to 95%. Presently the Malnutrition is among the children which are less than 20%.” (FGD with Mother and Pregnant Women - Sundarwadi Village).

Ms. Kamal Mallinath Dulange (Anganwadi Worker) of Sundarwadi village says, “Now babies are born healthy, Parents are more cautious about both mother and child’s health, discrimination between boys and girls has been reduced and Food intake behaviours are changing. Timed Counselling, House Visiting, Formation of Mothers Group gave good result. Local CBOs and SHGs participated in the Health development initiative and 3 Anganwadis from target area are ISO certified.”

Saroja Shirish Birajdar and Sunita Arun Sonkamble (ASHA Workers from Sundarwadi Village) says that there is a Positive attitude towards Govt. Health System. Superstitions are reduced on Mother and Child Care practices and elder family members are giving attention to the pregnant mothers.

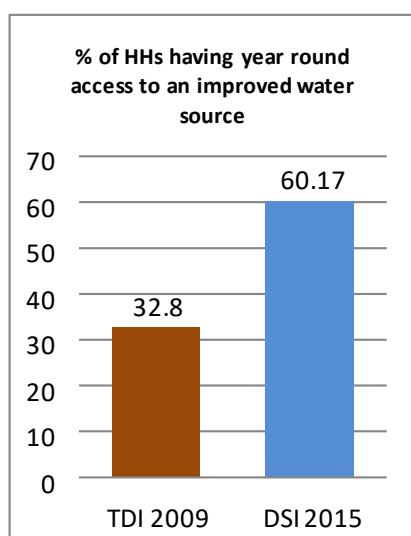
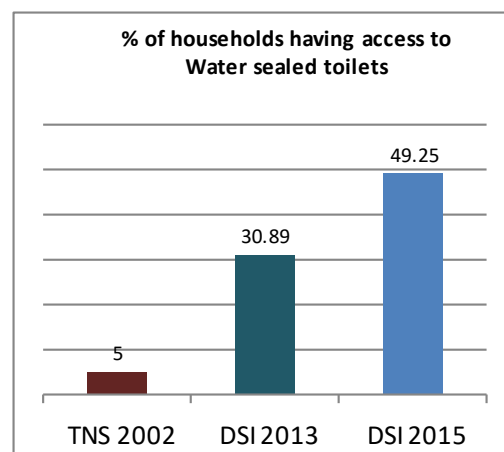
In Ganesh Nagar village it was found that village people are not showing enough cooperation for the Health initiatives and have negative attitude towards Government services and schemes. Parents and Caregivers don’t take their responsibility towards health and hygiene as a result of which they are not able to utilize the available free services for

better health. (Source: FGD with mothers). There are about 5% households (in Jakekur village) and 10% - 15% (In Sundarwadi village) who are still having blind beliefs and practices regarding Health and Hygiene. Early Marriage is still prevailing though not in a large scale. Alcoholism is still prevailing in the villages among few community people (Source: FGD with Jakekur village).

## Water and Sanitation

### Findings from Household Survey 2015:

- Proportion of households having access to Water sealed toilets: 49.25% (95% CI, 45.18, 53.33)
- Proportion of households having access to Water sealed toilets and using it: 98.31% (95% CI, 96.09, 99.45)



As looked into the above data, there has been a significant improvement in the access to Water sealed toilets among the communities. Though there are almost 51% households who don't have a toilet, but a progress is evident. Omerga ADP played a significant role in increasing the proportion of households accessing toilets. As per the Output level data, Omerga ADP was able to provide toilets due to which **7000 people** were benefited (Including Lohara Block and Omerga Block) [Source: ADP Monitoring Data].

- Proportion of households who have year round access to an improved water source: 60.17% (95% CI, 56.11, 64.09)

The access to improved water sources shows a significant improvement as DSI 2015 is compared with TDI 2009 data. During 2009 it was 32.8% as per TDI 2009 which has increased to 60.17% as per DSI 2015 data.

### Qualitative Evidence:

The participants in Then and Now exercise mention that 10 years before, access to safe drinking water was only 30% whereas now it is almost 90%. There is a difference of 30% between the opinion of the people and the DSI quantitative findings (90% Then and Now Exercise vs. 60% DSI 2015). The participants of 2 FGDs with Mothers and Pregnant women mention that there has been good change in the access to drinking water (FGD with Sundarwadi Village and Jakekur Village). But the Children participating in the Chincholi village mention that there is a huge water crisis in their village.

Activities	No. of beneficiaries
Well Deepening for Drinking Water	375 Wells
Bore Well Drilling	105 Wells

As looked into the interventions of Omerga ADP, the ADP was engaged in the improvement of drinking water facilities in the communities through different activities as mentioned in the box. As per the FGDs in Sundarwadi Village and Jakekur Village, the people were earlier using open well water for Drinking water purpose which was completely unhygienic. To mitigate this situation World Vision initiated Drinking Water activity in 18 villages along with the Gram Panchayats who installed the Hygienic Water Supply Points through Bore wells and World Vision provided Pipelines for House to house water connection. Simultaneously, 375 Well Deepening and 105 Bore well was done during the period.

Water Pipeline	18 villages of both the blocks
----------------	--------------------------------

“Now there is a good behaviours change in the communities where parents are trying to provide good nutritious food to their children. Due to increased awareness and hygienic practices now the number of diarrhoea cases has been decreased. This includes Hand washing cleanliness practices and behaviour. Now the drinking water facility is better which is being provided by [redacted]. The contribution of Govt., local [redacted], ASHA and ANM and World Vision is significant in these changes.” (FGD with Jakekur village)

## HIV/AIDS

### Findings from Household Survey 2015:

- Proportion of females (above 18 years) who can name at least 2 important ways how the HIV is transmitted: 95.51% (95% CI. 93.29, 97.04)
- Proportion of females (above 18 years) who feels that they are at risk of getting infected with HIV: 20.04% (95% CI. 16.77, 23.74).

Omerga ADP area is prone to HIV/AIDS and there are almost 2866 registered cases in 2013 (Source: NACO). The ADP has earlier initiated HIV awareness program and HIV awareness building has been in the regular process of the ADP. As looked into the above Survey result, 95.51% is encouraging. However, it was found that only 20.04% of females above 18 years feel that they are at risk of getting infected with HIV. Though these people have awareness but still they are vulnerable and may not be able to protect themselves.

Following are the interventions as listed below:

Activities	No. of beneficiaries
Awareness building	All Villages
Nutrition Supplement	3100 children below age 5
Hygienic Kits for Adolescent Girls	1250 girls
Construction of Toilets	7000 people (Lohara and Omerga)
Soak Pits	7650 families
Water Pipeline	18 villages of both the blocks
Training for Trainers	350 Individuals
HB Test	1500 Individuals
HIV Rehabilitation	1500 (EDA + Medical + Nutrition)
Awareness on WASH through Banners	45 Anganwadis & Zilla Parishad Schools (Govt.) benefiting 25 villages and 4679 children
Providing of Masks	5500 nos.
Source: Omerga ADP Activity consolidated Sheet	



## Outcome – 4

### Communities are capable to manage the educational needs of the children.

Omerga ADP has been working for the benefit of the children through helping them to improve their educational status by making the communities (including the families) capable to manage the educational needs of the children. Apart from working with the families, World Vision continued to provide support to the children and institutions to enhance the quality of education.

#### Indicator: Proportion of children who are functionally literate

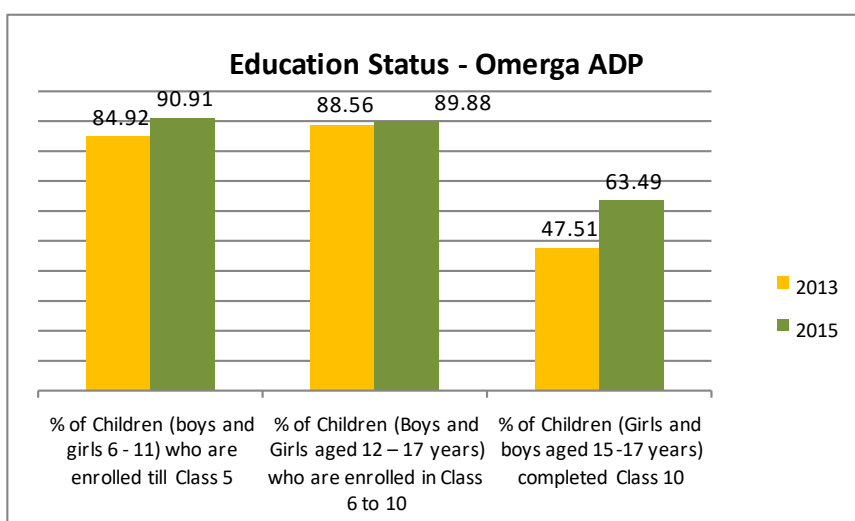
As per the Survey done through LQAS during 2015 it was found that 99.03% of children within the age group of 11 – 13 years are functionally literate. These children include in school and out of school who were administered with reading materials in their own language and asked 3 Comprehension Questions.

### Other Indicators and Findings

#### Enrolment:

There is a significant improvement in the enrolment of children (6 – 11 years) who are enrolled till Class 5 as compared to DSI 2013 data. During 2013 the enrolment was 84.92% whereas during 2015 it has increased to 90.91%. Whereas there is a mild change in the enrolment of children (Boys and Girls aged 12 – 17 years) who are enrolled in Class 6 – Class 10. During 2013, the enrolment of children was 88.56% whereas during 2015

there is a mild increase to 89.88%. There is a change in the completion of Class 10 among the children aged 15 – 17 years has been significant.



#### Following are the findings from the DSI Household Survey 2015:

##### % of Children (boys and girls 6 - 11) who are enrolled till Class 5

Total	: 90.91% (95% CI. 87.05, 93.92)
Boys	: 93.89% (95% CI. 88.32, 97.33)
Girls	: 88.55% (95% CI. 82.70, 92.97)

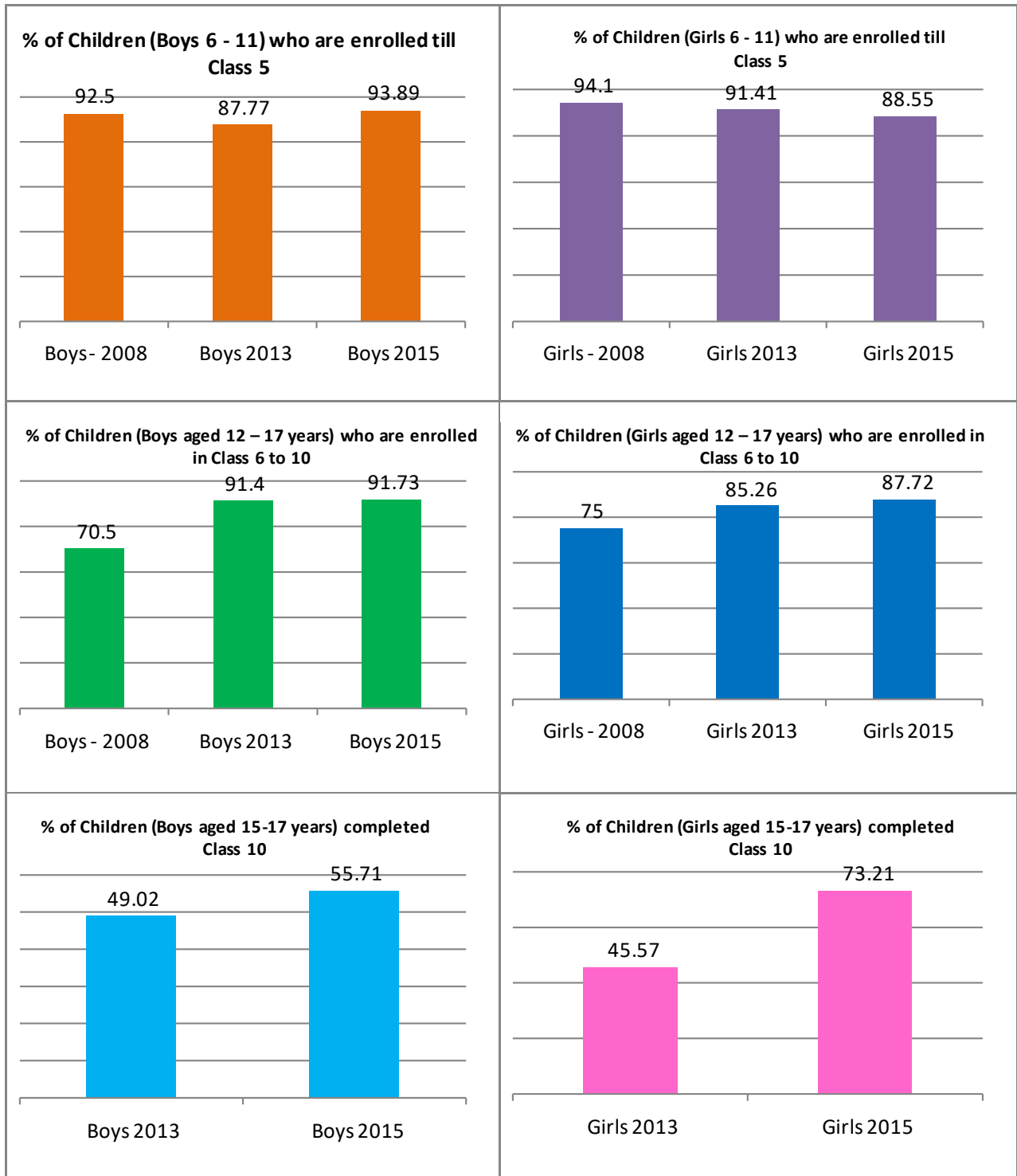
##### % of Children (Boys and Girls aged 12 – 17 years) who are enrolled in Class 6 to 10

Total	: 89.88% (95% CI. 85.42, 93.34)
Boys	: 91.73% (95% CI. 85.68, 95.80)
Girls	: 87.72% (95% CI. 80.25, 93.12)

##### % of Children (Girls and boys aged 15-17 years) completed Class 10

Total	: 63.49% (95% CI. 54.44, 71.88)
Boys	: 55.71% (95% CI. 43.34, 67.59)
Girls	: 73.21% (95% CI. 59.70, 84.17)

As looked into the data, it is found that the Enrolment of children in Primary School showed a little increase among Boys (92.5% to 93.89%) but found a drop among Girls (94.1% to 88.55%) during 2008 to 2015. In Secondary Education (Class 6 – 10) we can see equal increase of enrolment among both boys and girls. There is an increase in the Completion of Class 10 among both Boys and Girls and there is a big jump of completion among Girls as seen in the graphs.



**Qualitative Evidence**

The Role of World Vision in enhancing the status of Education is evidenced in all the communities of the Omerga ADP. World Vision has significantly worked with the School Teachers, School Management Committees, Village Care Committees, Panchayats and the Govt. departments to enhance the quality of education. World Vision was engaged in the following ways:

- Awareness building through CVA program on govt. schemes and entitlements, awareness in SHG meetings, Parents Meetings and other clubs.
- Assistance for Quality Education enhancement – Teachers’ Training, Exposure for Teachers, Educational tour for children, Assistance for Note books, Text books, Bi-Cycles etc
- Facilitating the School Management Committee Meetings. These SMCs are monitoring the Educational Progress, Resolve Issues related to Govt to ensure quality of education.
- Assisting the children for Higher Education, Secondary Education etc for studies and providing assistance for communication (Cycles)

(Source: All the 3 FGDs with Parents)

In all the FGDs with Parents, School Teachers and SMC members mention about 100% enrolment in Primary and Secondary Level, and say that there are no dropouts up to Higher Primary level. All the schools have good play grounds and sports materials, safety wall, good drinking water, desks and benches, enough Class rooms and Teachers Room etc. However, Ashta Jahagir School raised its concern upon the immediate repair and water facilities and cleaning of the Toilet facilities for both Boys and Girls. Drinking water has been provided by the Gram Panchayats in the schools. Simultaneously, Shastri Nagar School raised concern about the unclean toilets and the need for repairing and access to water is a concern.

(Source: All the 3 FGDs with Parents)

- The Role of the State Govt. in enhancing the quality of Education is significant. So many good policies have been initiated for the enhancement of the quality of education which is not evident in all other states. They are as follows:
  - Good allocation of funds towards Schools Buildings, beautification of Schools, provision for Science Labs, construction of toilets for both girls and boys etc.
  - Introduction of English from Class I is very significant which is not there in any other states
  - SMCs are functioning very well in these Schools
  - All schools are Disable friendly with ramps etc
  - Encouragement to schools through Best School, Best SMC and Best Teacher Awards
  - Regular monitoring through Education department
  - Capacity Building programs for Teachers
- Still there are limited opportunities for higher studies in the locality. The children have to go to nearby cities for Higher education which is a challenge for children especially for girls. The Public Transport facilities are very poor and they have to depend upon few available private transport facilities. As a result of which we can see a drop among girls in the School Enrolment.

