

Annex 1

Methodology: Evaluation through controlled and experimental design

The impact on “outcomes” will be measured based on agreed cross-sectoral indicators estimated from data collected at the beginning and end of the pilot. Since it is a program targeted at difficult-to-reach poor groups which encounter a wide range of social, cultural, economic, and organizational problems, it will throw light into the extent to which planning can be need specific and ensure better service delivery to the poor. The conceptualization of the net effects (in terms of positive behavior changes of households and service delivery of the frontline providers) in the evaluation is in terms of the difference between those who participated in the project (treatment group - those in the participating villages) and comparable group (the non-participating villages – comparison group) in a quasi-experimental design. Since this project evaluation is not done as a randomized evaluation, participation and output processes could be modeled using the standard econometric techniques to arrive at an unbiased estimate of pilot’s impact. The analysis could involve propensity score matching and multivariate regression methods to control for selection on observables and instrumental variable methods to control for selection on unobservable. The general idea is to compare pilot participants and non-participants holding selection processes constant.

Objective of the Impact Analysis: The impact analysis aimed to capture the net effects of introducing the convergent approach to child development culminating in the development and implementation of village plans for children through micro planning as against the sectoral approach, through both pre and post project comparison and control- experimental design.

Method: The impact to be assessed based on the net effects estimated on the basis of outcomes on cross-sectoral indicators identified for milestones for each age group, generated through baseline survey data and end project (end of third year) for the control and experimental blocks.

Data collection: As per the design, data was collected for baseline at the beginning the project (2006) and for comparison at the end of the third year of implementation (2009).

Survey tools: Data will be collected through household survey schedules to assess child development indicators as well as household behavior indicators and facility survey tools to assess service delivery indicators.

Research questions: The impact evaluation addresses the following main concerns:

- Will the intervention lead to enhanced client/ community power and more enabled service providers? Will the resulting impact improve service delivery in terms of better targeting and utilization of funds and services?
- Will the improved service delivery and utilization result in better child development outcomes?
- Is a multi-sectoral intervention as envisaged in the pilot more effective in comparison with the conventional sectoral approach?

Sampling for the Baseline and End line Surveys

The choice of the block from one of the 45 districts of the state for piloting the interventions related to micro-planning and Village Plans for children was based on certain criteria, including a few administrative ones, and as a result, it was a purposive sample rather than an out and out

random selection. Ratlam district was identified based on a cumulative development index computed for this purpose¹. The district shares its western and northern boundaries with Rajasthan. The sex ratio for the district is 959 and literacy rate stands at 55.77, with female literacy rate at 45.05. For all administrative purposes, Ratlam is divided into Six Tehsils (sub-district divisions) and six Blocks.

Selection of blocks

One of the criteria used for identifying the district and blocks were the absence of any specific interventions by non-governmental organizations and agencies for programs that address children's health, nutrition or education issues. Secondly, the GOMP expressed its desire to have the pilot in one of the tribal blocks, the most backward in the state, because it was felt that if the pilot could make some effect on the service delivery model or in the behavior of the beneficiaries, it could be replicated elsewhere in the state. Within the district, two comparable blocks were identified (using the same criteria) one to serve as control block (Sailana) and the other as the experimental block (Bajna). Both blocks are designated tribal blocks by the Government of India. Each block, with approximately 200 villages was selected to afford socio-economic and socio-cultural comparability. It was ensured that both blocks have the presence of the three centrally sponsored schemes—Integrated Child Development Services (ICDS), Reproductive Child Health (RCH) and *Sarva Shiksha Abhiyan* (SSA).

Both Bajna and Sailana have more than 95% tribal population (*Bheel*). Both blocks are on the border of Gujarat and Rajasthan states. The most commonly used local dialect is *Bagadi*. Though the sex ratios in the blocks are better than the state average, only 15-18% of the female population is literate (overall district literacy rate being 26.84).

Sampling Villages

For baseline and end line survey, a total 114 villages out of 220 villages in Bajna block were surveyed. Villages were randomly chosen from each of the 45 Gram Panchayats covered among the identified program villages. This ensured that the sample was spread throughout the program area. A total of 93 control villages were randomly sampled in Sailana out of a total of 234 villages. These were also spread across the whole of Sailana block. This was ensured by dividing the block into 5 sub-regions and sampling from each sub-region.

Sampling of Households

Size of the villages in terms of population: The average village size in Bajna block was about 100 households. Only a handful of villages had more than 250-300 households. Only a few very small villages were encountered during the survey i.e. less than 50 households. Initially the samples size was about 2000 households. However, applying the power analysis for sample size

¹ The choice of the location for the Pilot study required the choice of 2 blocks that (i) are not very different from the state in general (ii) are close to each other and (iii) are not predominantly urban. In addition the districts where the pilot could be conducted should also (iv) have had no education and health related experiments going on currently or in the recent past. The following were the main categories of issues that were considered to be important and for which the analysis of finding the most 'average' block was conducted:

- Infrastructure: % Villages with all weather approach road
- Health Services: % Deliveries by Docs and Nurses, Immunization (BCG, DPT, Measles)
- Education: Literacy Rate, % of out of school who are girls
- Demography: % SC population, % Rural Population, Gender ratio

estimation² for determining the number of the children to be covered, the total number of households was doubled. Finally, in Bajna 2500 households are being surveyed and 2000 in Sailana. For the end line survey, the same procedure was followed, and it was also ensured that half of the households covered were from the same sample as the base line survey.

The sampling plan undertaken for the household survey was as following:

Table 1. Sampling Plan for the household survey

Village Size	Maximum Sample to be taken	Sampling Rule	Number of Villages Surveyed	
			Bajna	Sailana
Greater than 100 households	25	Sampling every 4-5 th household	41	42
50-100 households	20	Sampling every 3 rd household	51	45
20-50 households	15	Sampling every 2 nd household	20	4
Less than 20 households	50%		2	2
Total Villages Surveyed			114	93

Source: Baseline Survey (January – February 2006)

Table 2. Details of the Survey					
	Baseline		End line		Required target sample as per power analysis
	Bajna	Sailana	Bajna	Sailana	
Number of Households covered	2506	2003			
0-12 months children covered	836	552	560	520	550
12-24 months children covered	634	429	530	519	520
24-60 months children covered	1602	1453	1472	1317	690
5-10 years children covered	2182	1854	2627	2257	660
Primary Schools	112	105	112	105	
Testing children in Language & Maths in Grade II	863	881	871	874	
Sub-Health Centres	23	25	23	25	
Anganwadi Centres	109	147	109	102	
School readiness tests for 4-5 year olds	858	973	851	958	

Source: Baseline Survey (December 2005-February 2006), End line Survey (May – September 2009)

The household schedule takes information for children in the 0-10 years age group. Only those households that had a child in the same age group were sampled. The household schedule is divided into 4 blocks based on the age group of the child. In brief, the major indicators covered in each section are listed below.

- **0-12 month's age group:** ANC, IFA and Tetanus inoculation by the mother, place of delivery of the child, trained assistance during birth and breast-feeding practices are the

² Formula used for estimating required target sample $n = 4 * p * (1-p) * deff / e^2$; Using the estimated prevalence of certain indicators at 0.05 estimation margin, number of children needed to be covered and the hence the number of households to be covered were estimated. Indicators used for the target age group covered were DPT3 coverage, BCG coverage, Vitamin A coverage, under-weight percentage, pre-school attendance, and school enrolment; data for indicators were from MICS2 survey.

major issues dealt in this section. These variables basically look into pregnancy related health care issues and other factors influencing child survival in early infancy.

- **12-24 months age group:** Child immunization, intake of Vitamin A and IFA, supplementary nutrition is discussed through questionnaire.
- **24-60 months age group:** This section primarily deals with early childhood education, supplementary nutrition, Vitamin A and IFA intake.

5-10 years of age: Access to schooling, availability of midday meals are the questions raised in this section.

Sampling of Facilities

The facilities that were surveyed are *anganwadi* centers, primary schools and sub-health centers. Most of the villages have an *anganwadi* centre and a primary school that serve it. There are 26 sub health centers in Bajna and 24 in Sailana. Of these 23-sub health centres which cater to the 200 project villages in Bajna have been surveyed. The same number was covered in the control block. Only those facilities have been studied that served a sampled village. Generally these are the facilities closest or within the village.

Testing of Children

Testing of Grade II students: Achievement level tests were conducted for Grade II in the primary schools that were surveyed. Though grade V is the final grade of the primary cycle, it was decided to test grade II mainly due to two reasons. One, this facilitates the tracking of the progress of some of the students in the same cohort three years down the line; second, changes in the learning levels of those who would attend *anganwadi* now could be traced.

Students present were asked to take the test. Testing of children in Grade II involved testing them for: (a) Hindi; and (b) Math, using tools prepared by NCERT and adapted by the Department of Education in Madhya Pradesh. As the children would be studying under the syllabus designed by the Madhya Pradesh Education Board these tools would be of the same level as their classes.

The Hindi test requires the student to recognize the correct word with the corresponding picture. In the math test simple calculations are to be solved by the student along with recognizing numbers. The tests are 25 minutes each. Initially the children were introduced to the team in an informal manner. Simple games were then played to make them feel comfortable. The children were then asked to answer the questionnaire; the teacher was present in the classroom but was not involved in testing.

Testing children for School Readiness: The school readiness tests, as prepared by the NCERT, are for children in the 4 to 5 years age group. In both Bajna and Sailana, especially in Bajna, it was noticed that children were generally enrolled in school at the age of 5. The test attempts to see whether the children in *anganwadis* are “prepared” enough to attend school, to capture if a child can differentiate between different shapes, pictures, sizes, numbers and sounds. It is a verbal test. The school readiness tests were originally designed to be conducted with grade I students to capture the component of pre-schooling in the *anganwadi* centers. The academic year begins in June and finishes in April. The present class of grade I students would have had about 6 months of school teaching when the survey happened and hence the results from the tests would also reflect on the schooling that they would have received. That is, a better alternative was to capture those children who would be joining school in the coming session in

2006 to test the levels of pre-school education received by them. This, for obvious reasons, necessitated the evaluation of *anganwadi* students and not those in the first grade.

Another option would have been testing the children at home, but the fact that all children are “enrolled” in *anganwadis* (as the *anganwadi* workers undertake regular child census and all eligible children are automatically enrolled in both *anganwadi* and primary school). There was no child under the 5-year age group who was not on the roll of *anganwadi*. Hence the only difference in school readiness tests would have emerged from those who attend pre-school regularly and those who do not. During household survey, it would have been difficult to test the pre-school attending children since they were in *anganwadis* and not at home. Hence it was decided that the ideal situation is test the children at *anganwadis*, and see whether these children have really reached the desirable levels of school readiness. Those children in the 4 to 5 years age group are the oldest age group at an *anganwadi* centre and would have received pre-school education. For this exercise we chose the *anganwadi* as our focal point. For capturing the levels of school readiness of those children who were enrolled, but not attending regularly, the households were asked to bring the child to the *anganwadi* on the day of the school readiness tests – thus even those not regularly attended were also tested.

Annex 2

Socio Economic Milieu and household characteristics of the Study area



Both Bajna and Sailana shares borders with two other states - Gujarat and Rajasthan and more than 95 percent of its population are tribals (*Bheel*) who uses a local dialect, *Bagadi*. Each block consists of around 200-220 villages each and the number of households differs from village to village, ranging from villages with less than 20 households to villages with more than 100 households. The entire population of these two blocks lives in

rural areas with geographically difficult terrain – hilly, rocky and with sparse green cover. Around 90 percent of the villages in these two blocks do not have all weather approach roads, and even the existing ones are not congenial for vehicular transport. That makes these villages completely remote and inaccessible. These blocks are among the most backward in terms of socio-economic indicators within the state of MP, which itself is among the least developed states in the country. The main crops in the area are Maize, Soya bean and Cotton.

What is the living style and standard of the people in Bajna and Sailana?

Majority of the households in these two blocks belong to the “below poverty line” (BPL) category. Most of the households are engaged in subsistence farming or are agricultural or wage laborers. Generally drought prone, these areas have large number of households who migrates seasonally to other parts of the state for a living. Literacy rates among people are very low, with less than 1/4th of the people who could read and write. The sex ratio is highly skewed and there are only 76 girls for 100 boys in the age group of 0-10 in the area (in Bajna, the sex ratio is 77 girls to 100 boys, while in Sailana, it is 75 girls for every 100 boys).

Households in general do not have many general amenities such as private water supply or private toilets. (See table 2 which provides information about household characteristics and physical amenities of the households in Bajna and Sailana, as derived from the analysis of household survey data).

While most of the households lacked several items that are considered as essential for a reasonable standard of living, the relatively ‘better off’ within these more-or-less homogenous societies made differences in terms of the power structure in the society – especially in political and developmental decision making. Hence, it made sense to see which households belonged to the ‘relatively better off’ category, identified using an asset index. The asset index was generated using the information available from these household amenities and ‘assets’. Most of the households belonging to low and middle economic group of the area do not own any items,

even a clock, bicycle or mattress. Any households that had some of these items belonged to the “well-to-do” category in these blocks. Very few households have communication and entertainment devises such as telephone, radio or television. Hence, any information about world outside their habitation/village or government schemes reaches the people only through mouth– to-mouth communication. Much socio-economic and development related behavioral aspects get reflected in their practices and facilities – such as not purifying water for drinking purpose or using iodized salt for cooking.

Table 2. Household Characteristics and Physical Amenities			
<i>Percentage of Households:</i>	Bajna	Sailana	Overall
knew their BPL status	53.87	62.91	57.88
belonging to ST	95.09	87.57	91.75
temporarily migrate to other places	44.43	22.1	34.5
where the respondents could read and write	17.24	21.02	18.9
reporting that they avail the provision under PDS	65.08	84.67	73.79
with electricity connection	50.2	58.7	53.98
with a watch/ clock in the house	24.34	32.05	27.8
with telephone	1.04	1.75	1.35
with a bicycle	16.12	19.02	17.4
with a radio/ transistor	5.91	7.89	6.79
with B&W/ color TV	3.24	5.04	4.04
with scooter/motor cycle/ moped	3.1	4.09	3.55
with pucca roof for the house	3.6	3.25	3.45
with pucca wall for the house	7.0	6.45	6.75
with pucca floor for the house	3.74	3.7	3.72
with private toilet facilities	3.03	3.74	3.35
who depend on public taps for drinking water	72.7	73.04	72.85
who use no methods for purifying water	48.6	42.5	45.9
who strain water with a cloth before using it for drinking	41.7	56.8	45.9
Who uses iodized salt for cooking	18.12	26.66	21.9
Average Monthly Household Expenditure (in Rs)	953	1680	1277

Source: Household Survey of the Baseline Survey, December 2005 – February 2007

Annex 3

Definition of Underweight Children

The reference standards most commonly used to standardize measurements were developed by the US National Center for Health Statistics (NCHS) in 1978 and are recommended for international use by the World Health Organization. The reference population chosen by NCHS was a statistically valid random population of healthy infants and children. As per the definition of the WHO /NCHS, those children who weigh less than *-2 Standard Deviations* of expected weight for age is considered as underweight children. This includes both mild and severe underweight. Children whose weight is less than *-3 Stand Deviations* are considered as severely underweight.

The reference tables are given for both girls and boys separately and are available from their website. The following table is used to calculate weight for age and weight for height for children. In our study we have used the weight for age definition.

Weight (in kilograms) by Age for Boys and Girls aged 0-60 months
Source: NCHS (National Center for Health Statistics)

Weight for Age (Kg)					Weight for Age (Kg)				
Boys					Girls				
Age in Months	Median	"-1 SD	"-2 SD	"-3 SD	Age in Months	Median	"-1 SD	"-2 SD	"-3 SD
0	3.3	2.9	2.4	2.0	0	3.2	2.7	2.2	1.8
1	4.3	3.6	2.9	2.2	1	4.0	3.4	2.8	2.2
2	5.2	4.3	3.5	2.6	2	4.7	4.0	3.3	2.7
3	6.0	5.0	4.1	3.1	3	5.4	4.7	3.9	3.2
4	6.7	5.7	4.7	3.7	4	6.0	5.3	4.5	3.7
5	7.3	6.3	5.3	4.3	5	6.7	5.8	5.0	4.1
6	7.8	6.9	5.9	4.9	6	7.2	6.3	5.5	4.6
7	8.3	7.4	6.4	5.4	7	7.7	6.8	5.9	5.0
8	8.8	7.8	6.9	5.9	8	8.2	7.2	6.3	5.3
9	9.2	8.2	7.2	6.3	9	8.6	7.6	6.6	5.7
10	9.5	8.6	7.6	6.6	10	8.9	7.9	6.9	5.9
11	9.9	8.9	7.9	6.9	11	9.2	8.2	7.2	6.2
12	10.2	9.1	8.1	7.1	12	9.5	8.5	7.4	6.4
13	10.4	9.4	8.3	7.3	13	9.8	8.7	7.6	6.6
14	10.7	9.6	8.5	7.5	14	10.0	8.9	7.8	6.7
15	10.9	9.8	8.7	7.6	15	10.2	9.1	8.0	6.9
16	11.1	10.0	8.8	7.7	16	10.4	9.3	8.2	7.0
17	11.3	10.1	9.0	7.8	17	10.6	9.5	8.3	7.2
18	11.5	10.3	9.1	7.9	18	10.8	9.7	8.5	7.3
19	11.7	10.5	9.2	8.0	19	11.0	9.8	8.6	7.5
20	11.8	10.6	9.4	8.1	20	11.2	10.0	8.8	7.6
21	12.0	10.8	9.5	8.3	21	11.4	10.2	9.0	7.7
22	12.2	10.9	9.7	8.4	22	11.5	10.3	9.1	7.9
23	12.4	11.1	9.8	8.5	23	11.7	10.5	9.3	8.0
See footnote below									

Age in Months	Median	"-1 SD	"-2 SD	"-3 SD	Age in Months	Median	"-1 SD	"-2 SD	"-3 SD
24	12.3	11.2	10.1	9.0	24	11.8	10.6	9.4	8.3
25	12.5	11.4	10.2	9.0	25	12.0	10.8	9.6	8.4
26	12.7	11.5	10.3	9.1	26	12.2	11.0	9.8	8.5
27	12.9	11.7	10.4	9.1	27	12.4	11.2	9.9	8.6
28	13.1	11.8	10.5	9.2	28	12.6	11.3	10.1	8.8
29	13.3	12.0	10.6	9.3	29	12.8	11.5	10.2	8.9
30	13.5	12.1	10.7	9.4	30	13.0	11.7	10.3	9.0
31	13.7	12.3	10.9	9.4	31	13.2	11.9	10.5	9.1
32	13.9	12.4	11.0	9.5	32	13.4	12.0	10.6	9.2
33	14.1	12.6	11.1	9.6	33	13.6	12.2	10.8	9.4
34	14.3	12.7	11.2	9.7	34	13.8	12.3	10.9	9.5
35	14.4	12.9	11.3	9.7	35	13.9	12.5	11.0	9.6
36	14.6	13.0	11.4	9.8	36	14.1	12.6	11.2	9.7
37	14.8	13.2	11.5	9.9	37	14.3	12.8	11.3	9.8
38	15.0	13.3	11.7	10.0	38	14.4	12.9	11.4	9.9
39	15.2	13.5	11.8	10.1	39	14.6	13.1	11.5	10.0
40	15.3	13.6	11.9	10.2	40	14.8	13.2	11.6	10.1
41	15.5	13.8	12.0	10.3	41	14.9	13.3	11.8	10.2
42	15.7	13.9	12.1	10.4	42	15.1	13.5	11.9	10.3
43	15.8	14.1	12.3	10.5	43	15.2	13.6	12.0	10.4
44	16.0	14.2	12.4	10.6	44	15.4	13.7	12.1	10.5
45	16.2	14.4	12.5	10.7	45	15.5	13.9	12.2	10.6
46	16.4	14.5	12.6	10.8	46	15.7	14.0	12.3	10.7
47	16.5	14.6	12.8	10.9	47	15.8	14.1	12.4	10.8
48	16.7	14.8	12.9	11.0	48	16.0	14.3	12.6	10.9
49	16.9	14.9	13.0	11.1	49	16.1	14.4	12.7	10.9
50	17.0	15.1	13.1	11.2	50	16.2	14.5	12.8	11.0
51	17.2	15.2	13.3	11.3	51	16.4	14.6	12.9	11.1
52	17.4	15.4	13.4	11.4	52	16.5	14.8	13.0	11.2
53	17.5	15.5	13.5	11.5	53	16.7	14.9	13.1	11.3
54	17.7	15.7	13.7	11.6	54	16.8	15.0	13.2	11.4
55	17.9	15.8	13.8	11.8	55	17.0	15.1	13.3	11.5
56	18.0	16.0	13.9	11.9	56	17.1	15.2	13.4	11.5
57	18.2	16.1	14.0	12.0	57	17.2	15.4	13.5	11.6
58	18.3	16.3	14.2	12.1	58	17.4	15.5	13.6	11.7
59	18.5	16.4	14.3	12.2	59	17.5	15.6	13.7	11.8
60	18.7	16.6	14.4	12.3	60	17.7	15.7	13.8	11.9

Footnote: Data for this table come from two different child populations. In the case of the age grouping from 0-23 months the data is based on Fels Research Institute, Yellow Springs, Ohio studies. The 24-60 month age grouping draws from national samples of the National Center for Health Statistics. This accounts for minor inconsistencies at the point of overlap.

Integrated Child Development in MP - Pilot Project
PROCESS DOCUMENTATION: CONSOLIDATED REPORT
2005- 09

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Contents

	Page Nos
I. Background	4
II. Concept to Pilot	6
II.1 The design	6
II.2 The project area	8
III. Rolling out the project	9
III.1 The baseline survey	9
III.2 Initial vertical and horizontal dynamics from the field	9
III.3 Management structure	11
III.4 Evolving a shared vision and understanding: What's in a name?	14
IV. Translating visions into action	16
IV.1 Enabling a community understanding: a dynamic information and communication strategy	16
IV.2 Forming Ekta Samuhs and laying the foundations for convergent action	17
IV.3. Energising service providers and emerging outcomes	18
IV.3.i Example of building cross- sectoral linkages & understanding	20
IV.4. The Ekta Samuhs	22
IV.4.i Village plans for children	25
IV.5 Working with children	28
V. Monitoring and review	30
VI. Insights from Project Bachpan	35
Annexure	

Glossary and Abbreviations

ANM	Auxiliary Nurse Midwife
AWC	Anganwadi Centre
AWW	Aanganwadi Worker
Bachpan	Means 'childhood' in Hindi
Bal kosh	Children's Fund
Bal Melas	Children's fair
Bal Mitra	A teacher who is a children's friend
Bal Panchayat	Children's panchayat
BEO	Block Education Officer
CDPO	Chief District Programme Officer
CHC	Community Health Centre
DM	District Magistrate
ES	Ekta Samuh, Collective
HDR	Human Development Report
ICDS	Integrated Child Development Services
IEC	Information Education and Communication
IFA	Iron Folic Acid
Jan Mitra	Literally means friend of the community
JM	Jan Mitra
Kishori Manch	Adolescent girls' group
Mahila Manch	Women's group
Mahotsav	Celebration
MDM	Mid-day Meal
MP	Madhya Pradesh
NGO	Non- government organisation
NREGS	National Employment Guarantee Scheme
PA	Project Associate
PRI	Panchayati raj Institutions
PTR	Pupil Teacher Ratio
RCH	Reproductive and Child Health
Sarpanch	Village head
SNP	Supplementary nutrition Programme
SSA	Sarva Shiksha Abhiyan
TLM	Teaching Learning Material
Yuvak Mangal Dal	Youth group

1. Background

Despite several significant policy and programmatic provisions for children, the status of poor children continues to be a matter of grave concern. Child malnutrition and the lack of access to quality education for poor children have been widely commented on. This has also been borne out by the multi-sectoral research of the World Bank, 'Reaching out to the Child'³. The research reviewed the progress in the status of children over the last decade in comparison to other developing countries and also with reference to the programmes on the ground for children in the health, education and nutrition sectors. Some factors identified as responsible for the limited impact of existing provisions included:

- A fragmented, sectoral approach in implementing the schemes, which does not capture the synergies across sectors;
- Over centralized and standardized programme designs which do not address contextual diversities;
- Inadequate finances and inefficient implementation;
- Inadequate monitoring capacity; and
- Low accountability and issues of service delivery.

One of the major recommendations of the study was to move towards a decentralized and cross-sectoral approach to planning and monitoring of programmes, so that even with sectoral implementation better coordination can be ensured.