The activities at a glance which has already been discussed in the above narration:

Activities	No. of beneficiaries
Assistance for Higher Education	1258
Assistance for Science Laboratories to schools	27 schools
Cycles to High School going children	2950 Girls and Boys
Sports Materials	25 Children Clubs + 43 Govt. Schools
Bags and Uniforms to children	3500 Students

School Infrastructure / Repairs	43 Schools and Anganwadis
Compound Walls for Safety in Schools	16 Schools
Source: Omerga ADP Activity consolidated Sheet	

### **Kantekur School as an Example for transformation:**

Kantekur Upper Primary School which is having till Class 8. This is an important school in the locality and around 310 children are studying in the school. During the Field Validation, it was found that the children are very joyful and are happy in the school. This is a Disable friendly school, neat and clean and colourful with Charts, Pictures and quotes on the walls and the surroundings. The school premise is planted with trees and it is all green around. Have Desks and Benches, Green Boards, a Science Lab and even an ELearning Class. This school is one of the oldest schools in the locality functioning since 1951 in a place which has been donated by a village person. By their own labour the community people had constructed the building which still exists.

- This school has received the Best school Award, Best School Management Award and Best Teacher Award during 2015 from the Govt.
- This school have 100% attendance and 0% drop outs ○ E-Learning Class has been built by the Teachers, School Management Committee and Community by their combined efforts through their contribution of Rs.1, 50,000. The children are learning in Digital class trough Audio Visuals.
- The children are able to recite Multiplication till 30 Table.
- Children are good in reading in English and are able to read, understand and comprehend.

The increased leadership of the SMC, honest Teachers, participation of the community contributed to this result and above all the presence of World Vision has been a great motivation for this school. Continuous moral support, periodical assistance has been very helpful.

- The SMC and the Teachers of the School have strengthened themselves for the benefit of the children and are dedicated enough for the sustainability of the development process.
- Panchayat is quite helpful in this regard and cooperate for the development of the school

Children from this school are all going for higher education and especially girls. Many have completed their education and are established as Engineers, Police, Nurses, Lab Technicians and Teachers etc.

*(Source: FGD with SMC and Teachers of Kantekur Upper Primary School)*

## **6. CONCLUSIONS AND RECOMMENDATIONS**

## CONCLUSIONS

### Evaluation Objective 1:

*Determine strengths (including successful innovations and promising practices) and weaknesses (factors impeding progress) of the program design in achieving the programme objectives.*

1. Omerga ADP has experienced various transitions with regard to the target areas and there were many significant changes during the Life Span of the Programme. The ADP had phased out from Lohara Block during 2010 and has been working in Omerga Block only. There was no consistency in the Program Target Area as a result of which the impact could not be compared with the Baseline of the ADP.

The ADP has undertaken 25 villages spreading over 8 Gram Panchayats within a radius of 35 kms. The villages are widely spread across and have not taken Gram Panchayats as a whole. As a result of which the development has been inconsistent across the area and in patches.

2. There are few issues existing in the ADP which are critical including HIV/AIDS and Disability which has not been captured in the main Log frame of the Design. HIV/AIDS was a part of special initiative for 2 years 2001 - 2002 through a special project. As per the Govt. record there are 2866 registered cases (2013 data) out of which 287 (10%) are children below 18 years. Simultaneously as per a survey conducted by the DPO there are more than 2500 disable people in the Taluk and especially among a particular community. The ADP's efforts seem to be inadequate in terms of these two issues who are the most vulnerable in this ADP context.
3. The ADP has a database of various activities and beneficiaries. But those databases are maintained separately which are not compiled centrally for all the Financial Years. Due to the lack of which the monitoring was difficult and periodical review was not possible.
4. During the Life Span of the ADP, the Omerga ADP and its alliance received various recognitions from various entities which are as follows:
  - i. Mahatma Jyotirao Phule Jal Bhumi Sandharan Award with cash prize of Rs.1 lakh by Govt of Maharashtra for Watershed Development Initiatives (2004)
  - ii. Gram Swachhata Abhiyan Puraskar (Village Cleanliness Campaign Award) to the following villages:
    - Bhikar Sangvi, Parakheda, Sahu Nagar and Nagral by Govt. of Maharashtra for Health and Sanitation Program with Cash Prize of Rs. 5 Lakhs to the GP. (2005)
    - Naik Nagar Sunderwadi village by Osmanabad District
    - Kantekur village by Omerga Taluka
  - iii. President Award received by Nagral - Village Leader.
  - iv. World Vision selected as best NGO in the Talluka during 2006
  - v. Best School Award to Wadgaon Ganjaa and Kentekur Zilla Parishad School by Osmanabad District during 2007 and 2008
  - vi. Laxmi Ai Mahila Bachhat Gat (Laxmi Ai Women Self Help Group) got 1<sup>st</sup> prize at State level and 2<sup>nd</sup> prize at All India Self Help Group Meet
  - vii. Sarvo-Krust Arogya Gaon Puraskar (Best Healthy Village Award) by the District Administration of Osmanabad District
5. World Vision has invested more on Capacity building initiatives including Trainings, Workshops, and Orientations in all levels building awareness among the community. This has resulted in to an aware community which is helping them to progress. Awareness have been created on Agricultural Technologies, Health Essentials for mother and children, Education, Panchayati Raj on Governance, Community on their Rights and Entitlements etc which contributed a lot gradually.

6. It was found that at least 20% of the total undertaken villages were not participating in the development initiatives of WV and even there are low investments in these villages. These villages are basically inhabited by Schedule Tribes who are meagre labourers and migratory households. As per the ADP Manager, working with them was difficult due to their frequent movement and migration.
7. Alcoholism is still prevailing in the community which is raised as a concern during the FGDs by different participating groups. Though Women Discrimination has been reduced drastically, still there are few communities (for example: ██████████) who discriminate women tremendously. They are not allowed to sit together with men in any common village meetings. Even if they sit separately, they are not allowed to speak at all. Even they are not allowed to enter into their village temples. Furthermore, the communities are highly struggling with the drought situation and due to lack of rain the agriculture is tremendously affected. Due to lack of water, farmers are not able to work on the fields as a result of which the agricultural labourers who depend upon the agricultural works migrate to nearby cities.

---

**Evaluation Objective 2:**

**Determine how the program involved and benefited the most vulnerable including different gender, children, differently able, etc.**

The ADP has chosen the Landless, Tribal, Meagre Labourers and poorest of the poor communities and their children and women who are neglected and are excluded.

### **Economic Development**

1. The ADP has worked in improving the Economic status of the community through Agriculture development, Irrigation Enhancement, Women Empowerment through SHGs and Youth Employment. As a result of these initiatives, there is an increased access to Food, better Household income, increased Agricultural Productivity, easy access to SHGs, increased no. of Youth trained on livelihoods and all the families (99.17%) are having an income source. The ADP initiated 385 SHGs where more than 5000 women are involved in the development process. These SHGs are formed during the first phase of the ADP which became very much significant in the lives of the women as it is mentioned in the River of Life Exercise by the adults. Presently 63.71% of the households are part of SHGs which encouraged the women to be in the initiative due to which they were empowered and are participating now even in the development process of the villages through Gram Panchayats and Seva Sanghs (Apex Bodies). Due to the extensive efforts in the Agriculture through Irrigation, Training & Exposures and assistance the productivity has been increased in 62.60% households for Rice Cultivation and 57.26% households for Wheat Cultivation. This has also contributed to the Household income and Food Security status of the families.

Though there is an increase in the Family Income, the proportion of Casual Labour has been increased (from 54.89% to 65.50%) and proportion of Agriculture Worker has been decreased (from 41.22% to 27.00%), however the proportion of skilled labour has been increased (from 6.33% to 8.00%).

The ADP was able to support assistance to individuals to undertake various EDAs however community admits that group efforts/initiatives were not so success in this community. The ADP was able to include the Landless, migrating families and vulnerable families in these initiatives who are the poorest of the poor and doesn't have other any resources for economic sustainability.

2. As looked into the Food Security status, there is a fall in the Food Secured status within last 2 years. From 92.22% (2013) it has fallen to 84.52% (2015). Though it is a matter of concern, the measurement was done during two different months which may contribute to the variation.
3. It was seen that the SHGs needed more support on Business Development Services and they were more dependent on World Vision. They need the skill on Business Development, Quality Control and Market Access to carry on the business in the future.
4. Lack of Water (Irrigation and Drinking Water) has been found as a common need in the whole ADP area but investment was not enough on this. Few initiatives have been done on the improvement of access to water which has produced good result but it is not consistent in all the villages. Lack of resources seems to be the major constraint for not intervening in this issue as it requires more resources. Even resources from Govt. funds were not sought or available for this purpose.

## Mother and Child Health

1. There is a behavioural change among mothers in Immunization, Nutrition, Birth Registration, Pre and Post Natal Care, Institutional Delivery and Sanitation practices. Simultaneously, there has been drastic reduction in Maternal Mortality & Infant Mortality in all the target areas. Institutional Delivery has been increased to more than 95% and healthy practices during pregnancy are being practiced.

The Nutrition level of the children below 5 years is very encouraging which is as follows: [HH survey 2015 All India \(2005–2006\)](#)

Stunting	37.40%	48%
Underweight	21.30%	43%
Wasting	27.10%	20%

The Stunting level and Underweight level is much lower than the all India level status (2005 – 2006).

2. There are a significant behavioural change in the Early Marriage of girls which is been reduced causing in reduction of Early Pregnancy cases which is a major cause for Malnutrition. The River of Life Exercise done with children confirms the reduction in the Early Marriage of girls.

Simultaneously, the Hygienic practices among mothers have been improved contributing to better child health. The 85.83% mother reports that they practice appropriate hand-washing causing into reduced cases of Diarrhoea and other possible health risks.

The role of Anganwadi Workers and ASHA workers are significant in this process.

3. The ADP is able to provide access to toilets to more than 7000 people which is significant. There is a drastic change in the proportion of households having access to toilets (from 5% - TDI 2002 to 49.25% - DSI 2015). Omerga ADP has constructed 375 Wells, 105 Bore wells and Water Pipelines in 18 villages in collaboration with the Panchayats which is significant.

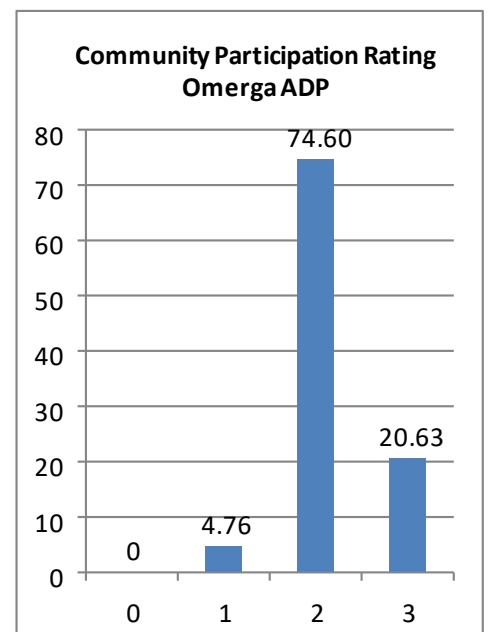
## Education

1. Omerga ADP is able to provide good support to the children for higher education from vulnerable families which helped them to achieve their dreams. Many Children are now qualified professionals and some have Govt. jobs due to the assistance provided by World Vision. We can see a good increase in the completion of Class 10 (47.51% to 63.49%). The increase is more among Girls (from 45.57% to 73.21%) than Boys (49.02% to 55.71%). The enrolment of children in Primary and Secondary level is 90.91% and 89.88% which is good. However the enrolment among Boys is more than the Girls due to the distance of the schools and safety during Higher education level.
2. Though the Children and Parents have marked “Very Good” in Smiley Tools on Education, it was found that few essentials for children are not taken care by few SMCs and Schools which included Toilets and Drinking Water Facilities. Toilets are not accessible due to lack of water and are unclean.
3. The ADP has built up awareness on Govt. Schemes and entitlements through CVA through which the communities were able to monitor the quality of education and simultaneously demand for the minimum facilities and entitlements in the schools and institutions. Hence the SMCs, Schools, Panchayats were able to enhance the quality of education through their participation and engagement.

### Evaluation Objective 3:

Assess the quality and level of participation of community and other stakeholders in planning, implementation, monitoring and evaluation and ongoing management of the program.

1. The ADP has been able to work with different local Stakeholders including Block Development Office, ICDS, Rural Health, Gram Panchayat, Zilla Parishad, local MLA/MP etc who supported the effort of World Vision India.
2. Village Care Committees, Seva Sanghs, SHGs, Children Clubs and Child Protection Units are the primary community based organisations which have emerged during the tenure of World Vision. Through these units, the leadership of women and children have improved tremendously.
3. During the FGD it was found that the CBOs have a good knowledge of development programs which is focused on children and are involved in the planning process of development programs through Gram Panchayat. All the Village development plans are discussed in the Panchayat before it is implemented. The Village Care Committee members are also in the Panchayats due to which



common village people are also participating in the decision making process. They ensure that there will be some community contribution in kind and sometimes financials resources from the community people. The common people have the authority to stop any initiative taken by the Panchayat if the work is not according to the standard and plan.



4. But there are no like minded NGOs or agencies as partners who have shared their expertise and resources with World Vision. Omerga ADP has paid for the services of the NGOs and institutions that are part of this initiative. However, World Vision has been closely working with ICDS, ASHA and Anganwadi workers.
5. It was found that all the children are not participating in the forums including CCs and CPUs. As a result of which there is no inclusive development and children from few Tribes felt themselves excluded.
6. The Community participation is increasing in different educational initiatives where village people are becoming active SMC members.

#### Evaluation Objective 4:

Assess the sustainability of changes including the strength and effectiveness of the community and their ability to sustain change process in the ADP

#### **Sustainability**

1. There are instances of villages being completely transformed during the Lifespan of the ADP. There are lot of Behavioural Changes (left alcohol, robbery, fighting and quarrelling) among the community and who are the examples for other villages. (Ex: ██████████).
2. There are good examples of villages where the Panchayats and the Village Care Committees are working closely. The members of Village Development Committees are the part of Panchayats and every planning is discussed in the Gram Sabha. Simultaneously, the Sarpanch is being appointed through selection and not through election.
3. Seva Sanghs (Apex Bodies) are the CBOs who have come up as strong bodies in the villages who are involved in the development initiatives of the villages. These CBOs are keenly monitoring the wellbeing of the children including their health and education and see that they are protected and enjoy their rights. Simultaneously Play for Peace is another community initiative carried on by the youths to generate awareness on Child Rights, Gender Equality and Child Care.
4. There are incidences of discrimination to the Disable people especially in the ██████████ when it comes to the access to their entitlement. There is a DPO which is has been formed during 2012 and has been registered. Though this DPO is growing, but presently they do not have linkages with any organization or agencies.
5. The ADP has done a wonderful job in building the rapport with the Govt. officials, local MLAs, MPs, Service Providers, Block officials and Gram Panchayats which was evident throughout the evaluation. The people have a very high regard of World Vision and they trust on all the initiatives and intention of World Vision.
6. The level of confidence of the children has been increased a lot and especially among the girls it is more. The children met are found to be joyful, open, and able to comprehend and participate in a more age appropriate manner.
7. There are evidences and testimonies of girls who testify that due to the efforts of World Vision they are able to come out of their houses and the gap between boys and girls has been reduced in a healthy manner. The girls are able to express themselves in forums, meetings and discussions and are able to share their views and experiences. Children Clubs, Child Protection Units and Play for Peace initiative have provided a platform for these children.

## RECOMMENDATIONS

1. The Programs should have good Design documents and the target areas should be contiguous and inclusive of all the villages in the area. The target villages should be selected carefully so that there will be consistency to maintain till the end of the program.
2. The Programs should identify the most critical issues prevailing in the community and identify the most vulnerable groups and include them for long term intervention. Simultaneously, the Programs should focus on the reduction of various identified issues through prevention and work on the reasons for the existence of those issues. For example, Omerga ADP had high prevalence of HIV+ and Disability which was not included in the programming and especially during the last phase of the ADP.
3. Programs should have a centralized Database to store longitudinal data which can be used for regular monitoring by the ADP.
4. World Vision should continue to have more Capacity building initiatives in Programs which contributes to the programming in a long run and produce results. Omerga ADP is an example of this.
5. Need to work closely with the Govt. mechanism and be a partner with them to generate impact and produce better result. It should be mandatory for all the ADPs to work along with the Govt. departments and Organisations with mutual agreement, long term planning and proper collaboration.
6. Should invest more on the non-participating villages, identify and mitigate the constraints/barriers and engage them in a common platform for knowledge and exposure. As about 20% of the total villages are not participating and due to which investments are low in these villages, proper follow-up should have been taken place while working with these communities.
7. Proper Business Development Services should be in place while engaging with the community for Economic Development Initiatives. Though ADP had used different partners for training and capacity building purposes, but still there is a felt need about ongoing business support while engaging in Agriculture, Production units, Retail Businesses, Service Providing Assignments etc. A unit should be engaged in helping these entrepreneurs in Business development, better Market opportunities, Quality Control, Investment Opportunities, Risk Management which will enable the businesses/initiatives for long term and they can compete in the market.
8. Programmes should identify the need of the community and accordingly engage themselves in mitigating those issues. As in the case of Omerga ADP, Water is a need but ADP has made limited contribution to it in changing the scenario which has been prevailing since long years. ADP to take issues and advocate for the causes of the people, create discussions in the forums and help in creating urgency in mitigating the issues. Apart from World Vision funding, the Programs can seek other available sources for the purpose.
9. Programs to include all the children in the target communities and should see that all the children are participating. There should be proper monitoring of all the children and their participation and involve them in the Community Development process.
10. Programs should look into the opportunities of working with the like minded NGOs, Organizations and be a part of the forums for greater impact and influence. Programs can look into different levels of engagement (local, Block, District, State etc) which can provide them a space for better opportunity for advocacy, partnership and collaboration.