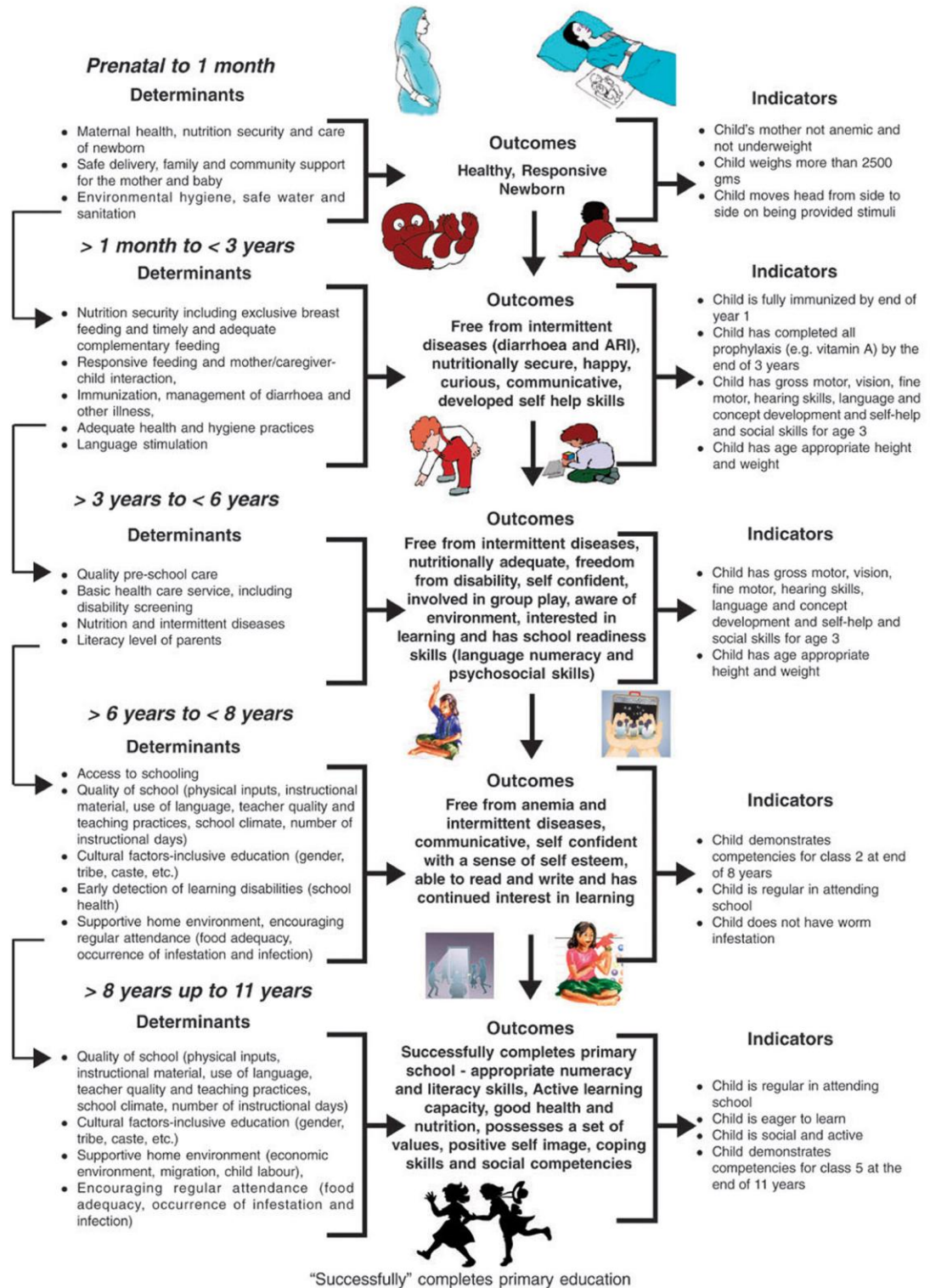
In this context the concept of Village/Ward Plans for Children had been proposed as the basis for financing and implementation of programmes for children in the age range of pre-natal to 11+ years. This concept deviates from the current approaches in two ways:

- 1) It is a bottom up approach for involving participatory planning by each village community for its children to ensure that it is context specific and need based.
- 2) Also, it is in accordance with a multi-sectoral approach which addresses needs of the "Whole Child" and not of health, nutrition and education in isolation.

The research provided a holistic conceptual framework within which the determinants of developmental milestones along a continuum from pre- birth to the primary schooling stage have been laid out. This framework would allow for a more synergistic approach even within the current programmatic arrangements for children sponsored by the Government. See Figure 1, ICD Conceptual Framework below, spelling out children's developmental milestones along a continuum from pre-birth to the primary schooling stage.

³ World Bank, (2004) *Reaching Out to The Child- An Integrated Approach to Child Development*, New Delhi

ICD CONCEPTUAL FRAMEWORK



II. From a Concept to a Pilot

While recommendations of the need for a convergent and holistic approach to address the developmental needs of children are passé, there are not too many examples of actually trying out the strategy in a sustained manner on the ground. Before designing the pilot other similar interventions were studied. A similar convergent approach was undertaken by UNICEF in collaboration with the Government of Maharashtra. The study and analysis of this experiment also fed into the design of the World Bank pilot.

The Unicef Project in Maharashtra⁴ -Practicing Participation in UNICEF Programming: Bridging the Gap between Rhetoric and Reality (2000) was an early attempt to empower local communities to address and resolve local problems, especially schooling. UNICEF, India's Master Plan of Operation (1999-2002) focused on improving the quality of education through enhancing school-community partnerships. The effort was to link parents, community members and educators around the goal of full, equal and meaningful participation by all children in good learning experiences. The Bachpan project in Madhya Pradesh drew upon this experience in designing the pilot. The purpose of the pilot was to assess the feasibility and cost effectiveness of such a holistic and coordinated effort for children throughout the childhood development continuum - prenatal to elementary education. This experience, it was anticipated would inform advocacy with the government for a similar approach to be adopted.

II.1 The Design

Box 1: Key features of the Pilot Project

The key features of the Pilot were to:

- Address the life cycle continuum.
- Establish convergence of provisions for children across health, nutrition and education sectors.
- Engender bottom-up planning through community participation.

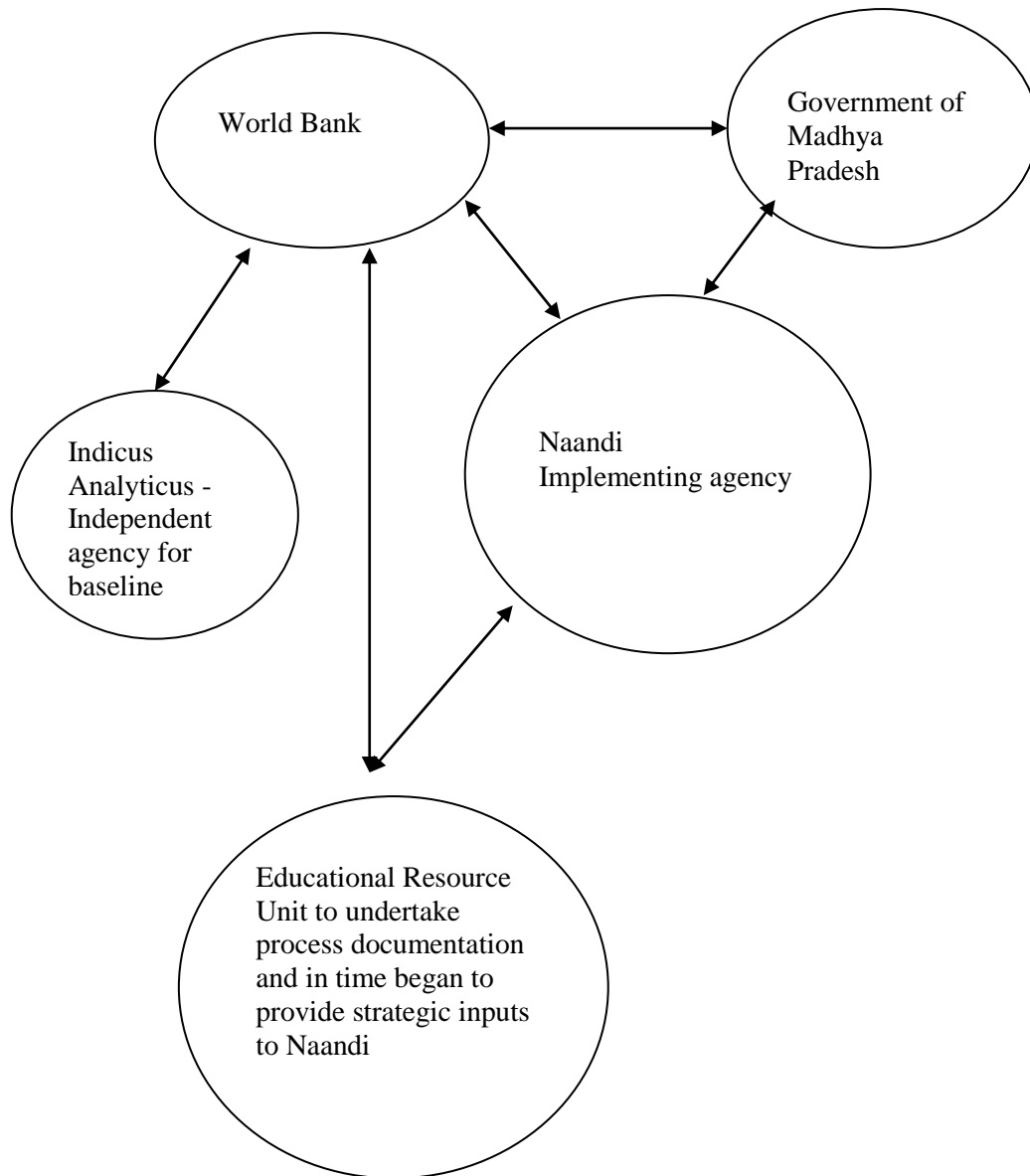
It was also expected that the following will be explored and addressed during the course of the pilot:

- Assess how the four programmes for children – Integrated Child Development (ICDS), Reproductive Child Health (RCH), Sarva Shiksha Abhiyan (SSA) and Mid Day Meal Scheme (MDM) of the three sectors – health, nutrition and education – can lend themselves to micro planning in a convergent mode involving the community and service providers.
- Envisage what adjustments may be required in the existing administrative arrangements o allowing for greater convergence and coordination and greater participation of the beneficiaries.
- Explore to what extent convergence and participatory approach with an outcome-focused model could improve service delivery and thereby impact on child related outcomes.

⁴ ERU, Assessment Study of Community Participation in Selected UNICEF supported Educational Programmes, 2003

There were other dimensions of the pilot as well - it was to be rolled out through a dynamic partnership of the government and an implementing NGO partner. Further, as this pilot was seen as a learning initiative, the role of external support agencies was also envisaged- an independent agency (Indicus Analyticus), to do the baseline and end line, and another agency (Educational Resource Unit), to undertake a detailed process documentation of the pilot as it unfolded.

Figure 2: The operational structure



II.2 The Project Area

Madhya Pradesh was selected as the state for rolling out this pilot. The selection of the project area was determined by several factors- 1) Naandi, the implementing agency was already working in Madhya Pradesh in partnership with the government of Madhya Pradesh. 2) The Government of Madhya Pradesh was very supportive of such an initiative. 3) Finally, given the low child development indicators of the state, it seemed the right place to pilot a convergent approach. (See annexure I).

The Madhya Pradesh Integrated Child Development Pilot project was initiated in Ratlam district, identified on the basis of a cumulative development index computed for this purpose.⁵ See Table 1 below for details:

Table 1: Indicators for Ratlam district, 2001 Census

Population	1215000
Growth rate	25%
Literacy %	67.2 %
Male	80.1 %
Female	54.3%
Rural literacy rate	61.0%
Urban literacy rate	82.2%
SC population	13.4%
ST population	25.9 % (2 tribal blocks)
HDI	.630
Rank in MP - HDI	6
GDI	.633
Rank in MP	2
Sex ratio	959
“ rural	965
“ urban	943
Juvenile sex ratio	960
Life expectancy at birth	59.3
IMR	Girls 132- 1991 (up to 1 yr) 151 (up to 5 yrs)

Within Ratlam district, Bajna one of the 2 tribal blocks with over 95% tribal population (Bheel), was selected for project implementation. Like most tribal areas, Bajna has a comparatively better sex ratio of 989 than the district average. However, the female literacy is at a low of 21%. (MP HDR 2003). The close proximity with Gujarat and Rajasthan is clearly visible in the language of the area where the local dialect is *Bagadi*. The entire population of the block is rural, living in a geographically difficult terrain – hilly, rocky and with sparse green cover. Apart from having low socio-economic indicators this region is also agriculturally poor, relying mainly on rain fed crops like maize, soya beans and cotton. In 2005, due to poor rains, Bajna region experienced severe drought, affecting children’s and people’s lives in terms of health and nutrition.

⁵ Ratlam is divided into 6 Tehsils (sub- district divisions) and 6 Blocks

The project coverage extends to 220 villages, over the entire Bajna Block. For the convenience of management and monitoring, the block has been divided into three clusters – Bajna, Raoti and Kundanpur – each having specific geographical features, since the habitations are widely scattered. While Bajna is hilly and dry, the Raoti area is a fairly fertile river basin (river Mahi) and Kundanpur is an area of sparsely scattered settlements with a poor communication network.

III. Rolling out the pilot

III.1 The Baseline Survey

As mentioned above Indicus Analyticus, an independent agency, was hired to do a baseline survey of 2 blocks, i.e. Sailana and Bajna (which are control and implementation blocks respectively), with a view to provide the basic information for the 8 cross-sectoral child development outcome indicators along the age continuum- from the prenatal stage to 11 years age group for impact evaluation of the initiative.

The baseline conducted in November –December of 2005, included collection of qualitative and quantitative information through intensive questionnaires for households, Aganwadi centers, sub- centre health facilities and primary schools. Each block, with approximately 200 villages was selected to afford socio- economic and socio-cultural comparability. It was ensured that both blocks have the presence of the three centrally sponsored schemes—Integrated Child Development Services (ICDS), Reproductive Child Health (RCH) and Sarva Shiksha Abhiyan (SSA).

Simultaneously, Naandi conducted a resource mapping exercise through its project facilitators to help them get an idea of the situation in the villages. While the baseline by design was a separate academic exercise altogether, with no intermingling with the implementation of the project, some field level government functionaries were evidently confused regarding collection of similar kind of information by the representatives of the two agencies.

III.2 Initial vertical and horizontal dynamics in the field

The coordination meetings held at the state level set the tone for the initiation of the project. The administrative arrangements, indicating clear guidelines for implementation and partnership were drawn up at various levels to roll out the project. See Box 2 below for details:

Box 2: Administrative arrangements

State level

- Constitution of a state-level co-ordination committee by Government of Madhya Pradesh which shall have representatives from Naandi Foundation and the Department of Education, Government of Madhya Pradesh; Department of Health and Family Welfare, Government of Madhya Pradesh; Department of Women and Child Development, Government of Madhya Pradesh (the concerned Departments). The committee shall be primarily responsible for providing guidance on policy issues, reviewing progress and addressing issues, if any, related to the convergence and coordination arrangements. The committee shall meet at least once every six months to ensure smooth implementation of the Project.

- Institutionalizing measures to ensure day-to-day support and cooperation on all matters related to execution of the Project from the concerned Departments. In particular, the concerned Departments shall identify the roles and responsibilities of the officials at the district and block levels in Project implementation and shall ensure their cooperation to facilitate implementation of the Project. The concerned Departments shall also develop and implement effective communication strategies for this purpose.

District-level

A planning and co-ordination committee shall be constituted at the district level which shall be headed by the District Collector or his /her nominee and be required to meet once in 3 months. The convener of this committee may be selected in the first meeting. This committee shall include district level officials of the concerned Departments, representative from the Naandi Foundation and other stakeholders. This committee shall be responsible for the following:

- Review of the implementation plan (activity plan)
- Quarterly progress review of the action research project
- Finalization of Monitoring Indicators for the action research project
- Facilitate convergence of all programmes that are meant for children, namely ICDS, RCH, Elementary Education, Early Childhood Education and Water / Sanitation (Public Health). This will include:
 - Human resource mapping
 - Financial resource mapping
 - Activity mapping to ensure convergence (household survey, fixed day services, immunization / health campaigns)
 - Management of supplies (ICDS SNP, Mid-day meal, textbooks, Vitamin A etc.)
 - Logistics
 - Share data/ information amongst each other and with Naandi Foundation.

Block-level

A Block level coordination committee shall be constituted with the chairperson from the Block Panchayat. Naandi Foundation's representative shall be the convener of this committee. This committee shall meet as frequently as necessary (at least once in 2 months), and shall be responsible for facilitating convergence and coordination among all programmes that are meant for children, namely ICDS, RCH, Elementary Education, Early Childhood Education and Water / Sanitation (Public Health) etc. The specific activities requiring coordination shall include:

- Human Resource Mapping
- Financial Resource Mapping
- Activity Mapping to ensure convergence (house hold survey, fixed day services, immunization / health campaigns)
- Management of supplies (ICDS SNP, Mid-day meal, textbooks, Vitamin A etc.)
- Logistics
- Share data / information amongst each other and with Naandi Foundation

The coordination steps taken at the state level during the two meetings held in April and May 2005 definitely facilitated the vertical linkages. This was followed by a series of meetings during October and December 2005 at district and block levels with all the 3 departments - Women and Child Development, Education and Health participating. These meetings served several purposes- to introduce the project, create a common understanding of the objectives and thrust as well as

to develop a rapport and communication between Naandi and the different departments. Further, these were also the fora in which information and data from the government could be gathered in a non-threatening fashion.

The Government of MP was interested in replicating this Integrated Child Development model in other districts of the State with poor child development indicators. This pilot was seen as a first step towards a large-scale programme for decentralized bottom up planning for holistic child development. At the district level, the Assistant Education Director and acting DPO SSA, were nominated by the District Magistrate as the nodal officer for the project.

These initial efforts at establishing the vertical linkages were not as easily replicated at the horizontal level. The horizontal partnership between Naandi programme functionaries and the village functionaries like the AWWs, the ANMs, the teachers and PRI members took time to evolve and develop.

III.3 Management Structure

The team is led by a State level Project Manager who is in overall charge for supervision and provides guidance. There are three Programme Associates (PAs) for each of the three Clusters – Raoti, Bajna and Kundanpur in the Block. And for every cluster of 10-12 villages there is a local village level facilitator called Jan Mitra (Friend of the community). See Figure 3 below for details.

As the project got grounded, greater role clarity evolved. While in the initial phases, everyone was in the field and seemed to be performing the same tasks, by the beginning of year 2 there was a better understanding and appreciation of the complementary roles that a supervisor and field staff play. Table 2 below, spells out some of the detailing of the roles and responsibilities done by the Bajna team.

To start up the project, 12 local people were identified as volunteers for resource mapping. The basic criteria for selection were qualification (at least 10th pass) with some understanding about the area and were identified from among the local tribal and non-tribal community. Tribals were given priority even if their qualification levels were low, as they belonged to the villages/areas of their operation. Even though this is a predominantly tribal region, the minority non-tribal population, being more educated and economically enabled, was prominent. Gradually the team grew to 20 and the facilitators were named as Jan Mitras (JMs) – friends of the community. The team comprised of both men and women, of whom 6 were women. Their education levels range from High School to Post Graduation; of course very few of them are post graduates. Over the course of their work the JMs grew to understand their work and were able to define their roles and responsibilities.

Figure 3: The Programme Management Structure

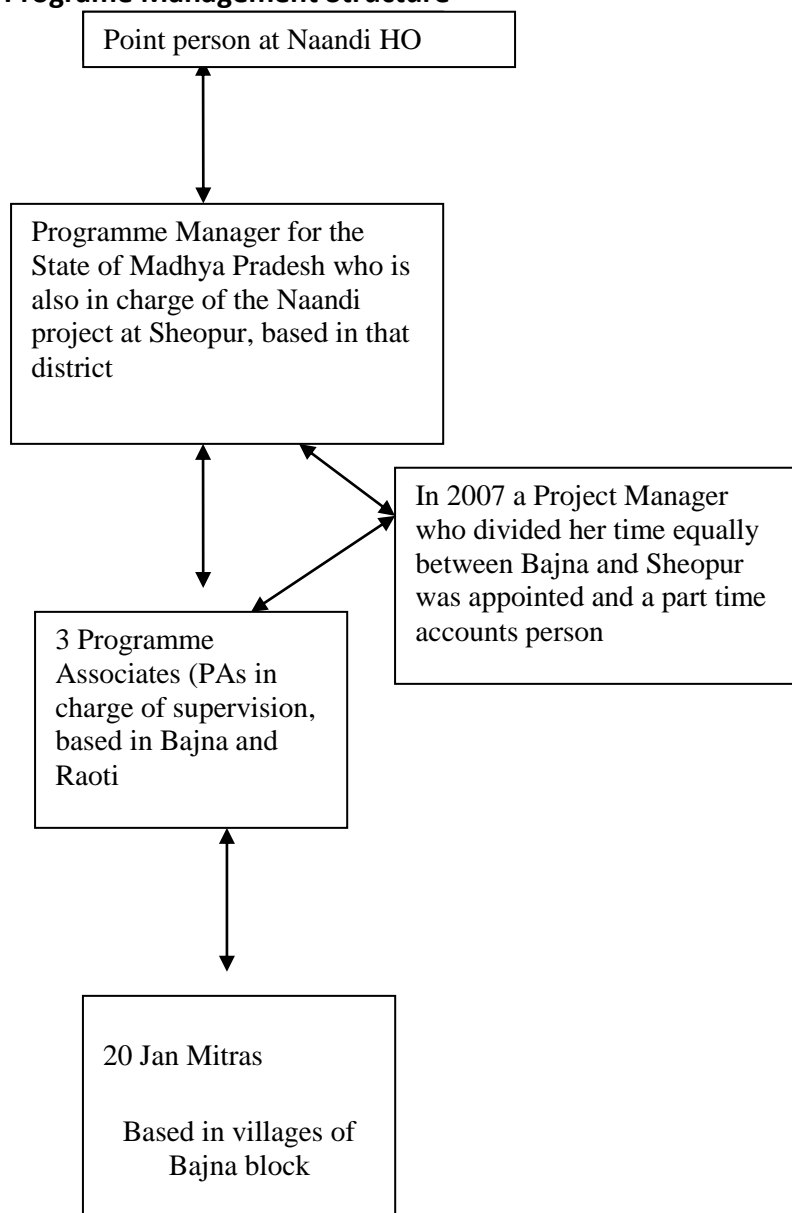


Table 2: Roles and responsibilities

Programme Associates	Jan Mitras
<p>Roles</p> <ul style="list-style-type: none"> • Friends of the community and the JMs • Team leaders at cluster level • Coordinators of meetings and linkages at Block level • Facilitates flow of data and information from the district and block offices • Facilitators for issues and conflicts at village level • Coordinators/ guides of JMs at cluster level • Provide motivation, guidance and support to the JMs <p>Responsibilities</p> <ul style="list-style-type: none"> • Work with the JMs to plan and monitor their activities • Maintain reports and other documentation in the office • Hold regular meetings with the JMs • Obtain information from the block level and share with JMs • Make field visits in the villages with JMs or other wise • Review the work plans and activities of JMs on a fortnightly basis • Conduct meetings with service providers 	<p>Roles</p> <ul style="list-style-type: none"> • Friends of the community • Motivators/community mobilisers • Facilitate formation of Ekta Samuhs • Facilitators of information, resources • Coordinate linkages among the community and service providers • Trainers at different levels <p>Responsibilities</p> <ul style="list-style-type: none"> • Work closely with the Ekta Samuhs for the integrated development of children • Assist in the development of village plans and follow up activities • Network at community level with the different service providers • Take up initiatives for awareness generation and activities of the community • Undertake trainings of PTA, ES, Mahila Manch, Kishori Manch, AWWs, teachers • Disseminate information about government schemes and programmes for children • Prepare reports of field activities, write case studies • Provide feedback on problems in the villages
<p>Source: This was developed through an interactive exercise with the field team September 2006, by ERU</p>	

It was expected that as the project matures and the Ekta Samuhs (community level collectives) develop a stronger identity the roles and responsibilities would undergo further changes. The vision was that the Ekta Samuhs emerge as local community institutions that promote, nurture and further the cause of integrated child development. ***The vision for the field functionaries is that they grow into a resource group at cluster/block level to extend support through training, planning and resource facilitation on a larger scale both within the project area and elsewhere, should the programme expand.***

III.4 Evolving a shared vision and understanding: What's in a name?