11. Omerga ADP is a good example of working with the CBOs and PRIs where it collaborated together for Child wellbeing. Long Term engagements, proper understanding of the communities, continuous efforts have enabled them to create this environment.
12. CBOs need to be linked with Organizations, Agencies, Forums or Collaborations to create sustainable engagements. In this way CBOs will have more opportunities of resources that can be tapped and have a common platform for opinions, voice and action.

## 7. LESSONS LEARNED FROM THE EVALUATION PROCESS

- More orientation to the Staff is needed on conducting FGDs especially for facilitation and documentation.
- The Review Meetings held every day was very helpful during the Field Visits. It helped the groups to have better Group Discussions and Exercises.
- Data collected through the Household Survey needs to be checked in the field itself by the Field Supervisors. The data which are doubtful can be rectified or clarified there itself.

## 8. APPENDICES

### Change Stories

#### Transformed Relationship

There are good examples of transformations which have occurred in the entire work area where Omerga ADP has been operating. The lives of the staffs have contributed in building the relationships in so many individuals, organisations, offices of which few examples are given below.

##### □ Transformed Relationship in the Villages

The Naik Nagar (M) village is a good example of transformed relationship. This village is inhabited by people of 'Lambani Tribe' who are nomadic in nature. They were going through dire poverty situation living in small huts, no proper cloths to wear, no enough food to eat and irregular employment opportunities. To mitigate this situation, they used to prepare alcohol and sell it. They used to fight with each other, loot the passersby and not at peace at all. People used to fear to cross this village.

But inspite of all these challenges, the staff of World Vision started working in this village.

Continuous efforts have resulted into transforming this community into a much better community. The SHG of this village received the best SHG award in the Country and State, the village got the 'Nirmal Gram Puraskar' due to its total sanitation program, each household are involvement in SHGs, 100% families have bank accounts, 100% Children enrolment in schools and economically they are in a better position now. The Village Care Committee and the Panchayat are working together and the SHG President is the Sarpanch of the Panchayat who has been selected unanimously.

The village has totally been changed and transformed and evident from the people's voice.

### □ **Transformed relationship in the Govt. departments and Bodies**

In the initial years of operation, there was quiet mistrust about the operation of Omerga ADP - World Vision and lots of doubts were merging. As World Vision was trying to network with different departments, bodies and politicians, WV was not welcomed at all. Even staffs were harassed and physically abused. However, the staffs never gave up their hope but kept on meeting the officials and politicians.

But later on World Vision was welcomed everywhere and the trust level of all the Govt. offices, local bodies, politicians was very high. World Vision was welcomed in all the decision making process of the Block, involved in various discussions and meetings, and was also involved in the Planning of the Block.

Due to the trust level in the Govt. departments, there is an increase in community people visiting the Block office and enquiring about different schemes and development initiatives. ██████████ (Block Extension Officer) says, "The dedication and the honesty of World Vision staffs are amazing. They have worked these years without any selfish ambition and never wanted anything in return, not even a cup of tea. We have utmost faith on these people and have trust on them. They have access to any departmental documents they want."

(Source: KII with Block Development Extension Officer)

### □ **Transformed Systems and Structures**

The work pattern of World Vision has changed the mindset of people in every sphere including the community people, the Govt. officials, the politicians, the service providers etc.

During the initial years it was very much difficult to work with the contractors, different departments, local community leaders and politicians. Corruption, Bribery, manipulation and misappropriation was in the high end. But the staffs of Omerga ADP stood against all these practices and never entertained these things, which though initially was resisted but later on, all of them learned about the work ethics and standards of WV. Due to which the respect and trust among people went up and World Vision is accepted everywhere.

The vulnerable have got their voice through different networks, forums and coalitions like Disable People's Organization" who were being motivated, mentored and strengthened.

### □ **Transformed Community**

Due to World Vision's intervention various social evils has been decreased and better environment has been created for better living. For example, in the initial years the evil practices like Superstitions, Women Discrimination, Preference for boy child, Child marriage, alcoholism, Communal disharmony was very much high. But due to World Vision's presence and working with the community, this has been tremendously reduced. This is evidence from the Then and Now Community Exercise, FGDs and KIIS.

Women were not allowed to attend or participate in any meetings along with the men. But in World Vision's meeting they sit together with men, share their views and participate in development initiatives. Similarly, through CBOs including VCCs, CPUs, Seva Sangha etc the social evils like Child Marriage, Open Defecation, and Alcoholism is being reduced. Panchayats also learned from the process through World Vision and have put strict monitoring in place to stop or minimize these practices.



## Appendix I

OMERGA ADP (PROGRAM HISTORY)					
FY 06 – FY 09		FY 2010 – FY 2013		FY 2014 – FY 2015	
Program Goal	Community empowered to live, life in all its fullness (with peace, justice, dignity and hope)	Program Goal	Community are capable to ensure the well being of their families and children through a sustained development process	Program Goal	Sustained Well-being of Children
Project Goal:  ECONOMIC DEVELOPMENT	Poor household of the community have regular and consistent livelihood.	Project Goal: LIVELIHOOD	Enhance sustainable livelihood security to marginalized farmers and landless laborers.  Indicator 1: % of poorest household decrease over time.  Indicator 2: % of CBOs are able to manage and sustain programs effectively and independently.	Project Goal: LEADERSHIP	Empowered community to ensure child well-being.  Indicator 1:  % of CBOs is able to manage and sustain programmes effectively and independently.
Outcome 1	Capacity of household for diversified livelihood	Outcome 1	Parents and Caregivers provide well for their children.  Indicator 1: % of children living in a household where one or more adults are earning an income  Indicator 2: % of households with an alternative source of income	Outcome 1	The communities are economically capable of taking care of their basic needs, Youths involved in economic development process. <u>Indicator 1.1</u> Proportion of parents or caregivers able to provide well for their children <u>Indicator 1.2</u> . Proportion of youth [girls and boys] who found employment within 12 months of completing a vocational/skillstraining course

Output	Indicators 1.1 # farmers trained on improved Agriculture practices. 1.2 # Farmers adopting modern agriculture practices./Water harvesting infrastructure developed/maintained 1.3 # of farmers have direct access to market 1.4 # of people facilitated for various diversified business	Output 1.1	Parents and caregivers would have been trained on sustainable farming and agro based business practices.  Indicator 1: # of parents and caregivers gained knowledge on sustainable farming and on agro based businesses through training.  Indicator 2: # of families adopted sustainable farming and agro based business (QUANTITATIVE)  Indicator 3: #of families successfully doing the agro based business.	Output 1.1	Parents and caregivers would have been trained on various livelihood opportunities.  Indicator 1.1.1 #of families successfully doing the improved agro based business.
--------	--	------------	---	------------	---

<b>OMERGA ADP (PROGRAM HISTORY)</b>					
FY 06 – FY 09		FY 2010 – FY 2013		FY 2014 – FY 2015	
	1.5 # people trained on vocational skill				
Project Goal: EDUCATION	Enhanced intellectual capacity of the children and the communities.	Output 1.2	Soil and water conservation infrastructure developed and maintained.  Indicator 1: # of hectares of land brought under irrigation.	Output 1.2	Youths facilitated for age appropriate studies / technical / professional education to generate livelihood opportunities  Indicator 1.2.1# Youths [girls and boys] completed different vocational and skill trainings after SSC and HSC.

Outcome 1	Capacity of household to continue education of the children and enhanced leadership quality.	Outcome 2	Children and their caregivers access essential health services.  Indicator 1: Proportion of parents or caregivers with children 0–5 years who report having sufficient access to the health services the child needs, including medical treatment when ill and immunization  Indicator 2: % of children under five are well nourished	Outcome 2	CBOs and child-led organizations are capable to ensure children’s well-being in the community,  Indicator 2.1  Children's groups demonstrate that they are participating in development processes.  Indicator 2.2  Proportion of youth who rank themselves as thriving on the ladder of life
Output	Output Indicators  1.1 # of children continues their higher education.  1.2 # of youths completed vocational courses.  1.3 # of schools have better education facilities.  1.4 # of village caring committees actively participate in development programs.	Output 2.1	Pregnant women part of target counseling and care and support.  Indicator 1: Proportion of mothers aged 18 - 30 years are part of pre and post natal care.	Output 2.1	Functioning Children's groups and Child Protection Unit.  Indicator 2.1.1 # of children's groups functioning well  Indicator 2.1.2 # of children participating in children’s groups  Indicator 2.1.3 # of children's club members reported they know how to protect themselves  Indicator 2.1.4 # of communities with a functional CPU as per the rating tool
Project Goal: Water	Community enjoys healthy environment	Output 2.2	Children have proper nutritional supply year round	Output 2.2	Life skills and development assets promoted for children

<b>OMERGA ADP (PROGRAM HISTORY)</b>		
FY 06 – FY 09	FY 2010 – FY 2013	FY 2014 – FY 2015



and Sanitation			Indicator 1:  # of children with -2SD (for underweight) underwent PD hearth program.		Indicator 2.2.1  # of children [girls and boys] adopting new learning's after attending the LSTD programmes  Indicator 2.2.2  # of children [girls and boys] aged 12-18 attend the life skill programmes and know how to protect themselves
Outcome 1	All families have access to safe Drinking water and Increased access & utilization of toilets and drainage in the community.	Output 2.3	Enhanced capacity of CBOs in leadership, management and resource mobilization for accessing the services.  Indicator 1: # of resources tapped from GO and NGOs Indicator 2: # of CBOS who have better management skills [financial accountability, selection of PoP, CBOs able to write proposals for resource tapping, Development plan of CBOs.]		
Output	Output  1.1 # CBO's trained on health & sanitation.  1.2 # families using water sealed toilets.  1.3 # community having water storage infrastructure  1.4 # of house hold having year round accesses to portable water source	Outcome 3	Ensure quality of project implementation  Indicator 1: Smooth functioning of the project	Outcome 3	Improve knowledge and practice of families on appropriate child care, nutrition and care seeking  Indicator 3.1 Percent of children aged 0-59 months whose weight for age is less than minus two standard deviations from the median (WAZ) for the international reference population ages 0–59 months.  Indicator 3.2 % of children fully immunized

		Project Goal: EDUCATION	To empower communities for managing and improving access and quality education	Output 3.1	Strengthen the ICDS functions to improve nutrition among the children and pregnant mothers
--	--	----------------------------	--	------------	--

OMERGA ADP (PROGRAM HISTORY)					
FY 06 – FY 09		FY 2010 – FY 2013		FY 2014 – FY 2015	
					Indicator 3.1.1 # ICDS centers fully functional  Indicator 3.1.2. # malnourished children rehabilitated (Document Review)
		Outcome 1	Adolescents ready for economic opportunity  Indicator 1:  Proportion of youth who found employment within 12 months of completing a vocational/ skills training course	Output 3.2	Improved awareness on WASH practices of the mothers, caregivers and families  Indicator 3.2.1  % parents or caregivers who report washing their child's (aged 6 - 59 months) hands, using soap or ash before critical feeding or food preparation and defecation times
		Output 1.1	Children and families educated on importance of completing proficient studies.  Indicator 1: # of students completed SSC and HSC for related appropriate courses.	Outcome 4	Communities are capable to manage the educational needs of the children.  Outcome 4.1 Proportion of children who are functionally literate
		Output 1.2	Youths facilitated for vocational / technical / professional education.  Indicator 1: # Youths completed different vocational and skill trainings	Output 4.1	CBO facilitated for tapping resources for support for girls & boys for completing Higher studies.  Indicator 4.1.1 # of students completed SSC and HSC for related appropriate courses.

		Outcome 2	Children have a hope and vision for the future  Indicator 1: % of children who are able to express future hopes and dreams		
		Output 2.1	Children able to identify their own strengths and talents  Indicator 1:  # children 12–18 years who are able to state at least three things that they are good at or		
<b>OMERGA ADP (PROGRAM HISTORY)</b>					
<b>FY 06 – FY 09</b>		<b>FY 2010 – FY 2013</b>		<b>FY 2014 – FY 2015</b>	
			good things about themselves; or 6–18 years if using focus groups		
		Output 2.2	Govt. and Govt. Aided School have better infrastructure facilities as per their entitlement / government criteria  Indicator:  # schools having good child friendly environment created		
		Output 2.3	Capacity of school teachers built through advanced teaching skills and students equipped with appropriate educational aids.  Indicator 1: # of teachers trained on advanced teaching skills as per government standards  Indicator 2:  # of students secured good marks		
		Outcome 3	Ensure quality of project implementation		
		Output 3.1	Project are effectively managed		



## Appendix 2

1996-2000	2001-2005	2006-2008	2009-2010	2011-2015
<ul style="list-style-type: none"> <li>• SHG's formation</li> <li>• Child sponsorship started</li> <li>• Malnutrition in children (boys and girls)</li> <li>• Oppose by community for World Vision Presence</li> <li>• Epidemic-diseases</li> <li>• High rate of child labour</li> </ul>	<ul style="list-style-type: none"> <li>• Agriculture interventions</li> <li>• Check dams construction</li> <li>• Tree Plantation</li> <li>• Women only involved in household chores</li> <li>• Scarcity of water</li> <li>• Lack of health facilities</li> <li>• Gender decrimination</li> <li>• Early child marriage issues (Poisonous snake)</li> <li>• Law against child labour</li> </ul>	<ul style="list-style-type: none"> <li>• Some good changes in health facilities</li> <li>• Immunization increased</li> <li>• VDC-Village Development Committee formation</li> <li>• Assistance to vulnerable and disabled children</li> <li>• Male and female come together-equal status is started</li> <li>• Children Protection Unit (CPU)</li> <li>• Play for Peace intervention (IPF-38 memers)</li> <li>• Assistance to computer courses</li> <li>• Assistance through EDA-goats</li> <li>• Assistance to HIV/AIDS affected</li> <li>• Assistance to farmers</li> <li>• Provide support for higher education</li> </ul>	<ul style="list-style-type: none"> <li>• Training to farmers for modern technologies</li> <li>• LSTD</li> <li>• Gender equality increased</li> <li>• Tree plantation</li> <li>• Educational assistance to children</li> <li>• EDA-provide assistance for buffaloes</li> <li>• Vermi-beds to farmers</li> <li>• Well digging and deepening</li> <li>• Organic farming increased</li> <li>• Ground water table increased</li> <li>• Farmers provide irrigation support through Pipes</li> <li>• Schools provide support through wall fencing</li> <li>• Formation of Seva Sangh (Apex Body)</li> <li>• Road constructed by Government</li> <li>• Tapping the Government resources at village level</li> <li>• Formation of Children's club</li> <li>• Facilities for toilets increased</li> <li>• Computer education increased</li> <li>• Widows-EDA for their economic-livelihood support</li> <li>• Organic farming-vermi bed the crops increased and land fertility also increased</li> <li>• Cycle distribution</li> </ul>	<ul style="list-style-type: none"> <li>• Renovation of GP Building</li> <li>• Registeation of Play for Peace-Vishwa Shanti Multi-purposes Social Organization</li> <li>• Developed the small scale business</li> <li>• Awareness on HIV/AIDS</li> <li>• Gender equality</li> <li>• Facilitate children for their educational materials</li> <li>• Low rain fall</li> <li>• Child Line started in 2011</li> <li>• Natural calamities in 2012-2015 (Drought)</li> <li>• New formation of Seva sangh</li> <li>• Awareness and training to adolescen girls for their health and hygiene</li> <li>• Traing to ICDS/Mother and ASHA</li> <li>• More assistance to HIV/AIDS victims-care and support</li> <li>• Awareness on enviorment</li> <li>• Demonstration plots for agriculture</li> <li>• MMR reduced</li> <li>• IMR reduced</li> <li>• Facilities for preganant women increased-102/108</li> <li>• 99% immunization</li> <li>• Women empowerment</li> <li>• Village development through apex body</li> <li>• Higher education increased</li> </ul>
<b>RIVER OF LIFE – OMERGA (By adults)</b>				





**OMERGA AREA DEVELOPMENT PROGRAMME  
EX-POST EVALUATION**

**Draft Report**

**World Vision**

**Head – Strategic Evaluation  
World Vision India**

**World Vision Germany**

**Date of Submission: 23 -9-2019**

**Sigma Consultant :**





## CONTENTS

- 1. Table Of Contents**
- 2. Glossary of Abbreviations**
- 3. Introduction**
  - 3.1 Evaluation Introduction / Background
    - 3.1.1 Organization Background
    - 3.1.2 About the Programme
    - 3.1.3 Implementation Strategies
    - 3.1.4 Geographical Location
    - 3.1.5 Purpose of the Evaluation
    - 3.1.6 Objectives of the Evaluation
    - 3.1.7 Structure of the Report
- 4. Methodology and Approach**
  - 4.1 Sampling Procedure
    - 3.1.1 Sample for Quantitative Study:
    - 3.1.2 Sample for Qualitative Study
- 5. Findings**
  - Theme 1 – Livelihood- Food Security
  - Theme 2 – Leadership & Coping Mechanism
  - Theme 3 – Quality of Living: Access to Basic Facilities
  - Theme 4- Health
  - Theme 5 – Education & Skill Development
  - Theme 6 - Sustainability
- 6. Five Drivers of Sustainability**
- 7. Limitations**
- 8. Conclusions**