Initially, though the team was worked intensively in the field, but it lacked the clarity of the vision, mission and objectives of the project, which resulted in several activities that did not seem to lead to any concrete outcomes. It was expected that this would sharpen as the programme matures or spreads to other areas. There were several other problems as well. The

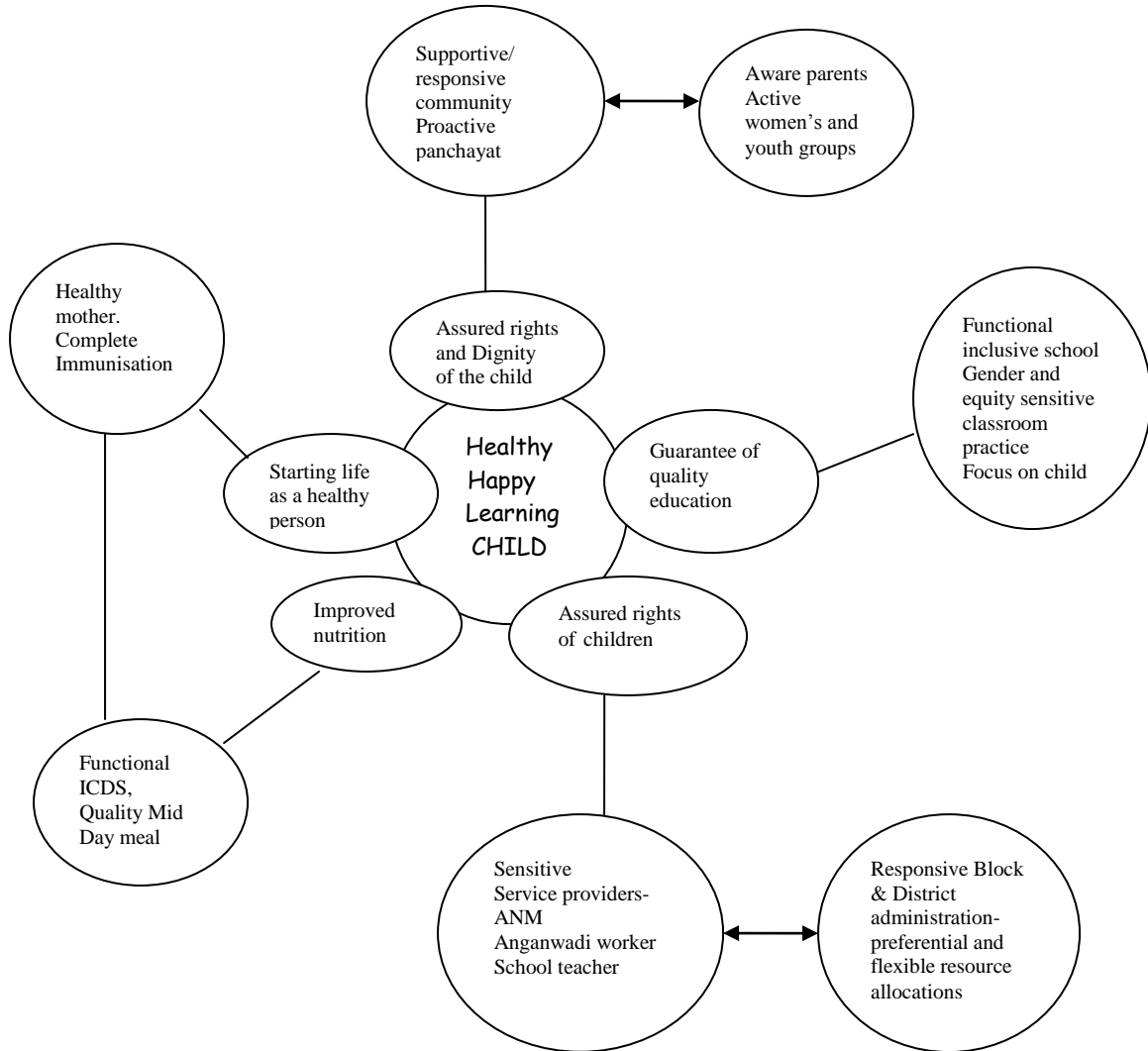
project title and other terms in the project design made little sense. Initially they were used uncritically and were being parroted at various levels. As long as the messages were in an alien tongue i.e. English creating an ownership as well as internalization of the overall programme objectives both within the implementing team as well as the local communities seemed difficult. There was a suggestion that the project have an identity in a local idiom and language, understood by all and at the same time capturing the essence of the project objectives. After a great deal of discussion, a consensus developed around the word ***Bachpan***, which meant **childhood**, as a name for the pilot project. As this exercise took place, almost a year after the start of the programme, the Bajna team was able to relate the objectives much more directly to the work in the field. See Box 3, for details.

Box 3: Vision, Mission and Objectives

<i>Vision</i>	Happy, healthy, learning child
<i>Mission</i>	Facilitate integrated child development through convergent community and government action
<i>Objectives</i>	<ul style="list-style-type: none"> ▪ Create awareness on child development with a focus on the girl child ▪ Strengthen linkages between different service providers ▪ Strengthen linkages between the community, panchayat and service Providers ▪ Facilitate formation of Ekta Samuhs at village level (Village Resource Group) with representatives of the community, panchayat and service providers ▪ Develop integrated village level action plans around the needs of the child ▪ Advocate and lobby with local, district and state administration for flexible allocation of resources

The roll out of this vision was further detailed as shown in Figure 4 below. The importance of language and translation of other terms into language commonly used and understood by people came up sharply during the field visit of ERU to Piplipada village in 2006. In the project, one of the key strategies is the formation of village resource groups which would be the fulcrum around which it would revolve. The literal translation of Village Resource Group resulted in a difficult and infelicitous name, incomprehensible to most and very low on recall. When the people were asked to come up with a name they suggested Ekta Samuh (the literal meaning being solidarity group), which in a sense took the concept of Village Resource Group (VRG) beyond mere resource support, but also underlined the community level solidarity that is essential, if resource support is to be provided. Hence, it was decided to name the Village Resource Groups as Ekta Samuhs since the people would identify with the name.

Figure 4: Visualising the objectives



IV. Translating visions into action

IV.1 Enabling a community understanding: A dynamic information and communication strategy

The success of an initiative rests often on the depth of community level understanding and support. Information dissemination and communication is an area that the Bachpan project focused a lot of attention on especially in the first year. The challenges were many- to develop an understanding of the needs of the children, to confront the status of children, to comprehend the concept of integrated child development that underpinned the project, the role of parents and the community in this process, and the need for a dynamic partnership between local communities and service providers.

Communication was given top priority as a strategy of community mobilization, to reach out to a community that has by and large remained outside the mainstream. A variety of strategies have

been employed- entertainment, rallies, activities in the village, etc. Since the population in Bajna is predominantly illiterate, it was decided to focus on audio-visual folk media for communication. Different aspects of child development, health, nutrition and education components of government programmes were selected for information dissemination.

The innovative medium of *Sandesh Vahini Dals* (SVD) was used here too, after seeing its success in the Naandi project in Sheopur district of Madhya Pradesh. Local persons familiar with folk drama theatre and music were identified in preparation of the Bajna based *Sandesh Vahini Dals*. The team also collected information on local *melas* and weekly bazaars to make use of these public events for reaching out to the community. This group with orientation on the objectives of the project and some basic theatre and music skills put up low cost, high-powered performances (comprising songs, plays and interactive sessions) in villages.

In Bajna a youth group was identified and a three-day comprehensive cultural workshop was organised for them. The group put up 14 performances in different villages across the area. The creation of Bajna based SVDs has resulted in the formation of a resource pool from within the community, which should be a sustainable resource for the future. The SVD performances attracted a large number of women as well. The block level officials, especially the Block Medical Officer (BMO) and the Child Development Project Officer (CDPO), made it a point to be present at some of performances and to give support to the programme. Some local musicians and writers were invited to enrich the creation of skits and songs.

Box 4: Impact of Sandesh Vahini Dals

Interactions with the community in Kundanpur revealed that people did remember and retain messages from the Sandesh Vahinis. Sandesh Vahini Dals (SVDs) have had an enduring impact on the memory of the local people. Most people the ERU team met remember messages like – water must be filtered with a cloth, hands must be washed.

Impact of SVD messages as identified by the community-

- More institutional deliveries
- Increase in the enrolment at schools
- Rise in the enrolment of girls
- Increased awareness about iodised salt and clean drinking water.

IV.1.i Need for sustained communication

The impact of the *Sandesh Vahinis* was widely appreciated by the community, as the information at that time was useful and handy. Its outreach was limited but impact was tremendous in informing people and raising their awareness. This good practice for community mobilization needed to be used at different stages of the project with appropriate messages as per the needs of the people.

What was required was a strategy to disseminate focused and issue specific messages rather than a multiple volley of messages and also to give seasonal messages for example information on diarrhea prevention and management during the summer. These should either target specific attitudinal changes like sanitation and hygiene promotion, health etc or at a specific audience

like the frequently migrating families. SVDs should perform closest to the habitations of difficult to reach sections of the community.

Within the Bachpan project, however, this environment building strategy was budgeted for the first year. Since this component was not budgeted for in subsequent years, it meant that this powerful tool could not be used for deepening the awareness of the community.. Local cultural media are powerful and tend to leave a greater impact than a meeting, rally or campaign as it enables the implementer to intermix serious information and messages along with an entertainment element.

IV.2 Forming Ekta Samuhs and laying the foundation for convergent action

The Bachpan project was designed with the express purpose of enabling convergent action at the village level to ensure that children have the best possible chance of being healthy, have access to schooling and successfully complete elementary education.

The project aimed at developing convergence between the various service providers and the local communities, to enable them to come together to achieve common goals of holistic child development. The objective was to create a common forum at the village level called the Ekta Samuh. The expectation was that this Ekta Samuh would look at the issues facing children, and accordingly develop a village plan for children spelling out what each of the service sectors needs to do and what is the responsibility of the community.

Planning and designing for convergent action is easier than trying to put it into practice. There are several roadblocks that come in the way. Generally service providers work in discrete ways with little cross interaction, starting from the village level going up to the highest level such as the department. The bigger roadblock is actually working with the community and viewing it as an equal partner. Even before getting to the stage of forming an Ekta Samuh, several steps had to be taken:

Step 1: Working with each of the service provider groups separately, to introduce the concept of integrated child development, providing inputs and building capacities to improve the service and essentially providing encouragement and support through the way.

Working with the community, building awareness on children's needs, rights and the role that the community can play.

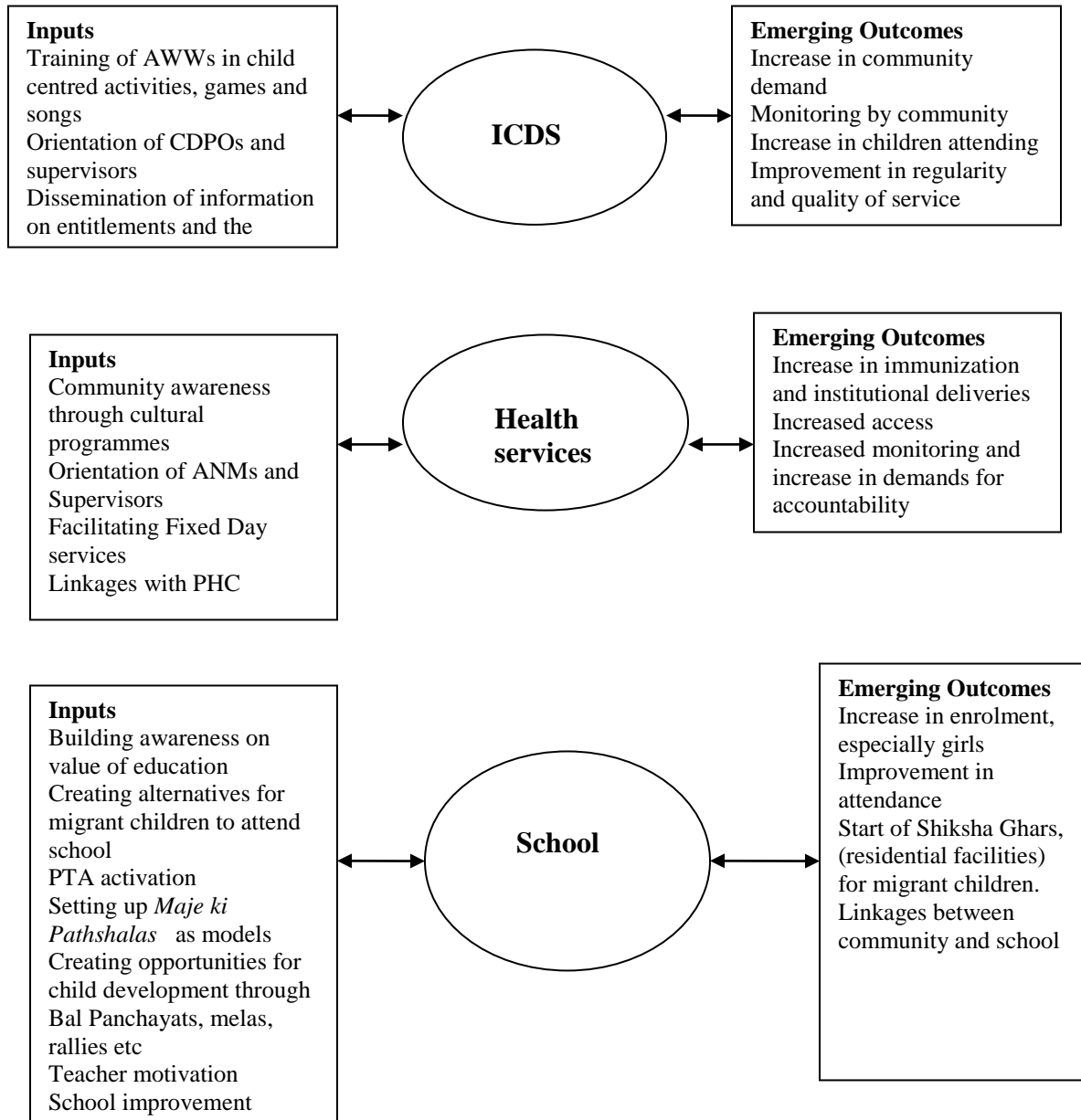
Step 2: Organizing common meetings with service providers and representatives of the community to discuss issues of children in the community and begin a dialogue of how each can support the other to improve the situation of children. Mooting the idea of an Ekta Samuh among the people.

Step 3: Focusing on the Ekta Samuhs. Organising common meetings, enabling the Ekta Samuh to visualize its role and function, facilitating a common action plan to evolve. Strengthening Ekta Samuhs through building linkages across villages, through panchayat level interactions.

IV.3 Energising service providers and emerging outcomes

An important first step towards the empowering process of Ekta Samuhs was developing linkages across sectors and with the community was energizing the service providers and services in various ways- through training, dissemination of information and hand holding. The training inputs were particularly useful for the Anganwadi workers, as almost all were illiterate and welcomed the training. From the first reports from the field it appears that the outcomes were encouraging. See Figure 5 below for details:

Figure 5: Energising service providers



Quite obviously energizing the service providers had its impact on the services themselves. What was important in the strategy was the dual approach- not only the direct inputs to the

service provider but also inputs to strengthen the environment and supportive activities. For instance, both in the case of the ICDS and health services, the strong community awareness campaigns not only increased community understanding of the services but also highlighted the manner in which children could benefit and the specific role of the parents and community in ensuring that children access and benefit from these services. In the case of health, the success of the fixed day services depended again not only on the regularity of the service provider, but also the eagerness of the community to access it. Where the community sensitisation had a direct impact was in the greater use of the services of the CHC which had a committed doctor and was a vibrant health centre. In the case of the school the work with the PTAs and the Maje Ke Pathshalas (Fun learning centres for children before and after schools), were a great push role in sending larger numbers of children into school.

IV.3.i An example of building cross- sectoral linkages and understanding

In the middle of June 2006, a workshop for teachers, ANMs and AWWs was held to enable a common action plan to evolve. The participative methodology evoked a good response. The group discussed inputs for children which were mainly identified as –

- Good health
- Quality education
- Nutrition
- Good school environment
- Proper implementation of government schemes
- Adequate means for economic sustainability/livelihoods

To enable children to grow up in a holistically conducive environment keeping the above points in mind the ANMs, AWWs and teachers put forth their commitments. See Table 3:

Table 3: Commitments of teachers, ANMs and AWWs

Teachers	ANMs	AWWs
<ul style="list-style-type: none"> • Focus on enrollment • Welcome new children • Practice multi-level teaching • Contact PTAs and parents for girls' enrolment • Develop awareness regarding social evils through parents and Ekta Samuhs • Make efforts to enroll dropouts and out of school children • Arrange bridge courses for children- 12 have been sanctioned in Bajna • Facilitate Shiksha Ghars and KGBV • Honestly implement the MDM scheme 	<ul style="list-style-type: none"> • Reach out to pregnant women and register them • Take up institutional deliveries and facilitate incentives for them • Accomplish total immunization • Promote breast feeding and semi -solid food for infants • Disseminate information about hygiene and cleanliness • Create awareness about family planning and spacing of children • Inform women of all health related government schemes 	<ul style="list-style-type: none"> • Actively take up pre school education in AWCs • Ensure that children eat the SNP given to them. Continue to give double nutrition share to the malnourished children • Ensure that women also consume the nutrition given to them • Open the AWCs timely • Weigh the children regularly to monitor growth • Facilitate birth, death and marriage registration • Promote health and hygiene in the village through general health awareness

A consolidated joint action plan was developed for the forthcoming quarter on the basis of the above commitments. What emerged was as follows:

- ♣ Environment creation through communication/advocacy for children's health, education and development through – rallies, campaigns, bal/health *melas*, IEC materials, folk media etc.
- ♣ Fixed day activities/meetings of AWWs, ANMs and teachers at designated places. 100 % registration of pregnant women and 100% immunization of children through fixed day services.
- ♣ Village plans to be developed with all three government functionaries at the village level.
- ♣ Compulsory departmental cooperation for health, sanitation and education at village level.
- ♣ Ensure 10% increase in institutional deliveries.
- ♣ Ensure that all 0-5year old children are registered in AWCs.
- ♣ Examination of pregnant women on a regular basis.
- ♣ Ensuring that all schools and AWCs function with regularity.
- ♣ Motivation of parents to send their children regularly to AWCs and schools.
- ♣ All service providers to support and ensure that all children over 5 years get admitted in Primary schools.
- ♣ Teachers to maintain regular and fair attendance of children in schools.
- ♣ Non-enrolled and dropout children to be enrolled in school/ bridge courses/ Shiksha Ghars through joint efforts of service providers and the community.
- ♣ Monthly PTA meetings with teachers.
- ♣ Motivation of older children to bring siblings to school and help them to study at home.
- ♣ Provide a more joyful learning environment in the school for children through use of TLM and activities.
- ♣ Ensure that children receive all the incentives that are meant for them.

Teachers went a step further and identified some key indicators for themselves:

- Developing attractive schools
- All schools function regularly
- Joyful learning in schools/AWCs
- Increase in TLM usage in schools
- Games and sports equipment used in schools
- All children get the incentives meant for them
- All children attend regularly
- No dropout children

The gap here was the inability to take this momentum to a next plane of purposively following up on it. The assumption that since the plan had been made by the service providers it would be followed through was questionable. While subsequent feedback suggested that action had taken along the lines indicated above, the universality of approach and potential impact remained a moot issue. This was to change in the subsequent periods when there was a better appreciation of the need to bring the Naandi plan in line with that of the service providers.

IV.4 The Ekta Samuhs

The gradual movement of Ekta Samuhs from loose groups to focused action groups over time, with some clarity about village and panchayat level plans for children evolved over a period of two years. See Table 5, for the process and timeline of formation and consolidation of Ekta Samuhs

Table 5: Time line of formation and consolidation of Ekta Samuhs

December 2005	The Bajna villages relatively unaware of what Naandi was doing. Neither the baseline survey by Indicus Analyticus or resource mapping by Naandi seemed to have evoked any interest or curiosity.
January to March 2006	Village level meetings organized and in the process began the formation of the Village resource group. During this period the low conceptual clarity and understanding of the Jan Mitras reflected itself in the field. Active involvement in the field, built up the trust and confidence in the Jan Mitras.
April to December 2006	<ul style="list-style-type: none"> • Changed the name of village resource group to Ekta Samuh, thereby increasing the understanding among the local communities. • Increase in the frequency of village level meeting. • 112 Ekta Samuhs constituted and oriented regarding their roles and responsibilities. JMs held over 600 community meetings in the villages with the assistance of Ekta Samuhs (ES) • Village planning exercises were completed in about 50 percent of the villages, where dropout and never enrolled children, especially those from migrant families were identified to be targeted by the community for enrolment. • ES still unclear about how to take these plans forward. <p>Gradual definition of roles started emerging:-</p> <p>The roles and responsibilities of Ekta Samuhs</p> <ul style="list-style-type: none"> • Create awareness in the community about health hygiene and cleanliness. • Motivate irregular service providers to be more regular in discharging their functions. • Inform the concerned department about the problems being faced in the village. • Motivate women to adopt institutional deliveries. • Render support for immunization of children and motivate the community to adopt it for children. • Ensure enrolment of all children in the 6-14 age group and motivate parents for schooling of their children. • Be informed about the learning levels of children in schools. <p>Some indicators of a strong ES also began to be articulated:</p> <p>Parameters of a strong Ekta Samuh</p> <ul style="list-style-type: none"> • Has a perspective for holistic child development. • Complete knowledge of the village. • Aware of the problems of the village. • Knowledge of all government schemes and programmes. • Actively ensures that all children are in AWCs/ schools. <p>Some ES began to play an active role in identification and selection of dropout girls and boys for bridge courses and monitoring of schools and AWCs.</p>

April to July 2007	<p>Around 35% of ES were proactive.</p> <p>In order to strengthen the ES, there was a change in strategy moving from village level meetings to facilitating panchayat level interactions between ES. Such workshops were held in 50% of the panchayats with fairly large participation and in some cases with large number of women coming to the meetings.</p>
August to December 2007	<p>ES more confident and reflective. In a self assessment during workshops in all the 3 clusters, ES representatives measured impact in terms of greatest benefit in the following priority order- Children, Anganwadi centres, school, health, Community /ES. 30-35% of ES reported that they are confident of ensuring immunization, ensuring school enrollment, holding ES meetings on their own, and in 2 out of the 3 clusters monitor the school and <i>Maje ki pathshalas</i>.</p>
2008	<p>During the course of a meeting in all the 3 clusters in mid-2008, ES representatives were very enthusiastic in reporting what they saw as changes happening and were also willing to articulate problem areas where they are not making any headway:</p> <ul style="list-style-type: none"> • Education <ul style="list-style-type: none"> ○ Earlier a large number of children were out of school, now many more are in school. School timings are more regular and many present said that in their villages, schools now ran from 10 to 4 pm. Teacher attitudes they said had a great influence on the functioning of the school as well as on attendance of children. In Semilkhedi village for instance a sensitive and regular teacher impacted the attendance which went up significantly. In this same village young man offers tuition to 30 children who have just joined the school to ensure that they do not drop out. ○ Sensitivity to the problem of out of school children has been built. The Raoti cluster representatives reported that in their villages of 72 enrolment was as follows: <ul style="list-style-type: none"> ▪ 28 villages with 100% enrolment ▪ 11 villages with 25% out of school children ▪ 5 villages with 10% out of school children ▪ 2 villages with 50% out of school children ▪ All the 50 villages whose representatives came to the meeting reported that all girls in their village of primary school age were attending school. Quite obviously now the spotlight needs to be thrown on the older girls. ○ In Amlipur village for instance 4 years ago only about 8-9 children would take exams. Now around 80 children take exams in the same village. <p>In Jharaniakela, village in Kundanpur cluster, the situation of the absentee teacher was tackled by the PTA. The PTA took immediate action by confronting the teacher about absenteeism, noted the daily attendance in the register and then complained to the BEO. After the complaint a new teacher was attached, which improved the situation as the children too became regular after this. In Kewdakhurd village, the school had two women teachers who were not so regular, but the ES was active and demanded accountability so they became regular gradually.</p> <p>In 3-4 villages the situation of schools had not improved as the teachers and the students, both were irregular. This is because the people who are residing in these scattered hamlets migrate during the working season along with their children. For instance in Karakela village, almost 80 children were not going to school, as reported by the ES members. They said that people in this village were poor and less aware about educating their children. They would send their children to school if they had a hostel facility. In such a situation it becomes imperative for the Bachpan team to raise this issue with SSA to explore the possibility of organizing</p>

	<p>such a hostel.</p> <ul style="list-style-type: none"> • ICDS <ul style="list-style-type: none"> ○ In several villages where the location of the ICDS centre was changed it has had a positive impact on improving attendance and access. The AWWs reported that now with community support 40-50 children come to the ICDS centre. The AWWs were also very appreciative of the training inputs provided by Naandi and wanted more sustained inputs. ○ A major problem the community is faced with is corruption in the purchase of the nutritional supplement. Everyone is aware that money for nutrition is being salted away, corruption is rampant and the big question is what to do? “Money meant for children should reach children. We will not tolerate misuse”. Quite obviously the challenge before the Bachpan team is to empower the ES to an extent that they can take independent action. What perhaps needs to be done from the project side is to increase opportunities for interactions between ES and officials at various levels so such issues can be raised in the right fora. • Health <ul style="list-style-type: none"> ○ The practice of institutional deliveries is quite evidently becoming common. In Labanipura village for instance over the past year there were 12 institutional deliveries ○ In Bijli village for instance an interesting development is the manner in which the ES and youth groups are adopting an organic and integrated approach to issues of health, livelihoods and schooling., wherein the implementation of NREGS, promotion of institutional deliveries and ensuring children’s education are all seen as the key and strategic interventions that the ES and youth group would focus on. They ensured that 2 very poor families received 100 days work under NREGA. A nursing mother was paid full wages for 6 weeks after delivery as per norms.
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Source: ERU Reports 2005-08

The proactive role of the Ekta Samuh is also borne out by the feedback from government functionaries. At the Block level meeting in 2006, the senior functionaries of the three departments assured support for coordination of activities under the leadership of the Chief Block Officer at Bajna. All the members present acknowledged that people had become far more aware about facilities and schemes of the government. There was a change in the environment at village level, as there was a growing demand for more transparency by the community in the delivery of services.