## 2. GLOSSARY OF ABBREVIATIONS

<b>ANM</b>	Auxiliary Nurse Midwifery
<b>ASHA</b>	Accredited Social Health Activist
<b>AWC</b>	Anganwadi Centre
<b>CBO</b>	Community Based Organization
<b>CPU</b>	Child Protection Units
<b>DPO</b>	Disable People's Organization
<b>FGD</b>	Focus Group Discussion
<b>HH</b>	Household
<b>ICDS</b>	Integrated Child Development Services
<b>IFA</b>	Iron Follic Acid
<b>KII</b>	Key Informant Interview
<b>NFHS</b>	National Family Health Survey
<b>NRHM</b>	National Rural Health Mission
<b>PHC</b>	Primary Health Centre
<b>PM</b>	Programme Manager
<b>SHG</b>	Self Help Group
<b>SMC</b>	School Management Committee
<b>ToR</b>	Terms of Reference
<b>VCC</b>	Village Care Committee

### 3. INTRODUCTION

## **3.1 Evaluation Introduction / Background**

### **3.1.1 Organisation Background**

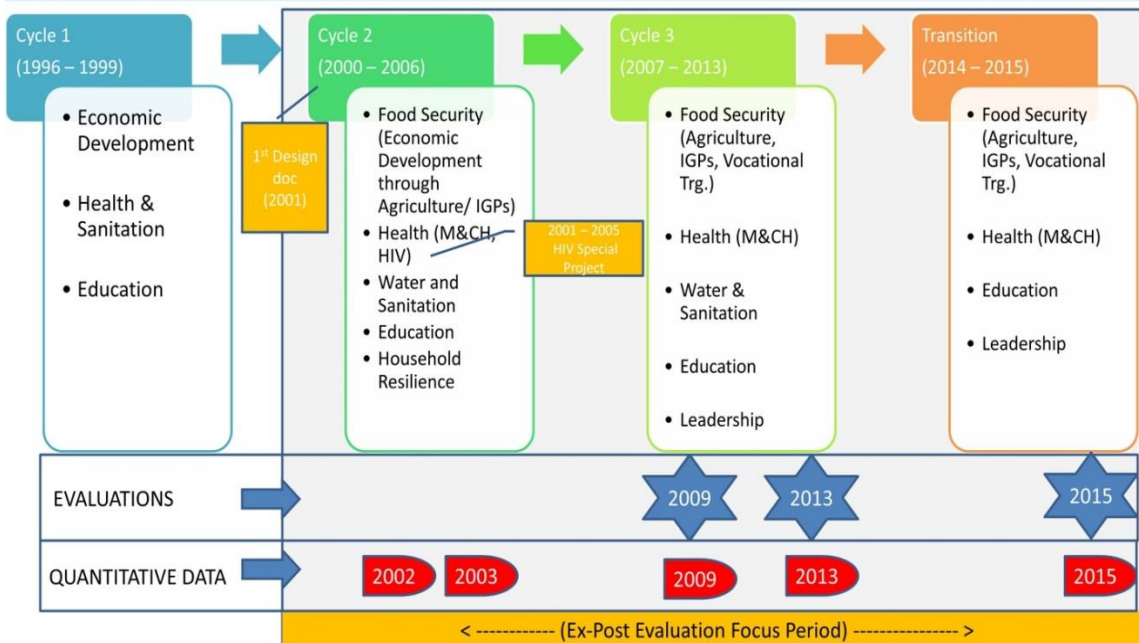
World Vision is a Christian humanitarian organization working to create sustainable change in the lives of children, families and communities living in poverty and injustice. World Vision's serves all people regardless of the religion, caste, race, ethnicity or gender concerned with human development that we see as a process of individual and social transformation. WVI is a national NGO and works in partnership with a network of over 100 other entities within World Vision International. WVI is registered as a society under the Tamil Nadu Societies Act with its National Office based in Chennai. World Vision's involvement with the poor has undergone a series of transformations over the years from mainly supporting relief and leadership training programmes in sixties to institutional childcare including school social work, community development and relief and rehabilitation in seventies. In the early eighties, it moved into sponsorship funded development programmes and family-to-family WVI primary approach to poverty alleviation through transformational development is called Area Development Programme (ADP). The communities are involved in planning and implementing the long term programme for their sustainable livelihood security.

### **3.1.2 About the Programme and its Thematic Components**

The Omerga Area Development Programme was initiated in 1996 immediately after the Relief and Rehabilitation of the people affected by earthquake that shook the Districts of Latur and Osmanabad in Maharashtra. World Vision, India with the support of World Vision Germany initiated this ADP in Omerga and Lohara Blocks. In 2010, the evaluation recommendations and agreement with the Support Office, Omerga ADP was phased out from Lohara Block while the project continued in the 25 villages of Omerga Block until 2015.

The Omerga Area Development Programme (ADP) was based on the proposition that once the community gets empowered, the wellbeing of families and children is inherent and sustainable. Nonetheless, the project during its life cycle worked around issues such as Health, Education, Food Security and Leadership enhancement. In this intervention programme, the Community Based Organizations (CBOs) played a major role in sustaining the child well-being outcomes As the CBOs will be able to tap appropriate resources from the government and the other agencies. Hence, the project intended to strengthen leadership of various actors within the community. Therefore, the Village Caring Committees worked in close coordination with the Apex Bodies [Seva Sanghs] who played a decisive role in the project. The project supported livelihood measures, whereby small and marginal farmers were selected to improve their livelihood opportunities. In addition, the youths, Self Help Groups (SHGs), the farmer clubs and landless labourers were involved in various income-generating trainings and relevant activities so as to create requisite environment for the growth of small business, thus making village economies sustainable. The project focused on linking the rural SHGs with various marketing avenues for marketing the products produced by rural economies.

## 1.2. Program Overview



The above chart indicates that the last two phases of the ADP has focused on Leadership focusing on capacity building of the community, CBOs strengthening their leadership skills to sustain the development process.

The Omerga Area Development Programme had been working in 25 villages of Omerga Block under five different clusters. The ADP has been working through 25 VCCs, 25 Children Clubs and 25 Child Protection Units saturating the entire focus area. Apart from that, ADP had established 269 SHGs and 16 Seva Sanghs (SHG Apex Bodies) covering all the villages of the focus area.

### 3.1.3 Implementation Strategies

Until the end of the programme in 2015, the aim of the Area Development Programme (ADP) was that communities become capable to ensure the well-being of their families and children through a sustained development process. The programme implemented various projects like Health, Education, Food Security and Leadership during its lifetime. In this process, the Community Based Organizations (CBOs) played a major role in sustaining the child well-being outcomes. Capacity Building of the CBOs ought to lay a foundation to ensure sustainable development of the community.

The Village Caring Committees played a very important role along with the SHG Apex bodies [Seva Sanghs]. The CBOs should be able to tap appropriate resources from the government and the other agencies. Leadership was the focus during the last two years of the ADP until 2015, which intended to strengthen the various actors within the community and lead them towards sustainable development. Selected small and marginal farmers participated in livelihood opportunities. The Youths, Self Help Groups (SHGs), the Farmer Clubs and landless laborers involved in various income generation trainings and relevant activities aimed to support small business emerging in the communities which should have made them self-supporting. The project focused on linking the rural SHGs with various marketing avenues for marketing the products

produced by rural economies. The last evaluation of the Omerga Area Development Programme was conducted in 2015.

ADP has been implemented in different phases from early 1996 to 2015. In different phases the focus of initiatives shifted from basic needs to higher aspirations of children and sustainability in their economic wellbeing, higher education and employment.

The table below describes the interventions, no. of villages covered and beneficiaries benefited.

<b>KEY INTERVENTIONS</b>			
<b>No. of Villages Implemented and Total Beneficiaries - Omerga</b>			
<b>Sl</b>	<b>Key Interventions</b>	<b>Total No. of Villages with interventions</b>	<b>Total No. of beneficiaries</b>
1	Health Training (Immunization/ Nutrition)	14	266
2	Training for Adolescent Girls (Hygiene, kits etc.)	13	145
3	Nutrition Supplement	12	163
4	Toilet Construction	13	270
5	HH Const. materials (Tin sheets, Brick, cement, doors etc.)	14	89
6	Assistance for Higher education college fees-Academic (B. Ed., Degree, Computer,)	21	213
7	Edu. Supplies (Bi-cycles/ books, school fees, bag, etc.)	21	266
8	Children/Youth participation in Play for peace	16	186
9	Skill training (Marketing/ Course from MITCON/ Tailoring/ Nursing/ Beautician/ Soft skills etc.)	16	229
10	Vocational Training (Masonry/ Carpenter/ Soft Toys/ Driving/ Motor mechanic/ Comp. hardware	11	128
11	SHG Training (Marketing/ managing/ Books of A/cs)	14	317
12	Agriculture Inputs (Pipe lines/ vermi-compost/ training/ seeds/ saplings etc.)	24	314
13	Cash For work/ Food for Work	13	127
14	EDA - Milch Animals/ Buffalo Goat/ Grocery/ petty shops/ Exposure visits	24	320
15	Others	5	73
<b>TOTAL</b>			<b>3106</b>

### 3.1.4 Geographical Location

Osmanabad district lies in the southern part of Maharashtra state. Most of the district area is rocky while the remaining part is plain. Most part of the district is surrounded by small mountain called “Balaghat”. Some parts of the major river like Godavari and Bhima comes under this district.



The height of district is 600mm above the sea level. It is located on the east side of Marathwada region within North latitude 17.35 to 18.40 degree and east latitude 75.16 to 76.40 degree. The area of district is 7512.4 sq km out of which 241.4 sq km is urban area (3.2%) and 7271 sq km is rural area (96.8%).

Omurga is a town in Omurga taluka in Osmanabad district of Maharashtra. It belongs to Marathwada region and Aurangabad division. It is located 66KM towards south from district head quarters Osmanabad. Osmanabad is having 110 Gram Panchayats.

The geographical location of the project was in 25 villages of Omurga Taluka covering 8 Gram Panchayats. Following are the list of villages:

LIST OF VILLAGES		
Ekondiwadi	Ambar Nagar	Ashta Jahagir
Chincholi Jahagir	Ganesh Nagar	Jakekur Wadi
Bhikar Sanghvi	Naik Nagar [mu]	Jakekur
Shahu Nagar	Naik Nagar [su]	Yeli
Paraskheda	Chincholi Bhuyar	Rampur
Anand Nagar [mv]	Katewadi	Shivaji Nagar
Sundarwadi	Omurga Vasti	Shastri Nagar
Kantekur	Palasgaon	
Kothli Tanda	Subhash Nagar	

The Omurga Area Development Programme has target the most vulnerable communities of the area including the Schedule Tribes especially, Maratha, Lingayat, Banjara, Dhangar, Wadar, Mahar, Matang and Lambani Peoples Group. During the inception of the programme these peoples groups are among the most vulnerable communities of the region who were basically nomads, stricken with poverty and basic rights, illiterate resulting into high incidences of migration, indulgence in crime and rejected by the mainstream society.

### 3.1.5 Purpose of the Evaluation

Sigma was entrusted with the task of undertaking an ex-post evaluation of Omurga Area Development Programme for World Vision. This Ex-Post Evaluation is planned as a

part of the culture of learning and accountability. Primarily Sigma was engaged to assess the sustainability of changes caused by the programme 3-4 years after the project's closure.

***The purpose of this evaluation is to retrospectively assess the concept of sustainability and its' contribution to community and child well-being in the area covered by Omerga ADP.***

Sustainability is on one hand about sustaining benefits after the exit of World Vision and on the other hand about continued improvement in terms of child well-being after World Vision ending support.

For an in-depth understanding of sustainability, a set of critical drivers or factors for sustainability are introduced based on the following underlying **Theory for Sustainability** based upon the World Vision's 5 drivers of sustainability:

- 1) Local Ownership
- 2) Partnering
- 3) Resilience
- 4) Local and National Advocacy
- 5) Transformed relationships.

It is now almost four years (2015) since the Omerga Area Development Programme has closed down. Hence, it is an apt time to revisit the project area and examine whether these CBOs have been able to sustain the efforts in continuing efforts to improve the wellbeing of families and children initiated by World Vision in the given intervention area. This is because the Omerga Area Development Program was largely based on the premise that strengthening of existing community institutions would ensure persistence of sustainable benefits even after the exit of World Vision. Hence, World Vision seeks to conduct a retrospective study, i.e., ex-post evaluation focussing mostly on the period 2007 to 2015 with a few overlappings of the programmes carried out during 2000 to 2006.

### **3.1.6 Objectives of the Evaluation**

The specific objectives of the evaluation are as follows:

- **To what extent have the outcomes and/ or intermediate results of World Vision Interventions been sustained in the programme area?**

*These programme level results will be assessed according to:*

*(a) the standards of the original intervention (e.g. whether groups still operate according to how they were trained or whether infrastructure still functions as intended) and*

*(b) where possible, they will be compared to their status at the time of program closure.*

- **(How) has ADP Omerga enabled communities to sustain improvements in child well-being?**

*The aim is to examine the functionality and current status of the groups formed by World Vision with changing times and situations. To do so, the study will incorporate observations and participatory group exercises among community members, community-based organizations, and leaders involving listing, ranking and group discussions.*

### **3.1.7 Structure of the Report**

The Report is envisaged to have an Executive Summary focusing on the main analytical points and indicates the main conclusions, lessons learned and specific recommendations. This is followed by the Evaluation Introduction and Background with a description of the programme context. It also describes about the Methodology of the Evaluation followed by the Limitations of the Evaluation.

The Findings section has been written providing a balanced assessment of the current situation. The findings are organized as they relate to the purpose, objectives, and questions established in the evaluation design.

## **4. METHODOLOGY AND APPROACH**

### **4.1 Sampling Procedure**

The evaluation is a summative ex-post evaluation of World Vision India's programming. The study aims to examine the role of five drivers of the project namely:



1. **Local ownership:** The programme vision and priorities are developed with and owned by the community and local partners after an in-depth shared exploration of child well-being in their own context. There are clear plans for how local actors will continue mutually accountable dialogue and action on child well-being priorities after WV's engagement has ended
2. **Partnering:** Local groups and organizations are developing and using the skills to work effectively together for child well-being, balancing their priorities and interests. Governments, CBOs and local bodies are engaged and play a role.
3. **Transformed relationships:** Men, women, girls and boys care for each other, for their community, for their environment, and the wider world. Relationships within households and communities are defined by trust, equitable gender relations, conflict prevention and resolution, voluntary sharing of time and resources, and the valuing and protecting of all children, especially the most vulnerable.
4. **Local advocacy:** On-going activities by citizens and local groups to hold government service providers accountable for the quality and quantity of services delivered for the community and children against plans and policies, based on regular assessments. Activities also focus on building collaborative dialogue between communities and decision makers at the local level, to press for wider systemic changes with impacts and reach beyond the borders of our programs.
5. **Household & Family Resilience:** Families and households develop resilience to changing shocks and stresses. They can prevent, prepare for, mitigate and recover from disasters, adapt to external factors and transform their wellbeing on a pathway of growth and progress out of poverty.

In addition to above these, we are looking into the substance of the Local Assets created over period of programme such as Infrastructure support to schools, farmers (Water shed, Irrigation etc), villages (drinking water), HH (toilets) etc.

#### **Data Collection from existing Stakeholders:**

The ex-post evaluation is envisaged to undertake a quantitative survey of the beneficiary households and CBOs as well as qualitative survey of the other stakeholders as mentioned below. The study employed both quantitative and qualitative methods to elicit answers to the evaluation questions.

- Apex body (Seva Sanghs),
- Village Caring Committee (VCC),
- Care Givers,
- Self Help Group (SHG),
- Youth Club,
- Child Protection Unit (CPU),
- Civil Society and
- Ex-staff of the projects.

#### **FOLLOWING METHODS ARE USED IN THE STUDY**

## 1. Community Consultation:

Before embarking on the finalization of the tools, SIGMA team participated in the Community Consultation workshop organized by World Vision with the stakeholders (Community representative/ Leaders, former staff, Partners) to brainstorm and understand the context and interventions of the programme during 12-15 March, 2019 at Omerga - closer to the ADP area.

The consultation workshop helped in understanding different interventions, finalising and defining the different indicators, preparation of tools and fixing the target groups for the ex post evaluation.

## COMMUNITY CONSULTATION - OUTCOMES

The community workshop has given useful insights to the activities to be evaluated. A detailed list of activities has been prepared to elicit information through quantitative and qualitative surveys.

Also, during interaction sessions with the participants there is an encouraging discourse on the theory of Change – it was a subtle discourse but obviously gave leads on the SHG participation, changing role of women, importance of education and vocational trainings for women to be gainfully employed, utilizing the available health services for increased nutrition of children and pregnant women, safe delivery etc.

2. **Quantitative:** Quantitative study was undertaken for both Households in the study area and subsequently covered a sample of CBOs. While the HH survey was to reflect on the benefits of the ADP at HH level the CBOs survey is expected to reflect on the sustainability of the various programmes initiated and implemented by the ADP.
3. **Qualitative:** The qualitative study included study information from different stakeholders through focus group discussions (FDGs) and key informant interviews (KIIs).
4. **Secondary:** Review of the documents provided by WV enabled in preparing the Inception Report, to prepare the tools for ex-post evaluation and to be used to make comparisons with the earlier evaluation reports, wherever data sets allow us to make the comparisons.
5. **Primary:** The primary data collection on infrastructure conditions can be obtained via observations.  
A checklist of infrastructure will be prepared by village as per the inputs given by WV team. Based on this checklist the infrastructure availability, condition and utilisation will be assessed.

## THEORY OF CHANGE

ToC is studied through quantitative analysis and mostly through qualitative survey. During the consultative meeting there was an overwhelming response to our interactions with the participants on the aspects of change both –physical and attitudinal changes since the implementation of ADP. The earlier beliefs that women cannot participate in the developmental activities have fallen flat with the present enthusiasm of women to be part of SHGs and contributing to all-round development of the family and society. So is the case with education and health. While the quantitative survey is expected to give measurable improvements on these fronts qualitative survey dwells in to the drivers of these changes.

There was also some deep discussion on the project assistance for higher education which enabled children to continue their education and getting gainful employment. Various economic development initiatives are enabling the parents to support the education needs of their children.

It is heartening to record the women participants in the community consultation meeting emphasising the points of enhancements in the institutional deliveries and reduced maternal deaths and improvements in the immunization intake of children.

## **CBOs**

As already reported a quantitative survey of the CBOs was planned along with qualitative survey. The method of selecting the CBOs and the sample size along with the aspects to be covered was finalised in consultation with the WV team.

The Quantitative tool for the CBOs was developed in consultation with the WV team.

### **4.1.1 Sample for Quantitative Study**

#### **Quantitative Household Survey**

The identification of indicators was done referring the Transition Design (2000 – 2006), Design Document 2007 – 2013 and Design Document 2014 – 2015.

The margin of error measures reliability of the results and it is especially important to consider when looking for differences between waves of benchmark and evaluation research. The larger the sample size, the smaller will be the margin of error. However, just increasing the sample size beyond certain point may not increase the accuracy of the results. So, at 95% confidence level and with 5% margin error, it is proposed to cover 400 Beneficiary Households.

The intervention area covers 25 villages of Omerga Taluka of Osmanabad District of Maharashtra. So, it was proposed to cover 400 Beneficiary households selected across 25 villages using systematic (interval) sampling method. However, a sample size of 398 was achieved.

During the consultative workshop, efforts were made by the WV functionaries to prepare the sampling frame by obtaining the village wise list of beneficiaries under different interventions. This frame was used to select the sample of households by using systematic random sampling.

## Quantitative CBO Survey

The identification of indicators was done referring the Transition Design (2000 – 2006), Design Document 2007 – 2013 and Design Document 2014 – 2015.

The existing CBOs are 279, out of which around 20 per cent are envisaged to be selected for the sample study. Hence, a sample of 59 CBOs are randomly selected which gives a representative sample from all the existing CBO groups. Based on the list of the CBOs a random selection procedure is followed to pick the sample of CBOs. Further purposive sampling is also employed to select some of the CBOs in consultation with WV team.

Following table gives the number of existing CBOs by various groups and selected sample size.

CBOs	Existing CBOs No.	Sample Size	Achieved Sample
VCC	21	4	4
Seva Sangh	6	1	1
SHG	205	41	41
CPU	20	4	4
Children Groups	5	1	0
WASH Committee	1	1	1
World Peace Foundation	1	1	0
Play for Peace (Youths)	10	2	2
Farmers Groups	8	2	2
Adolescent Groups	1	1	1
Disable People's Organization	1	1	1
<b>Total</b>	<b>279</b>	<b>59</b>	<b>57</b>

### 4.1.2 Sample for Qualitative Study

The following sample size for Qualitative study were covered;

Target Groups for FGD/KII	Envisaged	Achieved
Members of Seva Sangh	5 FGDs (1 per Cluster)	5
Village Care Committee Members (VCC)	5 FGDs (1 per Cluster)	5
SHGs (Lakshmi Mahila Bachatgadh SHG- must be covered)	5 FGDs (1 per Cluster)	5
Vishwa Shanti Seva Sangh (World Peace Organisation)	1 FGD	1
Disabled people organization (DPO)	1 FGD	1

Youth club (Play for Peace training)	3 FGDs	2
Farmers Group	2 FGDs	2
Children Groups (with aged 12 – 17 years)	1 FGDs	1
Care Givers (Mother of children aged 0 – 59)	2	2
Total FGDs	25	24
<b>Education:</b>		
Block level education officer	1 or 2	1
Teacher	2 or 3	2
SMC	2 or 3	2
<b>Health:</b>		
CDPO	1	1
AWW	2 or 3	3
ASHA	2 or 3	3
ANM	1 or 2	-
Medical Officer	1	1
<b>Economic:</b>		
Block Development Office	1	1
Irrigation deptt.	1 or 2	-
Agriculture officials	3 or 4	1
SHG members (EDA Beneficiaries)	3 or 4	4
Bank officials	1 or 2	1
DPO member	2	1
Youth group	1	1
CPU	1	1

### 4.1.3 Team Structure

We deployed separate teams for quantitative and qualitative study.

For quantitative we **deployed 1 team** comprising 5 interviewers and one supervisor in the team. Each interviewer would be able to cover 3-4 households in a day. Thus to complete 400 beneficiary households it will take 10-12 days. We will deploy both male and female interviewers.

For qualitative we deployed 2 teams with one moderator and note taker in each to conduct FGDs and IDIs with Key informants. To complete proposed FGDs and IDIs in 10-12 days.

The qualitative survey teams have good experience in carrying out qualitative surveys employing FGDs and IDIs. The team members who have exposure to the ADP project and who are well aware of the Ex-post evaluation objectives will be deployed. For this purpose Sigma is planning to deploy two or three members who have worked in

quantitative survey. During the training of qualitative survey tools and during the data collection stage senior researchers will also be joining the teams.

## **5. FINDINGS**

As explained in the programme overview, the ADP Omerga implemented various programmes under broad themes. As such, efforts are made to arrange the major findings of the ex post evaluation under the following themes.

### **5.1 Theme 1: Livelihood- Food Security**

The World Food Summit of 1996 defined Food Security as existing ‘When all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life’.

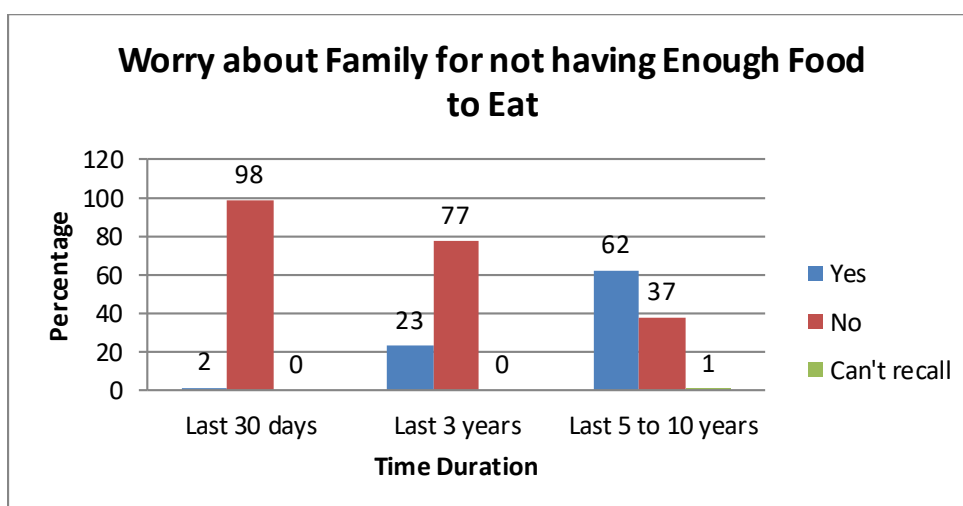
There are 04 pillars to food security, namely – **Availability** which relates to supply of food, **Access** which relates to affordability and allocation of food, **Utilization** which refers to ensuring food reaches all members of a household in proper quality (safe & nutritious) and quantity (sufficient), and **Stability**, which refers to the ability to obtain food over time, given that food insecurity can be transitory, seasonal or chronic.

While a number of efforts have helped improve food security at the national level, the state of Maharashtra, which has had issues with food security over the years, has also made significant efforts to implement the National Food Security Act, 2013.

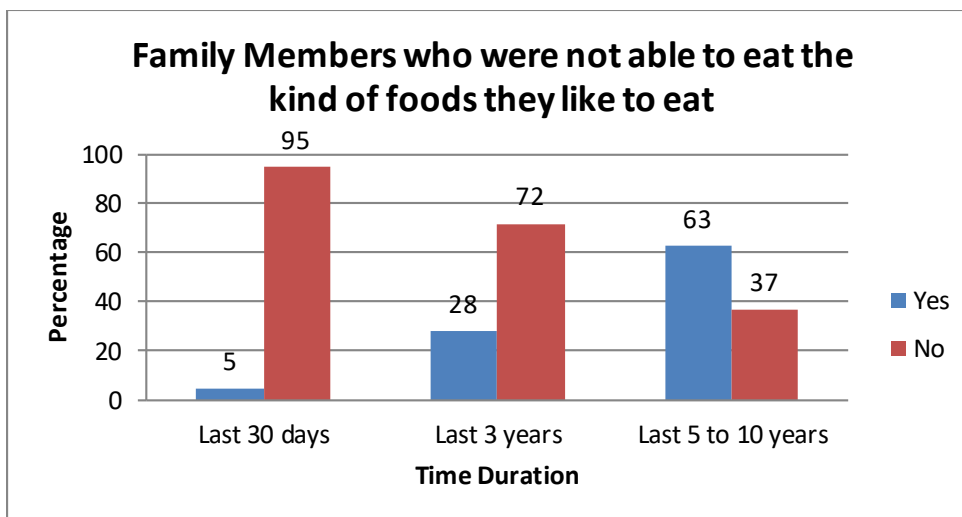
The ex-post evaluation tried to elicit information on the food security from the sample households.

**Indicator: Percentage of households who are Food Secured (availability, access and utilisation)**

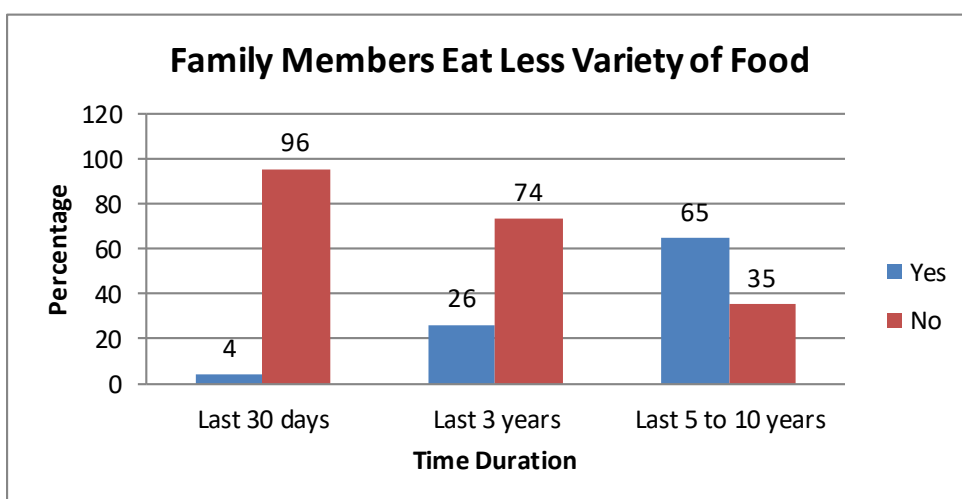
As per 398 respondents, 62 percent reported that they worried about the family for not having enough food to eat during the past 5 to 10 years. And 23 percent respondent reported the same reason during last 3 years, followed by only 2 percent during the past 30 days.



Out of 398 respondents, 63 percent reported that the family members were not able to eat the kind of foods which they like to eat during the past 5 to 10 years. And 28 percent respondents reported the same reason during the last 3 years, followed by only 5 percent for past 30 days.

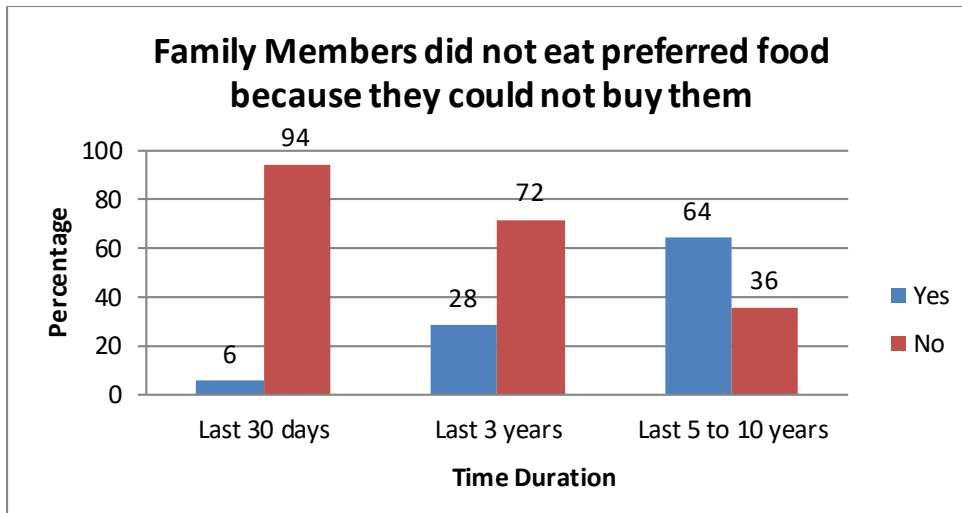


Out of 398 respondents, 65 percent reported that the family members were not able to eat varieties of foods which they like to eat during the past 5 to 10 years. The reason behind this is because they could not have or could not buy them. And 26 percent respondents reported the same reason during the last 3 years, followed by only 4 percent for past 30 days.

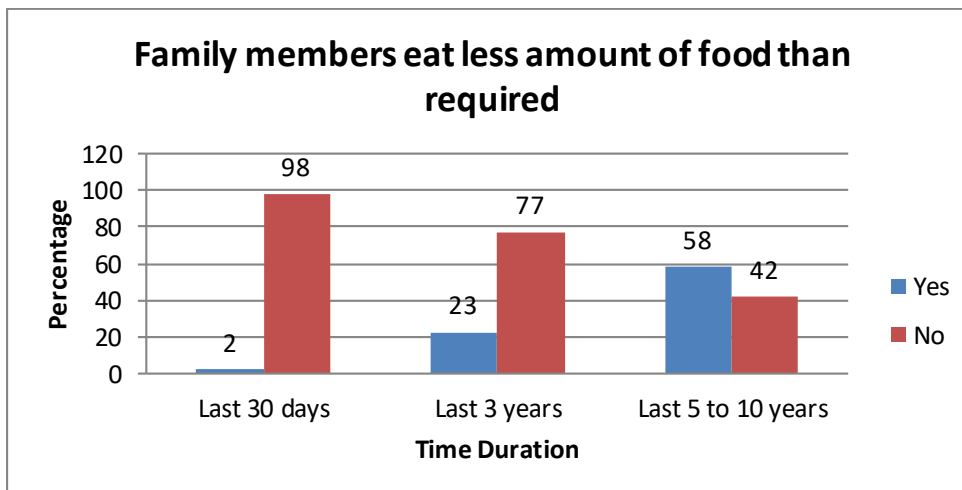


Around 64 percent of respondents reported that the family members did not eat preferred food during the past 5 to 10 years. The main reason is because they could not buy them. And 28 percent respondents reported the same reason during the last 3 years, followed by 6 percent for past 30 days.

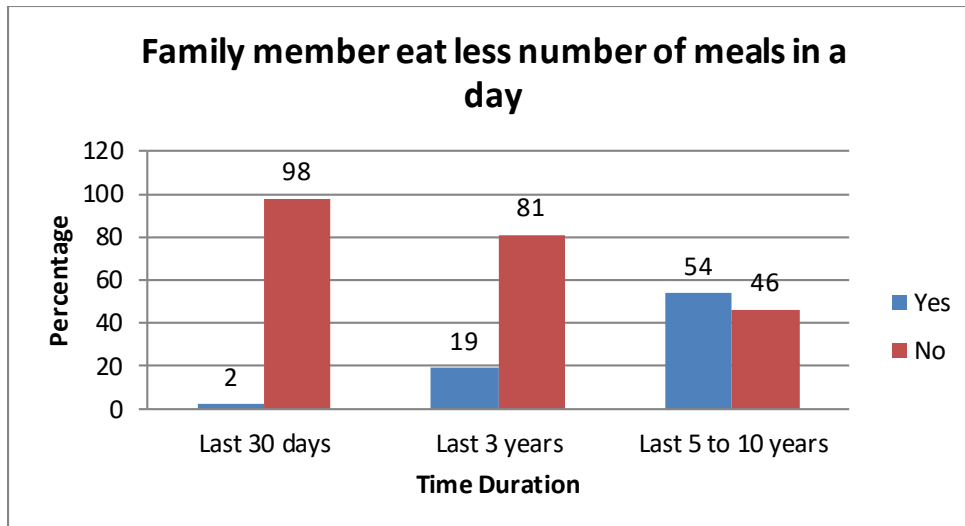




Around 58 percent of respondents reported that their family members eat less amount of food than actually required during the past 5 to 10 years. And 23 percent respondents reported the same reason during the last 3 years, followed by only 2 percent for last 30 days.