Health Department - *Dr. Verma from the CHC said that more and more people, particularly women were coming for availing health care. He informed that health check up camps for children could be facilitated within a 3Km radius of middle schools on fixed days.*

Education Department – *The BEO, Mr. Aliya informed that AWC and School timings could be coordinated where the AWCs were running in the school premises. Mr. Pachauri the BRC Coordinator was amenable to support Shiksha Ghars for migrant children if a consolidated list of the needs in the block was given for each village. The idea of training teachers for multi-grade teaching and activity based joyful learning was given a positive go ahead by him and the BEO.*

ICDS Department – The CDPO, Mr. Bohra was appreciative of the quality of training given to AWWs. He also informed that the construction of 36 AWCs had been sanctioned for which the Ekta Samuhs could play critical role in their location so as to ensure transparency by Sarpanches.

Chief Block Officer – Mr. Dandotia was extremely positive about the efforts of the project in the Block saying that, “If you can work and succeed in Bajna you can do it anywhere.” He supported the idea of an orientation of Sarpanches because they play a pivotal role in village politics and development. He suggested that the administration would consider transferring employment guarantee schemes to those villages suggested by the Naandi team where population migration was between 50-75%, in order to ensure some livelihood opportunities, besides containing migration. (Source: ERU Report III, September 2006).

In mid 2008 the Block Education Officer (BEO), Mr. Pachauri informed that frequently the members of the ES come to him about school related issues in their villages. So not only does he get a feedback about the functioning of the school, but also the support of the community in tackling errant teachers, who otherwise would use other pressures to neglect their duties. The BEO was also amenable to providing hostels under SSA for migrant children at block level if the ES would give lists of children from various migrant families in the villages. He gave heed to the idea of setting up model primary schools in some clusters where the community, PTA, teachers and Bal Panchayats could work together to achieve quality education.

IV.4.i Village plans for children

The development of village level child development plans was one of the pivotal components of the programme as envisioned in the design of the pilot. It was expected that the Ekta Samuhs would develop such plans which would inform all activities and interventions for children at the village level. It was also expected that such plans would be used to lobby with block and district level authorities for targeted interventions and allocation of necessary resources.

In the initial phase of the project because of poor understanding of the project, its approach and strategies, the whole process of development of village plans was done in a top down fashion with little involvement of the community. Further the village plan once having been made by the project staff did not figure in any of the inputs or interventions at the field level. The process of Ekta Samuh formation was seen as a process independent of the village plan. As the community was mobilized and the ES started understanding their roles and identifying the problems with regard to their children and became proactive, a broad plan of action began to develop in some areas by the middle of 2006.

In Keriapada village, the first tentative village plan was discussed amongst the members of the Ekta Samuh, with facilitation by the JM.

- *The group focused attention on the problem of drop out children, pre- natal care for women and poor health status of children, heavy migration of families (50%) for economic sustainability, alcoholism and smoking among men and the issue of dowry.*
- *They also discovered that many children were in school but the parents did not know in which class they were. The irregularity of the school teacher was another problem they faced.*

- Here, the Ekta Samuh was fairly active and had already taken a decision to work on certain issues in the second meeting, in the presence of the team and the larger community.
- They wanted to identify children from migrant families and motivate them to stay back in a residential centre when the parents migrated. The parents present had consented to this proposal.
- The second thing they wanted to organize was a health check- up camp for children of the village in the monsoon season for preventive remedies. Subsequently, they wanted to ensure that all 3-6 year olds were in the AWC and all children under six years were immunized.
- The Ekta Samuh members also vowed to become teetotalers themselves while encouraging the practice across the village. The members considered setting up a Bal Kosh in the village for the children, by putting in fifty paise per person as a saving on a monthly basis. This would go towards the needs of any child/ or children for health or educational needs.

Though as mentioned above, when the strategies for strengthening of Ekta Samuhs shifted from a village focus to a panchayat focus by middle of 2007, the possibilities of evolving a village plan of action were better grasped. For instance the series of cluster level meetings in mid 2008 underscored this possibility as indicated in Table 4 below:

Table 4: Planning at Panchayat level, Kundanpur cluster – Chikni and Binti Panchayats (ES to take the initiative in respective villages)

	Actions to be taken		
Children below 5yrs	Month 1	Month 2	Month 3
Immunisation of children whose parents migrate SNP irregular and nutrition and sanitation weak AW children not regular Children have poor nutrition	Make mothers aware about immunisation. Door to door visits of ANM. Set fixed place for immunization in village Training on importance of SNP Discuss and motivate mothers and ensure AWC is regular Get ANM and AWW to speak about nutrition from local foods	Awareness about pre school education to parents Move for fixed day services Follow up with AWC and panchayat on SNP Discussions with mothers and follow up activities See that nutrition is served in AWCs and ask mothers whether children eat at home	Inform parents about meetings to follow up on issues. ES to follow up motivation of parents and track children. Ensure fixed day services become regular. ES tracks AWC, AWW ANM
Children going to school			
Children from some hamlets absent from school even though enrolled	Talk to parents about shifting of children from sibling care Community to track children who are absent frequently and speak to parents	Motivation of parents hamlet wise Discussions with parents through meetings and discussions	ES to monitor use of funds in schools through PTA PTA and ES to monitor school regularity and quality and report to Education Department

Schools do not open regularly	Mobilise parents for enrolling children and making them regular	PTA to track children in the schools and ensure that incentives are available for them	PTA to convene timely and follow up activities – hamlet level meetings and sharing of experiences
Other village issues			
Regular visits of ANMs to AWC	Speak to ANMs telling them of their problems – at meetings	Set a day for examination of women by the ANM	Track the women and ensure their records are maintained
Visits of pregnant women to health centre	Identify and motivate women through AWW and ANM – in the hamlets	Inform them about services at the health centre	Ask Mahila Manch to track them in the different hamlets
School boundary and beautification	PTA to become active – speak to the teacher	Children and parents get involved in school improvement	School function to showcase school
Drinking water facility dysfunctional	Mobilise people for action	ES speaks to Sarpanch	Move to higher level if Sarpanch does not take action

While individual Ekta Samuhs began to address several child related issues and in many cases with success, the translation of this into village plans did not take place. The idea of village level child plans that should have grown from the initiatives and commitment of the community as above took root only sporadically, in some villages where the leaders of ES were active and the community was mobilized. The development of such plans across the board could not translate on a wider scale as the team itself was not quite clear on the principles and steps for developing village plans. It must be said, however, that the whole process of formation of the Ekta Samuh itself took considerable time. The concept of the village plan evolving into an actual plan of action at the village level and moving up into a block level plan did not take place as anticipated. What the Bajna experience suggests is, that to expect that such a process would get grounded within a 3 year time frame is unrealistic.

IV.5 Working with Children

Enabling environment for children's participation

The creation of an enabling environment for children's participation and empowerment in the earlier phase of the project through the Bal Melas with competitions, games, songs and rallies provided them an opportunity to come forth with their talents. This helped parents to feel connected, when their children won prizes awarded by the panchayats, showing a first step in people recognizing the potential of children. The subsequent, Bal Mahotsavs, celebrated on or around Children's Day, at the block level, brought different school children and teachers together along with the Bal Mitras. This was a successful strategy in building a relationship between children across schools. These events received both support and appreciation from parents and the community. The school teachers saw their involvement with children as

something tangible, besides encouraging the students to be recognized through the village community in general and parents in particular.

The creation of Bal Panchayats in 60 schools, where Bal Mitras were attached, helped in tracking drop out children, maintaining school cleanliness, monitoring of regularity of children and in a couple of cases have raised their problems at the community level. This positive move created a platform and an environment where children's voices could be heard in public domains.

Alternative models – Maje ki Pathshalas

Maje ki pathshalas (Fun learning centres) as models in order to demonstrate qualitative education to the village community were set up in 60 primary schools where schools did not have sufficient teachers and/or teacher/ student absenteeism was high. The purpose of running the *Maje ki pathshala* was to demonstrate to the community and the school system that significant changes can be brought about in the education of the children through a regular and focused approach and adopting a joyful and innovative pedagogy. Volunteer teachers called Bal Mitras were appointed. As in other parts of the country where similar strategies were adopted, in the initial phase a gradual dependency on the Bal Mitras increased with teachers often shirking their responsibilities. This led to a change in the strategy whereby the role of the Bal Mitra and *Maje ki pathshala* was changed. The focus now was to provide special sessions or assistance to the children weak in studies before or after school hours. Interestingly, this intervention has made both a negative and positive impact on the community and the education system. Positive impact has been in the form of communities coming together to pool in money to pay an honorarium to Bal Mitras and teachers became more proactive in some schools. However, on the flip side some teachers became further careless and unburdened their responsibilities on the Bal Mitras.

An evaluation of children of *Maje ki pathshala*, by Jan Mitras to assess the progress made by the children against indicators for language- Hindi/English, reading and writing, understanding and recollection of numbers, tables etc was shared with the communities. The assessment results were made public, pasted in the classrooms, and shared with parents.

During a meeting with various community groups in all the 3 clusters during mid- 2008, change in various forms was reported.

- Earlier a large number of children were out of school, now many more are in school. School timings are more regular and many present said that in their villages, schools now ran from 10 to 4 pm. Teacher attitudes they said had a great influence on the functioning of the school as well as on attendance of children. In Semilkhedi village, for instance, a sensitive and regular teacher impacted the attendance which went up significantly. In this same village young man offers tuition to 30 children who have just joined the school to ensure that they do not drop out.
- Sensitivity to the problem of out of school children has been built. In the villages represented in the cluster meeting, it was reported that enrolment was as follows:
 - 28 villages with 100% enrolment
 - 11 villages with 25% out of school children
 - 5 villages with 10% out of school children
 - 2 villages with 50% out of school children

- All the 50 villages whose representatives came to the meeting reported that all girls in their village of primary school age were attending school. Quite obviously now the spotlight needs to be thrown on the older girls.
- In Amlipur village for instance 4 years ago only about 8-9 children would take exams. Now around 80 children take exams in the same village.
- When parents go out of the village for work, arrangements are being made to leave their children with relatives so that the schooling is not interrupted. While this is happening in some villages, everyone present felt that this is a good practice to be emulated elsewhere as well.
- The Village headman of Malwasi village was very appreciative of the manner in which children were being encouraged to take on leadership roles at the community level through the Bal Panchayats. The Kishori sarpanch of the Bal Panchayat brought the issue of poor quality MDM being served in the school to the notice of the panchayat. The panchayat warned the cook and also brought the issue to the notice of the block authorities, consequently the cook was changed and now there are no problems with the MDM quality.
- To ensure sustainability of the *Maje ki pathsahala*, the teachers in 16 villages were selected by the community, which pays them Rs 10/20/50 per child as per the decision of the ES. Parents feel that if Naandi is not there in the near future then they will keep the BMs to help the children do well in school.

In Manpura village the ES selected the BalMitra (BM) in the village meeting, identified the children who needed remedial children and decided the amount each parent would contribute for the teacher. They also resolved to test the children to see if they are learning before paying the BM. For motivating the children they distributed gifts to them in the functions/events organised at village level. To the newly enrolled children the ES gave slates to encourage them and to ensure that they do not feel left out.

In another village – Ratangarh Peeth, the Panchayat and villagers held a rally to celebrate the enrollment of children and invited the government functionaries and teachers. They distributed pens to all children from class 1-8th, while the Panchayat arranged for the tea and snacks for the event.

Yuvak Mangal Dals and Kishori Manches

The Yuvak Mangal Dals and Kishori Manches initiated in some villages, started the process of a dialogue with them to take on village level development issues. During Ekta Samuh meetings some active young boys took the lead in writing minutes, following up agendas and tracking out of school children. Young adults have aspirations for themselves, as the area does not offer much by way of work or educational opportunities. They perceived that meeting together as a forum would help them to move ahead regarding their own future. Adolescent girls also began to get interested as well. Some sporadic inputs on health were provided with the assistance of ANMs. Within Bachpan no clear strategy for local youth, however, evolved, nor was there a clear understanding of how youth could be mobilized and made an integral part of the Ekta Samuhs.