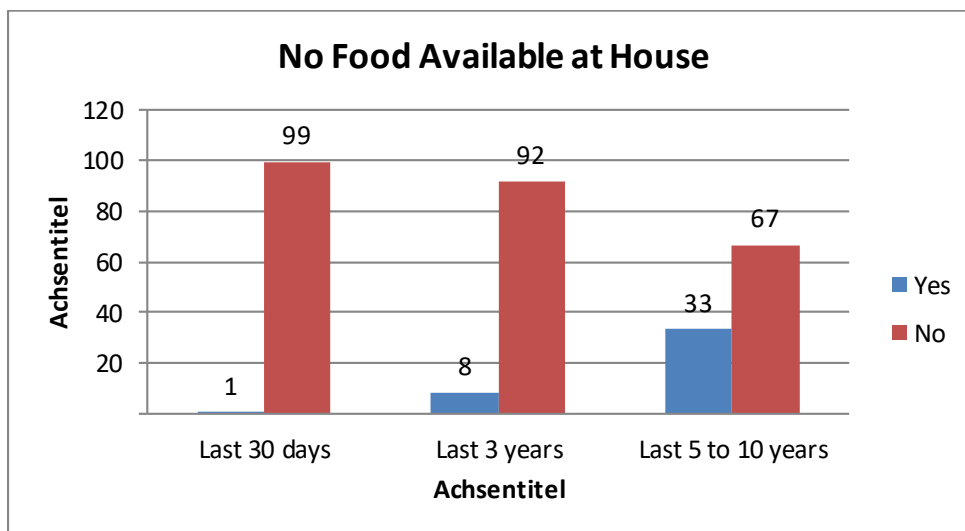


It is not only about eating less amount of food but also eat less number of meals in a day. Around 54 percent of respondents reported that their family members eat less number of meals than required during the past 5 to 10 years. And 19 percent respondents reported the same reason during the last 3 years, followed by only 2 percent for last 30 days.

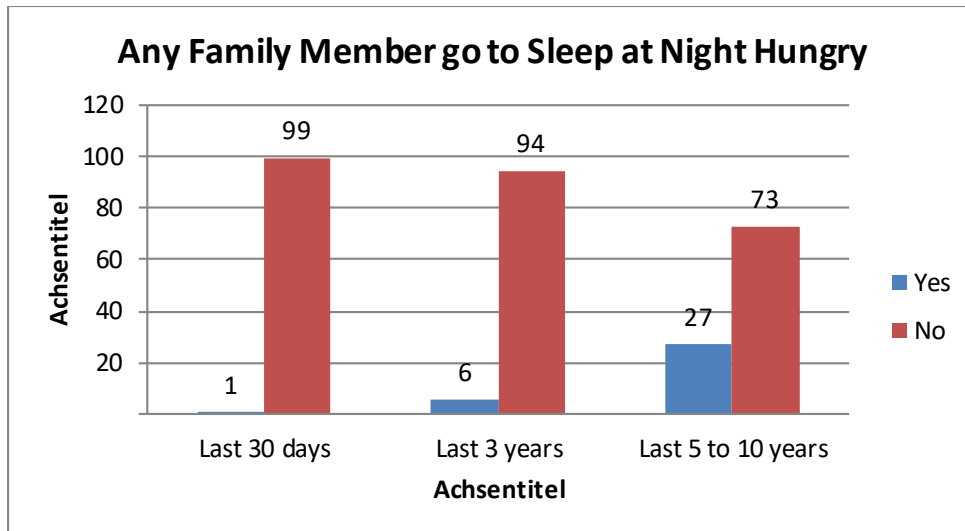


**Indicator: Proportion of youths (12 – 18 years) going to bed hungry**

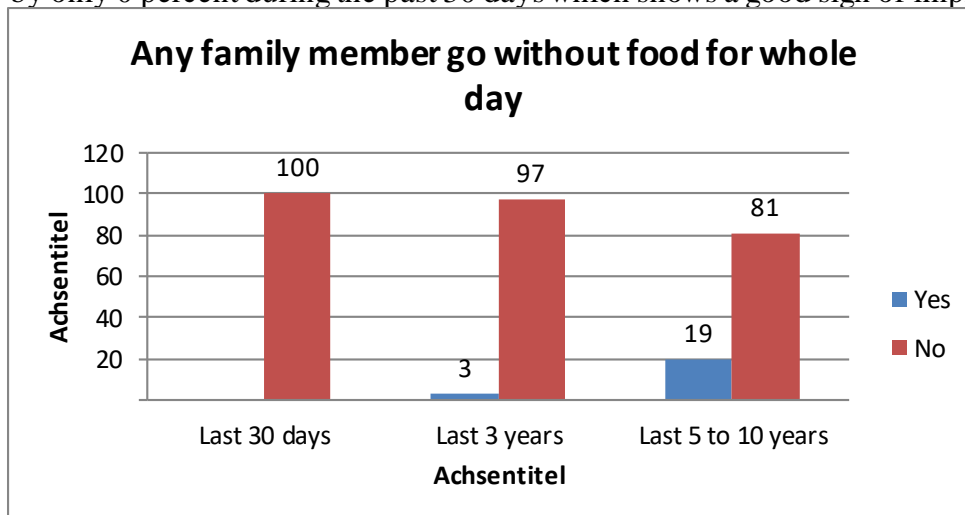
Out of 398 respondents, 33 percent reported that no food was available at home during the past 5 to 10 years. While it remain 8 percent during the last 3 years, followed by only 1 percent during the past 30 days.



As per 398 respondents, 27 percent reported that any of the family members go to sleep at night hungry during the past 5 to 10 years. And 6 percent of respondents reported the same during the last 3 years, followed by only 1 percent during the past 30 days.

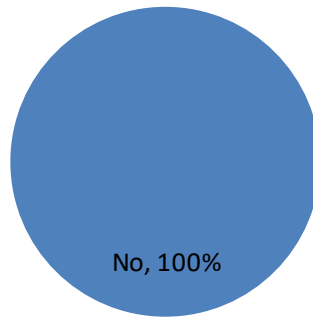


Out of 398 respondents, 19 percent reported that any of the family members go without food for the whole day during the past 5 to 10 years. The main reason was non availability of food. And 3 percent of respondents reported the same during the last 3 years, followed by only 0 percent during the past 30 days which shows a good sign of improvement.



All the 398 respondents, 0 percent reported that in the past 4 weeks none of the family members went to sleep hungry. It is a very good sign of the economic improvement of the family.

**In Past 4 weeks did any family member went to Sleep Hungry because there was not Enough Food**



The above analysis shows an improvement in the food security of the households in the area. In the past there were considerable households who had some kind of food insecurity which has declined significantly over the years of WV interventions. More importantly during the current period (past four weeks prior to survey) almost all the households reported sufficiency of food which indicates a kind of sustainability in the food security.

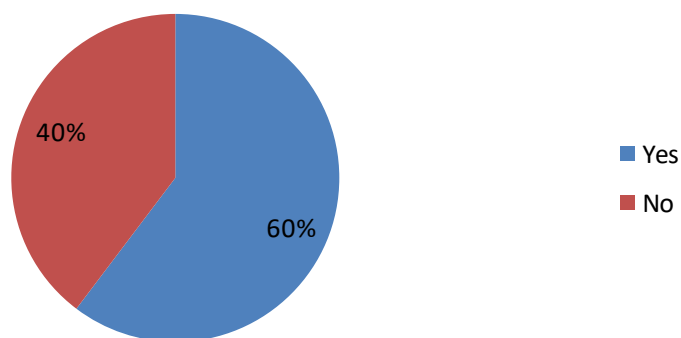
**5.2 Theme 2: Leadership & Coping Mechanism**

**THE COMMUNITIES ARE ECONOMICALLY CAPABLE OF TAKING CARE OF THEIR BASIC NEEDS. YOUTHS INVOLVED IN ECONOMIC DEVELOPMENT PROCESS**

***Indicator: Percentage of HHs reporting increase in their income over last 3 years***

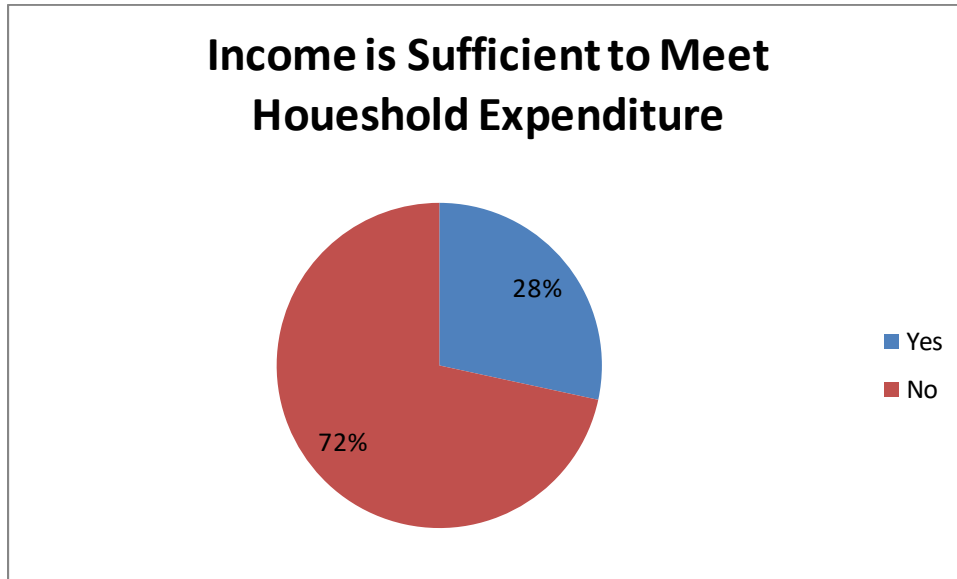
Out of 398 respondents, 60 percent reported that the Income have increased over the past 3 years.

**Respondent Reported That Income Have Increased Over Past 3 Years**



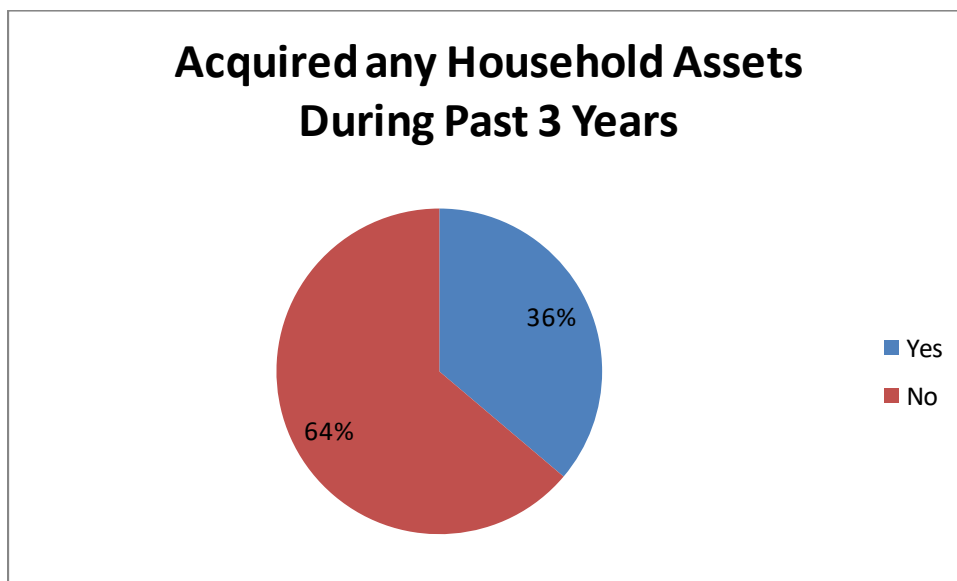
**Indicator: Percentage of HHs reporting they are earning is sufficient enough to meet their regular HH expenditure**

Out of 398 respondents, 28 percent reported that their Income is sufficient to meet the household expenditure.

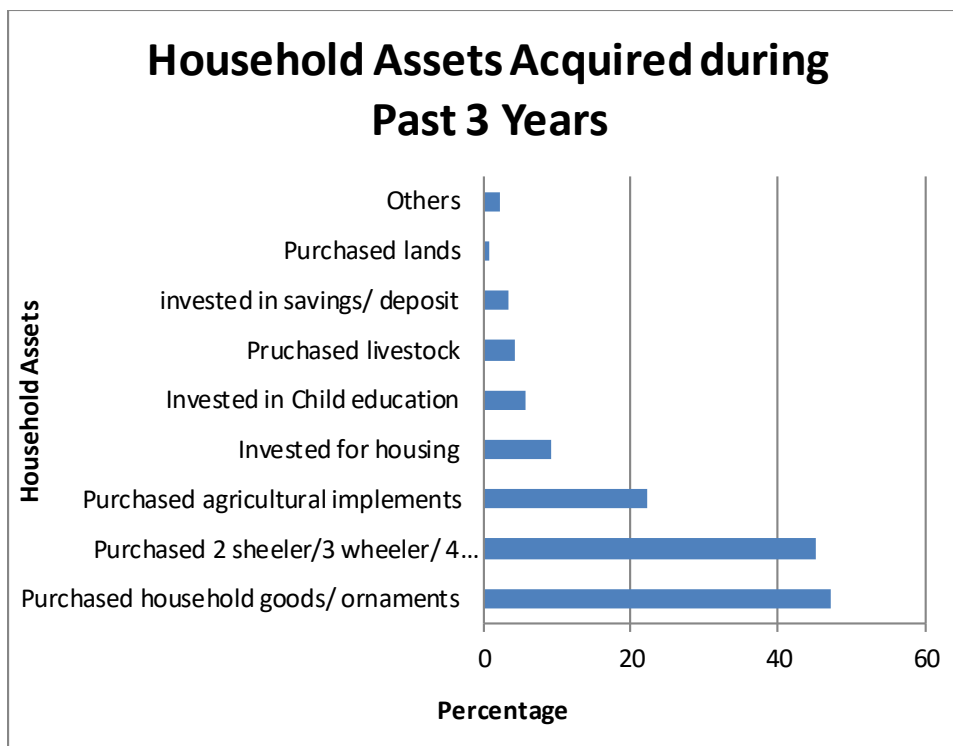


**Indicator: Percentage of HHs acquiring any assets during past 3 years**

Out of 398 respondents, 36 percent reported that they have acquired any household assets during the past 3 years.



The main assets acquired by the household during the past 3 years are purchased goods/ornaments, purchased 2 wheeler/ 3 wheeler/ 4 wheeler and also purchased agricultural implements.

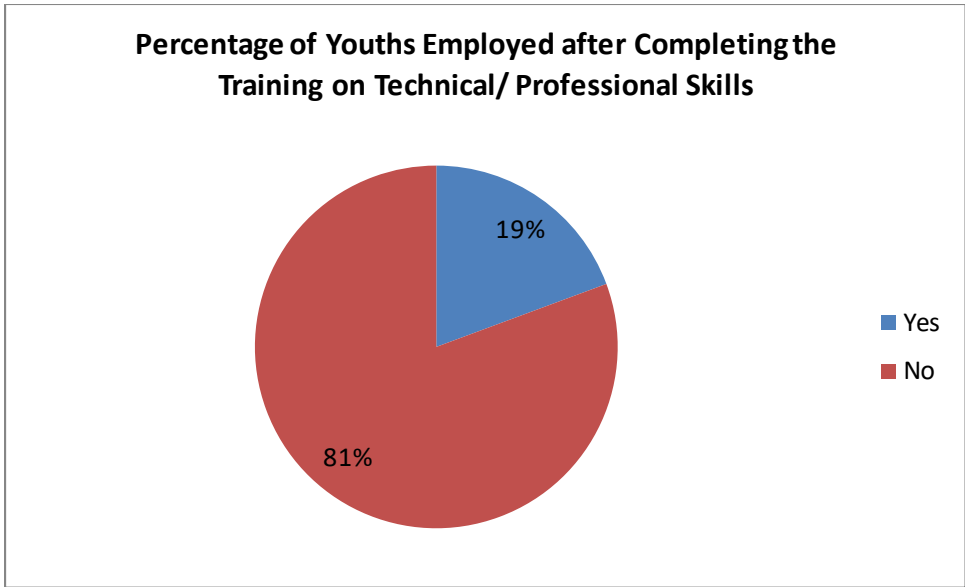


With respect to enquiries on economic wellbeing majority of the households reported increase in incomes in recent years compared to past. Also, more than one-third of the households reported acquiring some household assets. However, when asked whether their income is sufficient to meet the household expenditure only 28 per cent reported in affirmative which is in contrast to general perception and other related responses about economic wellbeing. During the reflections with various groups and stakeholders during the qualitative survey there is an overwhelming response that there is marked improvement in the general economic wellbeing of the households in the area due to several interventions of the WVI. For example, Members of Seva Sangh reported a significant improvement in farming, savings and finances, communication skills, quality of food. Following is another observation from the FGD of SHG.

*Due to improvement in finances, people started wearing better clothes and even bought gold. There is development on the educational front also. Due to better and more sources of income, people are educating their girl child and encouraging them to go for higher studies instead of studying up to 8<sup>th</sup> or 10<sup>th</sup> standard.*

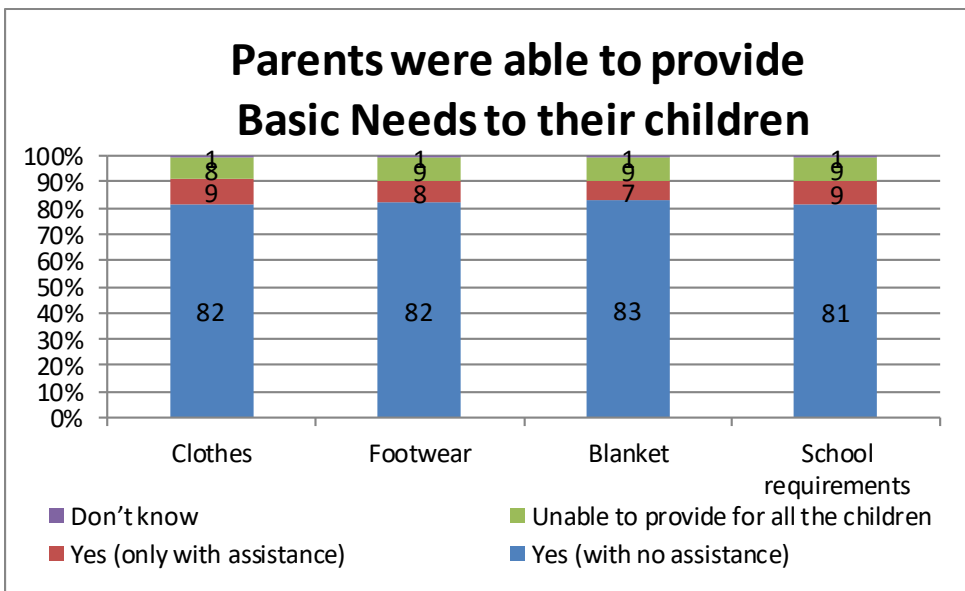
**Indicator: Percentage of HHs whose children are in gainful employment**

As reported by 398 respondents, around 19 per cent of youths were employed after completing the training on technical or professional skills.

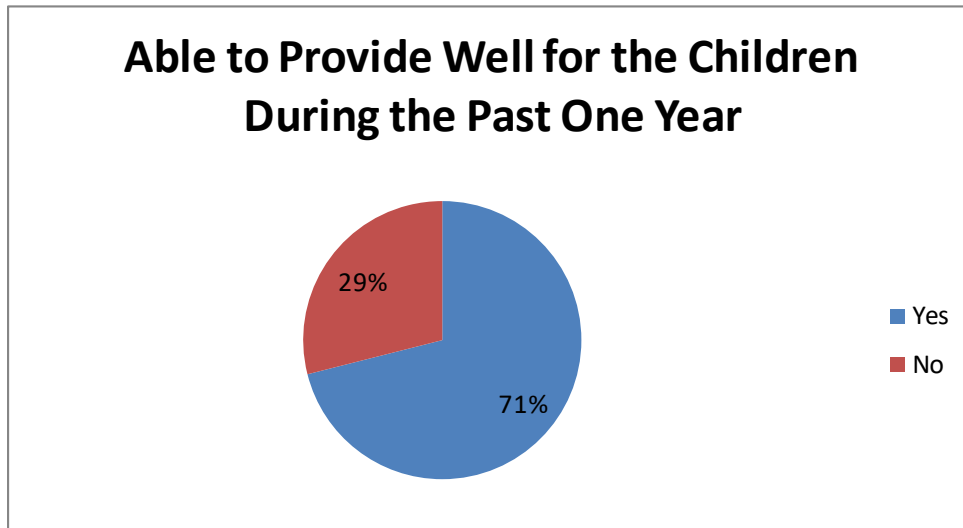


**Indicator: Proportion of parents or caregivers able to provide well for their children**

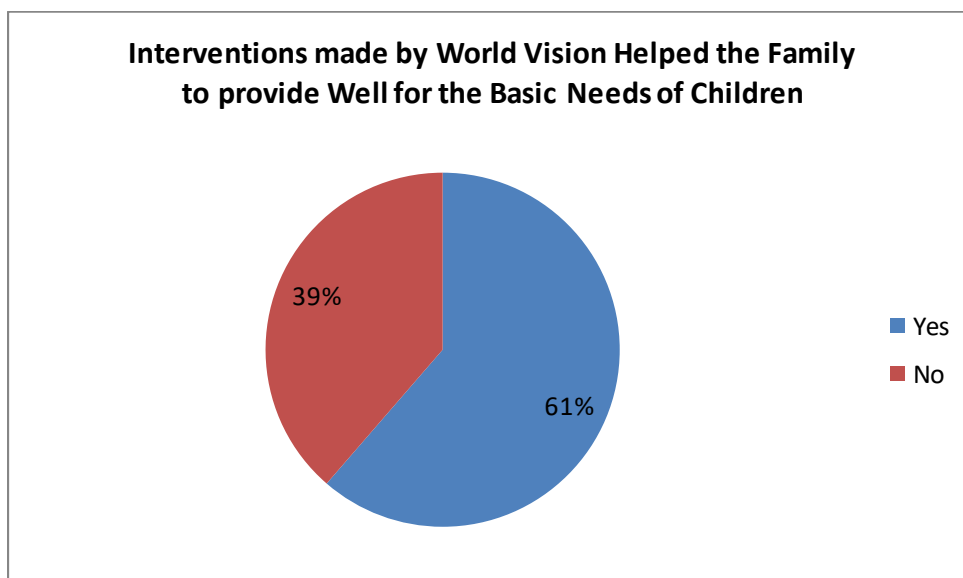
Out of 398 respondents, more than 80 percent of parents were able to provide clothes, footwear, blanket and school requirements.



Out of 398 respondents, 71 percent of parents reported that they were able to provide well for the children during the past one year.



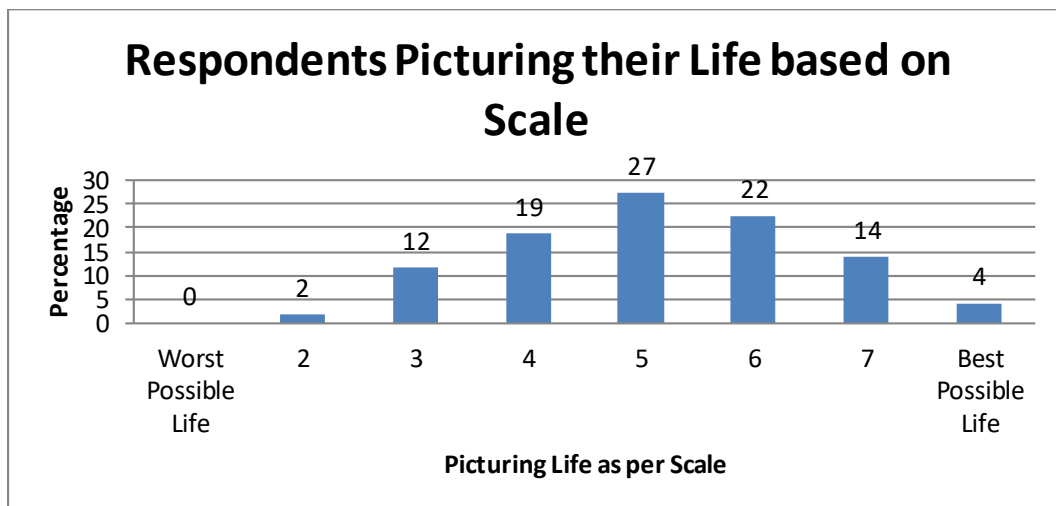
As per 61 per cent of the households the interventions made by the World Vision helped the family to provide well for the basic needs of the children.



**Indicator: Proportion of youth who rank themselves as thriving on the ladder of life**



Out of 398 respondents, 27 percent of respondents pictured their life based on scale. Only 4 percent of respondents reported their life as best possible life. One of the respondents reported their life as worst possible life.

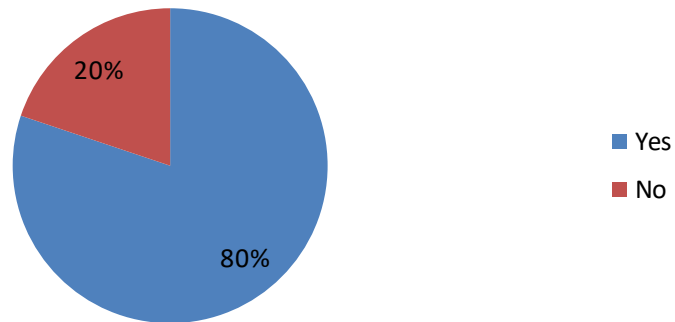


### 5.3 Theme 3: Quality of Living: Access to Basic Facilities

**Indicator: Percentage of households having access to Water sealed toilets**

Out of 398 respondents, 80 per cent of respondents reported that their household is having water sealed toilets as against 25.3 per cent in Osmanabad district as per the 2015-16 NFHS.

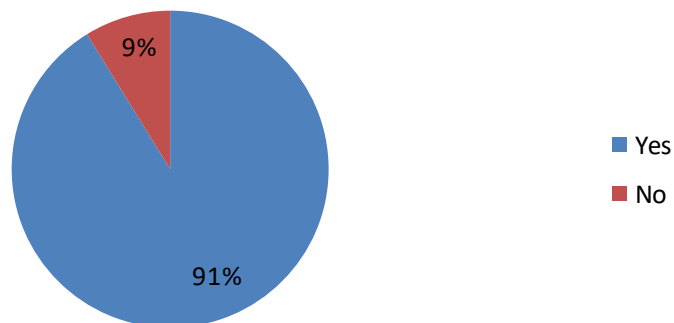
### Household having water sealed Toilets (in %)



**Indicator: Percentage of households who have year round access to an improved water source**

Out of 398 respondents, 91 percent of respondents reported that their household is having water access to potable water. The comparable figure for Osmanabad district is 88.3 per cent - NFHS -4 (2015-16)

### Household having access to Potable Water (in %)

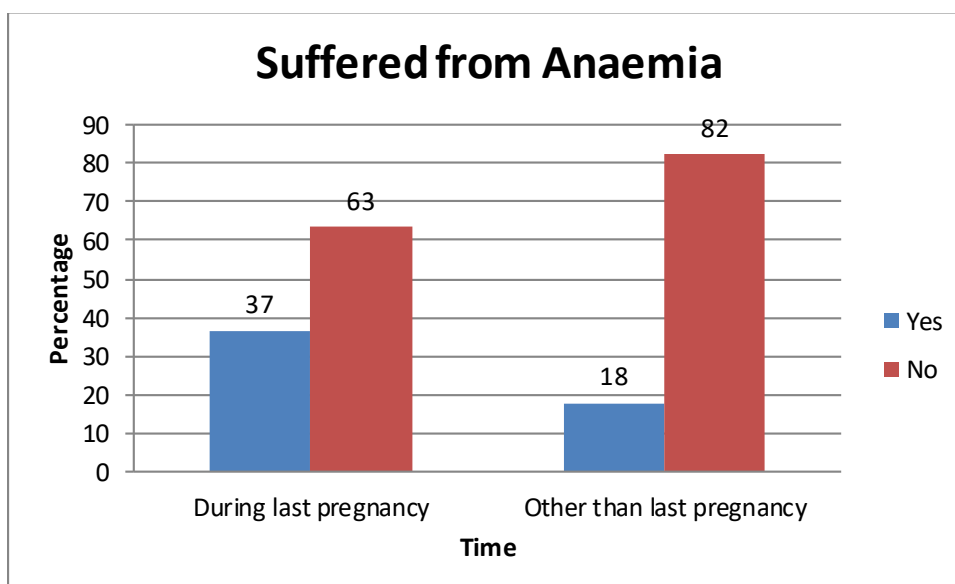
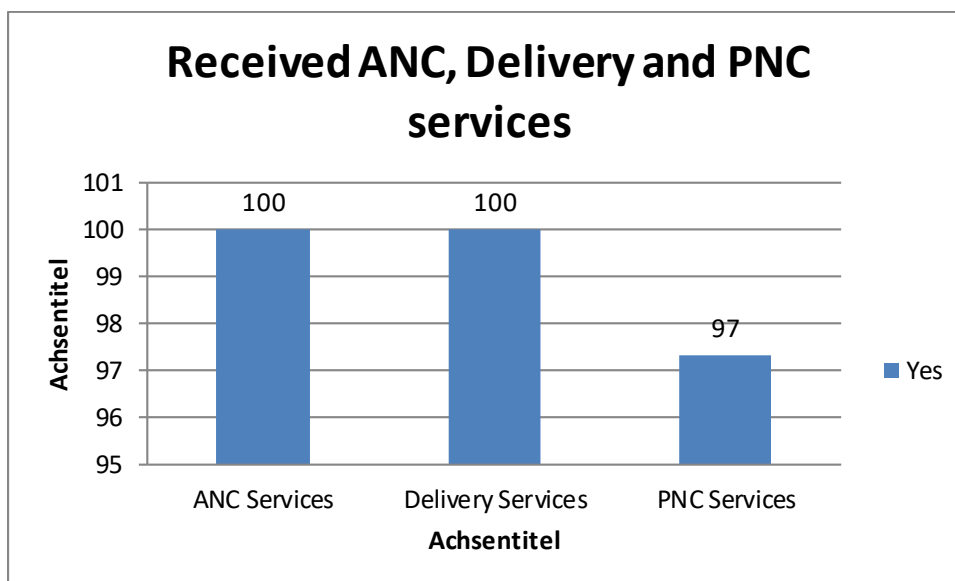


#### 5.4 Theme 4: Health

#### CHILDREN AND CAREGIVERS ACCESS TO ESSENTIAL HEALTH SERVICES

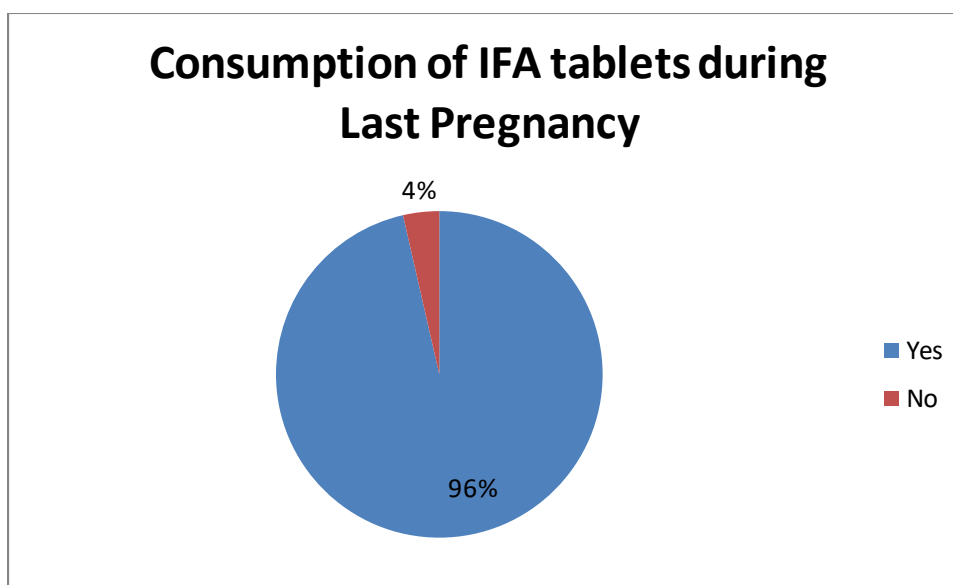
**Indicator: Percentage of mother of children 0 – 59 months received counselling, ANC, Delivery and PNC services during their last pregnancy**

Out of 112 respondents, 100 per cent of respondents reported that they have received ANC and delivery services. Whereas 97 per cent reported of receiving PNC services.



**Indicator: Percentage of mother of children 0 – 59 months reporting consuming 100 IFA tablets during last pregnancy**

Out of 112 respondents, 96 per cent of females reported that they have consumed IFA tablets during the last pregnancy.



In the following table a few health related indicators are shown comparing with the available data for similar indicators.

Indicator	Base	Number Reporting	Percentage	NFHS – 4 (2015-16) data for Osmanabad district @
% of women respondents reporting anaemia during last pregnancy <i>Base : All Women respondents</i>	113	42	37.2	(18.1)#
% of women respondents reporting consumption of IFA tablets during last pregnancy <i>Base : All respondents</i>	113	109	96.5	37.7
% of women respondents reporting anaemia other than last pregnancy <i>Base : All respondents</i>	113	21	18.6	34.3
% of children aged 12-23 months who received full immunization <i>Base : All respondents</i>	9	6	66.7	65.3

@ National Family Health Survey – 4 (2015-16), District Fact Sheet, Osmanabad Maharashtra: International Institute for Population Sciences (Deemed University) Mumbai  
# Based on 25-49 cases

The indicators like anaemia in non - pregnant women reflect a very positive trend in the Omega area which is much lower than that of the district and also compared to many states in India. The awareness created by the WV interventions is laudable.

"World Vision arranged programs for AIDS patients on World AIDS Day by informing them about treatment options available. They also provided free checkup for AIDS at the ICTC division of the hospital", said [REDACTED], a leprosy technician at the taluka office

"Calcium and folic acid tablets were distributed to pregnant women by World Vision. They also gave protein tonics to children at day care center", said [REDACTED], a TB health visitor.

The key informant interviews (KII) from ASHA and AWW summed up the following;

*World Vision provided training to ASHA workers during 2009-2015. This training included sanitation, taking care of young girls, pregnant women, and malnourished children. Importance of maintaining hygiene around young girls and pregnant women was told. As a part of hygiene, use of sanitary napkins was encouraged and cloths were told to be harmful for use during menstruation. They also told about the laws and rights for children.*

*World Vision also spoke of the importance of drinking clean water free from chemicals or impurities. Workers were told how drinking unclean water could affect the kidneys and also cause several diseases.*

## **5.5 Theme 5: Education & Skill Development**

### **ADOLESCENTS READY FOR ECONOMIC OPPORTUNITY**

Indicator	Base	Number Reporting	Percentage
% children completing graduation <i>Base: HHs having child age 18 - 25 years</i>	461	139	30.15%
% of children completed Higher secondary <i>Base: HHs having child age 18 – 20 years</i>	147	53	36.05%
% of children completed any vocational courses <i>Base: HHs having completing Secondary education</i>	307	116	37.79%
Proportion of caregivers able to meet the educational needs of their children (6 - 18 years) without any external assistance <i>Base: HHs having child 6-18 years</i>	220	179	81.36%

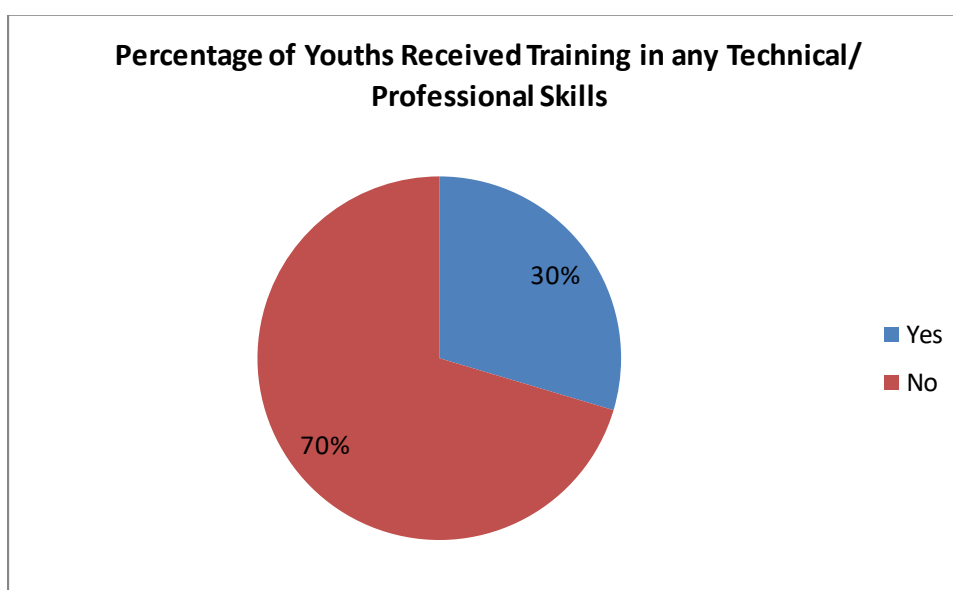
Gross Enrolment Ratio (GER) in Higher education in India is 24.5%, which is calculated for 18-23 years of age group. (All India Survey on Higher Education, MHRD -2016). Compared to national average (25 per cent), percentage of children in 18-25 years age group completing graduation (30 per cent) in the Omerga area is an impressive achievement. The FGD of the youth group clearly brought out that *World Vision encouraged going for higher studies and helped in stopping child marriages. They helped financially for education.*

*“People were not aware of academic courses like medicine, engineering, paramedical, etc. World Vision’s career guidance helped us a lot. I got training in a driving school. We got admission in various courses like MS-CIT”,* said a youth group member from Jekekur.

Further, a vast majority of about 81 per cent of the households reported ability to meet the educational needs of their children without any external assistance. This is an important reflection as on one hand this ability helps in attainment of higher educational levels of their children and on the other hand the enhanced confidence of the caregivers to support the educational needs of their children is exhibited which was absent in the earlier years.

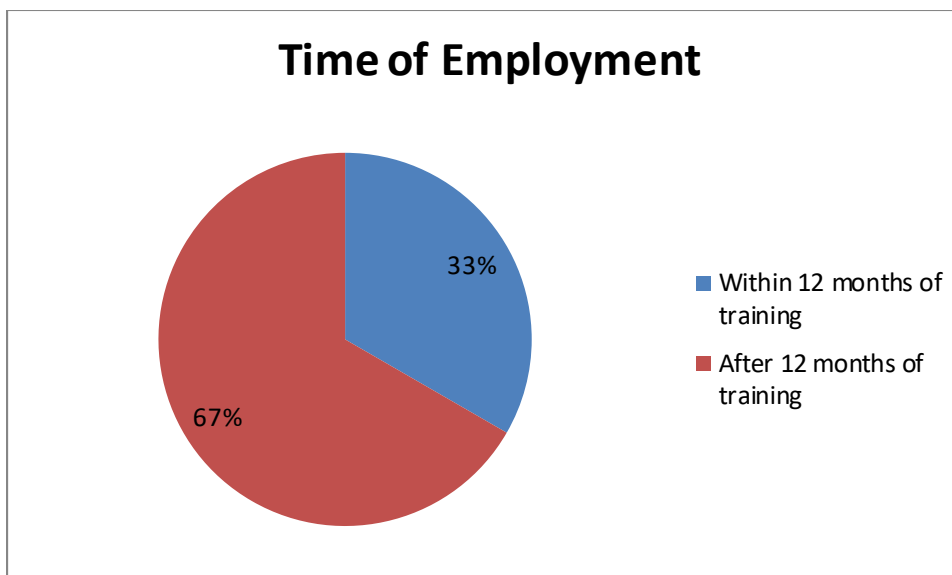
**Indicator: Proportion of youths completed Technical and Professional Courses**

Out of 398 respondents, 30 percent of respondents reported that the youths have received training in any technical or professional skills.



**Indicator: Proportion of youth [girls and boys] who found employment within 12 months of completing a vocational/skills training course**

Around 33 percent of youths (both girls and boys) were employed within 12 months of completing the vocational or skill training courses.



## CHILDREN HAVE A HOPE AND VISION FOR THEIR FUTURE

**Indicator: Percentage of children having higher aspirations**

The percentage of children having higher aspirations is 100 per cent. All the children who are gainfully employed are also having higher aspirations.

**5.6 Theme 6: Sustainability:** As reported earlier *the purpose of this evaluation is to retrospectively assess the concept of sustainability and its' contribution to community and child well-being in the area covered by Omerga ADP.*

Sustainability is on one hand about sustaining benefits after the exit of World Vision and on the other hand about continued improvement in terms of child well-being after World Vision ending support.

Sustainability of a massive programme implemented by WVI for over 15 years is a huge challenge. It depends on the confidence and resilience of the community at household level and also on the community structures built by the WVI in the form of various CBOs. As such the ex post evaluation elicited sustainability related information from the quantitative surveys of the households as well as CBOs. The following outcomes have stemmed from the Household survey.

Indicator	Base	Number reporting	percentage
% of households think that the community is able to tackle the most difficult situations because they have the same goals <i>Base : All respondents</i>	398	361	90.71%
% of households think that when their community undertakes activities to improve child well-being, they know that those who are assigned the task will work hard until it is completed successfully <i>Base : All respondents</i>	398	351	88.19%
% of households think that people in their community work together to improve the well-being of all children, not just those within their own	398	337	84.67%

<i>Base : All respondents</i>			
% of households think that the activities that are being implemented to improve the wellbeing of children are the most relevant and important activities <i>Base : All respondents</i>	398	364	91.46%

### ***Indicat***

As can be observed from the above information an overwhelming majority of the households demonstrated that the community can tackle most difficult situations and wellbeing of the children is of paramount importance to them

### ***Indicator: Percentage of CBOs are able to manage and sustain programmes effectively and independently.***

The ADP – Omerga created a number of Community Based Organizations to carry out various programmes in the area. One of the major objectives of these CBOs is to continue the work envisaged by the WVI and sustain the achieved developments in the community after the exit of the ADP. As such the ex post evaluation carried out a quantitative study of the sample CBOs to assess their functioning followed by a qualitative study of the different CBOs and Key Informants.

Following are the key findings of the quantitative study of the CBOs.

1	% of CBO members received Capacity Building Training Organized by the World Vision	87.7
	Leadership training	64
	Management training	80
	Accounts training	94
2	% of CBOs maintaining any books/ register/ records	91.2
	Maintain Beneficiary Register	90.4
	Updated Bank Pass Book with Joint Signatories	88.5
	Frequency of updating the records -monthly	96.2
3	% of CBOs conducting meetings with members of the committee	94.7
	Frequency of meeting-monthly	85.2
	Frequency of meeting-Twice in a month	11.1
4	% of CBOs reporting every member of the group attending the meeting regularly	94.4
5	% of CBOs reporting partnership with other NGO's and government bodies	68.4
6	% of CBOs facing problems in implementing their plans	31.6

Almost close to 4 years after the closure of the ADP (2015) majority of the CBOs existed and making use of their trainings for the development of the community. Nearly 88 per cent of the sampled CBOs received capacity building trainings in leadership, management and accounts maintenance. About 91 per cent of the CBOs reported maintaining of various



records and registers. It is encouraging to note that a majority of the CBOs reported maintaining beneficiary registers and about 89 per cent reporting updating the bank pass book. While 94 per cent of the CBOs reported meetings of the members 85 per cent of them have the meeting every month. All the members of the CBOs attend the meeting as reported by nearly 95 per cent of the sample CBOs. About two-thirds of the CBOs have partnership with other NGOs or government bodies. It is also heartening to note that majority of the CBOs did not face any problems in implementing their plans.

Thus, CBOs are functional and are able to sustain the activities for the development of the community.

## **6. Five Drivers of Sustainability:**

The WVI envisaged the sustainability of activities that were carried out during the ADP period through five drivers or factors to be adopted by the various CBOs. The ex post evaluation made efforts to gather and organize information on these drivers by employing qualitative research tools of FGDs and KIIs.

In the following narrations these drivers are analysed.

### **6.1 Local Ownership**

Farmers formed a group to save money so that it can be used in future if anyone is in need. Loans taken from the bank take time to be provided to them, which is why they thought it would be easier to start a group and save money from the group.

Meetings are held at each of the members' house where they talk about farming, animals, goats

*"If there is any needy person who wants money we provide them money and help them. We discuss with each other and then we spend money"*, said a farmer from Shastri Nagar

Seva Sangh groups were created to help each other by solving problems and coming up with schemes to do so. Some of these groups collect Rs.10 each from member of women's self-help group and save it in the service association fund. Using this fund they help people in the village financially for health, education, malnutrition, and cleanliness

Meetings are held every week or month. Members of the group discuss government schemes, problems which everybody is facing, development and cleanliness of the village, improvement in dispensaries, banks, and markets

As part of future vision, members are planning to open up bank accounts of students and help them save for higher studies.

*"We are smart enough and we are independent women now. We are capable enough to handle the union and group in future also"*, said a [REDACTED] member from Chincholi Jahagir

*“We have taken the initiative for vaccination. We hold meetings to discuss problems people are facing and how to tackle them. We work towards helping the poor and people fighting diseases. Our committee provides help to anybody in need”,* said a [REDACTED] member from Jakekur

Most of the SHGs have more than 10 members

The members of the group meet at least once or twice in a month. In these meetings, discussions are held on monetary savings, money transactions, starting business

After the association with World Vision was terminated, members of SHGs continued helping people in the village. Cleaning program (Swacchta Abhiyan) was started in the village. The women decided to clean the entire village with their own money

Members of the group organize development programs for children. They distribute food, grains, soap, clothes, etc. They go to each house to vaccinate children and also help them in completing their education

*“We have a role of helping anyone. There was a widow, who had 2 daughters and no sons. She used to live alone. She used to be so sick that we had to take her to Solapur. From our group we collected 15000 rupees, called an ambulance and sent her to Solapur for further treatment there”,* said an [REDACTED].

## 6.2 Partnering

In some villages, Gram Panchayat and VCC were combined and functioning as a single committee. Some of the VCC were connected to NGOs or banks, from where they received loans.

Vishwa Shanti Sang is connected to banks and Panchayat Samitee. The banks provide loans for setting up business and other needs. Other groups are connected to the government's health department.

*“World Vision has worked in Omerga taluka towards cleanliness. They adopted villages to clean them so we were assigned the job of constructing toilets and producing biogas using traditional methods. World Vision did their work honestly. Because of them, farmers benefitted and we could produce biogas”,* said [REDACTED], an Agriculture officer. from Maharashtra

## 6.3 Transformed Relationships

Members of the groups helped people in terms of health, farming, and education. They made sure that everybody received quality education and went for higher education.

*“There is a member in our group whose daughter has some health problems. All the members were refusing to give him money as he does not return it on time, but we were one step ahead and helped him admit his daughter in the hospital for treatment”,* said a farmer from Shastri Nagar

*“Some people in the village go to some other place for a period of 6 months for work. They take their kids also with them, so we tell them that there are good facilities in the school and they should leave their children with their grandparents so that they can continue their education”,* said another farmer from Shastri Nagar

*“Even though World Vision is gone now, we are still conducting meetings through groups and unions, spreading awareness, and encouraging girls to become educated. We did not stop. We continued our work. We even have stopped one child marriage”,* said a [REDACTED] member from Chincholi Jahagir

*“Currently, we lend out small loans for the needy and we take an interest of 2% out of which 1% we save in the service association fund and 1% in their corresponding funds”,* said a [REDACTED] member from Ganesh Nagar.

At the Gram Panchayat level, help is provided for handicapped, widows and those who are economically or physically and mentally disabled. Money and grains are distributed to such people – reflections from VCC.

*“There was a woman who had no husband and her sons would get drunk every day. She even had nothing to eat. We helped her and she stays with me now”,* said a [REDACTED] from Naik Nagar, Murum

*“Villagers did not used to allow their children to go for higher education. But because of awareness and training programs, people are now sending their children including girls to school. People were informed about child marriage and responsibilities. Now nobody allows child marriage before the age of 18”,* said a [REDACTED] from Naik Nagar, Murum

Meetings are held once or twice a month and problems and their possible solutions are discussed together. If someone needs to get their children married but are short of money, it is discussed in the group and money is given to those in needs – FGD reflections from Seva Sangh

#### 6.4 Local and National Advocacy

People in the village were told how having just 2 children will benefit them in terms of reduced responsibilities and facilities from the government – Caregivers FGD

Farmers come together to organize various activities like cleaning up. They clean the entire village and tell everybody not to throw litter anywhere. Farmer Groups’ FGD

SHGs help pregnant women by encouraging them to go for regular check-ups and taking them to hospital for delivery. They educate mothers on what food should be taken and what the protein content has to be.

Members of Vishwa Shanti Sang carry out street plays to spread awareness among people about HIV AIDS, health and cleanliness.

*“We told children the extent up to which mobile phones should be used, and the harmful impact of online video games like PUBG which is becoming a cause of depression, stress, and mental illness. We told them to prioritize education”,* said a youth group member from Jakekur

The Sanitation group in the school conducts meetings and distributes work like dusting classroom, cleaning toilets, maintaining cleanliness of school premises, and watering plants. They motivate children to wear clean uniform and shoes to the school. Other members water plants in the school.. – Reflections of Children Group FGD

## 6.5 Household and Family Resilience

*“After the earthquake, we faced water problems as there was no water to drink. There were not many rains at that time, and the wells had gone dry. We approached the Gram Panchayat with a plan for bore wells in the village to solve this problem of water scarcity”,* said a [REDACTED] from Shastri Nagar

Since farmers had learnt new and improved farming techniques, their produce of crops had increased, thereby increasing their income. Others had milk business, diaries, poultry farms, wool business, and general stores. – Farmer Group

*“Earlier, we had less income because of old farming techniques. But with the training that we have received, there has been development. Our farming has become better and we are earning more money”,* said a farmer from Kantekur.

Victims of abuse are provided protection and help for education and other needs. Those in financial distress are encouraged to admit their children in school and provided help through child development program. More and more people are getting involved in the village council, thereby contributing in improvement in the condition of roads, drainage, water taps, savings, etc. – Reflections during FGD with seva sangh

*“There was a woman who died on the second day of giving birth to her child. The child was left to be raised by the grandmother, who had responsibilities of some more young children who were working on their own and providing food themselves. We provided diet for the baby for 1 year and also nutrition. Now that boy is 6 years old and is studying in the local school”,* said a [REDACTED] from Ganesh Nagar.

In summary of the above narrations it can be concluded that despite a gap of nearly 4 years many of the groups are working or carrying out their activities through these five drivers. Although they are not conscious of being driven by these key drivers their work as reflected by the qualitative analysis amply conveys that these factors/drivers carry them forward in implementing their activities for wellbeing of the community.

## 7. LIMITATIONS OF THE STUDY

The limitations of the study are mentioned below:

- **Non-coverage of the sampled beneficiaries:** It is very difficult to get correct beneficiary as most of the people shifted to out of the village for job and higher education.
- **Recall lapses:** There are recall lapses with regard to the details of initiatives undertaken by the ADP in the past years.
- Key informants like ANM, bank officer, Irrigation person those who were involved in the project got transferred and hence identifying proper respondents rendered some difficulty.
- Some of the groups are there but not functioning/ working because of no coordination in group and also new members joined after world vision so they don't know much about world vision work. This limitation resulted in not achieving the envisaged sample of CBOs for quantitative and qualitative study.
- For youth group, most of the people shifted to out of the village due to higher education and work so it was difficult to get old people for group.

## 8. CONCLUSIONS

The Ex-post evaluation assessment aimed at learning about the effectiveness and impact of the various development interventions on the participants' lives as well as for the area development.

In the findings section, positive changes can be seen in the broad themes like leadership, education, livelihood, health and sustainability.

The ex-post evaluation found that the ADP Omerga had seen the villages which were deprived of opportunities and specific attention on needs of poor and vulnerable communities. It was useful to reach out to the needy communities and provide need responsive support. The interactions with range of stakeholders revealed that the critical support of World Vision India ADP has been useful to achieve the leadership/ livelihood as well as been helpful to cater to the needs of children's development, especially education and health.