V. Monitoring and review

Monitoring and review have been problematic issues through out the project .During the rolling out of the pilot, in the initial first six months there were start up problems. There was the problem in setting up a fully functional block level office to carry forward the implementation of the pilot as Bajna was a very backward block. Even the newly selected coordinator left within a few months due to health problems; and the Project Manager was able to give only half his time to Bajna, as he was also in charge of another project in another district in MP. It was difficult to find facilitators, later called JMs, to work in the villages with the community, as no such work had been done by any NGO in the area.

The lack of perspective building and organised training at the beginning of the project led to considerable confusion in understanding the project vision and objectives, as well as their own roles in this process. The entire team of PAs and JMs did not have a clear understanding about their specific roles and tracking milestones and actions taken in convergence, how to build and sustain linkages, etc. The list is long.

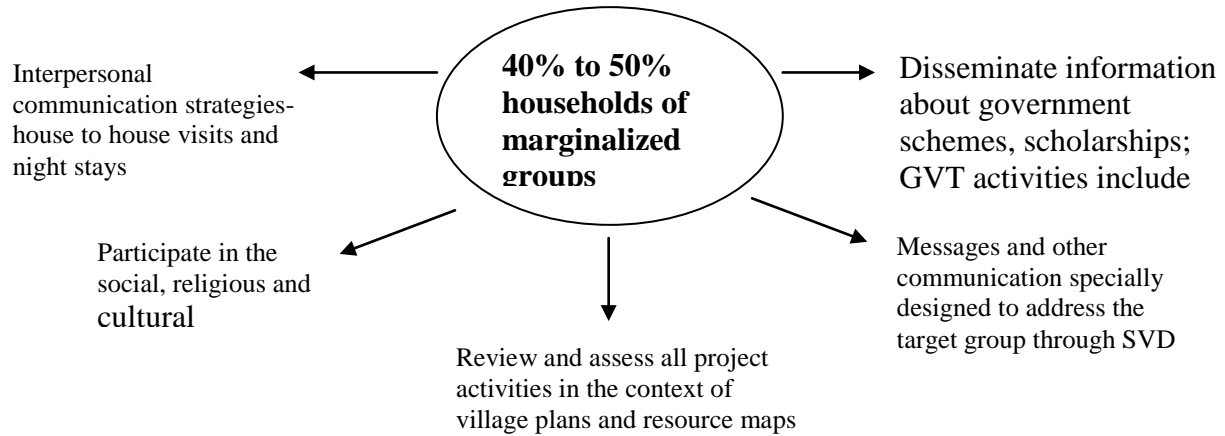
Therefore, in the first year of implementation of the pilot, the management and monitoring systems were fragile, as activities and strategies were being tested and evolved, as reported by the ERU team in its quarterly report of April-July 2006. Planning and review of activities was ad hoc, with management and administration carried out on an as is where is basis. Since the entire team was inexperienced and fairly new, it took time to come to grips with such a process oriented project. The entire need based, bottom up planning and tracking evolved through intensive discussions and dialogue over a two year period.

Firstly, the Jan Mitras and the Programme Associates took some time to adjust to the concept of data / information gathering through resource mapping and surveys as they had no focused training on how to go about doing this. Further on, the collation of field data was also an issue as the team lacked the skills and competencies to do such an exercise. Gradually, through on the job training, doing qualitative documentation of field processes, trainings, events and issues the functionaries understood the purpose of documenting activities and events on a timely basis. Even monthly, quarterly and six monthly progress reports evolved through a gradual process of learning, which drew them into the habit of recording, reporting and reviewing. The JMs started writing brief reports of major field events like Sandesh Vahini programmes, jathas/ rallies, launch of activities etc. During the first year of the project, everyone in the team was involved in a hands-on fashion, so the project was monitored on a 'learning by experience' basis.

One of the first attempts to assess the work of JMs was through self appraisal when they did a SWOT analysis of their work with reference to project activities in July 2007. Most Jan Mitras identified their weak areas - ineffective communication skills, lack of planning abilities and time management, inability to write reports, no data assessment/collation skills and inability to organise the community. While on the other side they spoke of how they had grown as field workers with defined roles and responsibilities (see table 2 above) and had acquired new skills.

The team chalked out a plan (as below), to effectively reach out to the hard to reach hamlets after assessing that they had been left out. See Figure 4.

Figure 4: Schedule to reach out to the unreached



(Source ERU Process Documentation Report January - March 2007).

At the same time they learnt to define the parameters of qualitative improvement for each of the components, including Ekta Samuhs by tracking progress in their respective villages based on the parameters they had evolved. See Table 5 below. Using these parameters they ranked the villages vis a vis issues on a scale of A-D:

- A : 76 - 100% of the parameters visible
- B : 51 - 75% of the parameters visible
- C : 26 - 50% of the parameters visible
- D : 1 - 25% of the parameters visible

Table 5: Parameters of qualitative improvement⁶

Education	Anganwadi Centres	Health	Ekta Samuh
<ul style="list-style-type: none"> -100 % enrolment of children - Regular attendance of teachers and children -Teaching with fun/ activities -Children from class 1-5 have competencies of their levels -Monthly evaluation of children in school -Proper usage of library by the children - Drinking water, toilets facilities in schools -Sports events and cultural programs -Regular health checkups in schools - Motivation of parents whose children are irregular -Ensure parents participation -Ensure participation of members of the community in the PTA -Ensure participation of children in school activities - Work for PTR with the BEO 	<ul style="list-style-type: none"> - Regular attendance of all children between the age of 3-5 -The AWW should regularly teach the children - Mainstream the children in schools -AWCs use the distributed material regularly -Administer polio and Vitamin A drops - Distribute nutrition regularly, as prescribed - quantity & quality - Regular weight / height measurements of children - Tracking of underweight/ grade III/IV children -Registration of all pregnant and lactating mothers -All three examinations before the deliveries (even those women who migrate) -Distribution of quality food to the pregnant and lactating mothers -Distribution of IFA tablets and its consumption by the pregnant women -Registration and vaccination of all new born children -Grading of the malnourished children and their proper treatment Note – many points overlap for AWCs and ANMs 	<ul style="list-style-type: none"> -Complete vaccination and nutritious food to the pregnant women - Intake of IFA by pregnant women -Institutional deliveries -Ensure all children breastfed immediately after birth and exclusive breast feeding of children till 6 months -Complete vaccination of children between the age group of 0-5 years -Spacing of at least three years between the children -Proper weight, height and growth measurements -Knowledge of diarrhea control/ management -Drinking clean water -Consuming iodised salt -Regular visits by the ANM to AWC for check up and immunization 	<ul style="list-style-type: none"> -Punctual/Regular -Good co ordination amongst members -Committed -Knowledge about child development programmes -Knowledge about the village - Unbiased -Good understanding and clarity about their roles and responsibilities -Decision making ability -Support activities in the AWC & schools -Support health related interventions -Ensure participation of women & representation of the poorest of the poor in the group

Jan Mitras were able to rank each issue in relation to the progress made in each of their villages. During this process they were able to visualize and understand that the education component and in some cases Ekta Samuhs obtained high ranking (mostly Bs and A in some 3 villages), while Anganwadi and health components scored poorly (mostly Cs and Ds). This confirmed that the programme emphasis was more on the education component than the other two. Later, each JM graded each of his/ her villages against four issues – health, education, AWC and strength of Ekta Samuh. Once the JMs learnt to do this they were able to qualitatively assess the villages and ES they were working with over each subsequent quarter.

⁶ ERU process Documentation Report IV, Mach 2007

However, this was not an easy task as the team lacked the skills to conduct a comparative analysis of achievements and data quarter-wise. A need was felt for simple pictorial tools to enable Ekta Samuh's to monitor and document what was happening in their villages. This was, however, not taken forward. Monitoring and tracking by Ekta Samuhs began in some villages but was not sustained in a very systematic manner. Another issue that emerged subsequently was that while a lot of data had been collected, its collation, analysis and assessing achievements continued to be weak among the Naandi team. An attempt was made to sharpen this by helping JMs to assess and grade their own work in the villages that they were operating in.

Following this, in May 2007 Naandi sought the assistance of one of the team members of ERU to help develop monthly and quarterly reporting formats and parameters for information/data collection. The Programme Manager, PAs met in Hyderabad to collectively develop the formats, which were shared with the JMs, tested in the field before being finalised.

By 2008 April, with a new manager in place certain administrative changes were brought in. Firstly the monitoring, review and reporting responsibilities of PAs was spelt out. Several systems were now put in place. In addition to the fortnightly/monthly reviews, the team met every quarter to review the previous quarter and develop a detailed plan of action, spelling out the activities and responsibilities of each level. This quarterly plan then became the basis for monitoring. These quarterly reviews also serve the purpose of bringing data collection up-to date along with specific success stories and case studies of significant developments and events. Action plans were developed for individuals and for field activities in terms of deliverables every fortnight so as to keep a track of the progress of planned initiatives. Now specific formats have been developed for reporting, with Jan Mitras submitting their written reports.

Planning is now a monthly process, split into fortnightly tranches for both PAs and JMs, done along with the Programme Coordinator. This takes into account both activities and budget so as not to face delays in fund flow for field activities. Consequently, reports as per deliverables for each planned activity against set targets are prepared by the JMs and PAs themselves. The JMs maintain records of hamlet wise meetings and Ekta Samuh meetings along with their agendas and plans. The same is done for Panchayat level workshops which are held at cluster level.

Decentralized management, evolved over the course of the project. What started as ad hoc, top down, centralized planning and management slowly turned around to need based, focused planning with constant reviewing on a fortnightly/ monthly basis. The PAs who earlier worked more like the JMs, evolved as team leaders becoming more responsible and accountable within the whole project. They also learnt to handle administration, project coordination and administration on a two monthly rotation basis. They not only have additional roles and responsibilities, but gradually developed management skills setting the trend for accountability and transparency, besides obtaining on the job training.

This illustrates that once a team has been given an opportunity to perform against its own set targets and deliverables, review and monitoring can take place simultaneously. The decentralisation of roles and functions and roles had a salutary effect on programme implementation. In mid 2008 during a process documentation meeting the perceptions of change were captured through an interactive exercise. See Table 6:

Table 6: Change as perceived by the JMs and PAs in their areas

Words used to describe change	Some brief Illustrations
Achievement	In one Ekta Samuh meeting, a member had all relevant information at hand
Facilitation, Responsibility	In 3 villages the ES is active in addressing health issues, children's immunisation and as well as ensuring children's education
Excellent	In one village, Gadikala, a decision was taken that if children are not sent to school the family cannot benefit from NREGS
Progress	In 4 villages ES are holding meetings on their own
Change (Many examples were given by the team)	<ul style="list-style-type: none"> • AWWs and community in one village very articulate about a corrupt ICDS supervisor. The issue was raised in the Lok Kalyan Samiti meeting at the cluster level. Ways of tackling this issue very problematic • In several villages the location of the ICDS centre was shifted as a result of community action • In one area wages under NREGS were not received for 3 months. The issue was discussed by the ES and a decision taken that collectively they would raise the issue and get it resolved • New field strategies of organizing hamlet-wise meetings thereby extending the reach of the project. This is especially helpful for far flung and isolated hamlets. At the same time efforts would be made to get 2 representatives from each hamlet to become a member of the ES thereby making the ES representative body • In several villages many more people interested in coming to meetings. • Overall a greater sense of ownership at all levels, at the level of the Bajna team as well at the community level
Change in the office/work	<ul style="list-style-type: none"> • With new people coming into the organization, things have changed for the better in the office • Work is more target oriented and systematized • Documentation has been tightened and actually takes place-minutes of meetings. Follow up on future plans is happening • Field visits are now planned activities with an agenda • The fortnightly review is helping sharing and discussion of each other's problems
Unity	<ul style="list-style-type: none"> • Evident in the field in the office as well as at the field • Many ES are active and unified in deciding what to do for example if the school or ICDS centre is closed without notice
Leadership	Community leadership emerging in addressing issues
Feeling	Greater sensitivity to the programme and to individual problems and concerns
Source: ERU Process Documentation Report, January – June 2008	

VI. Insights from Project Bachpan

The experience of Project Bachpan has a lot to offer in terms of insights and learning of what worked, gaps, problems in the design itself, the potential of such approaches and areas where there are insurmountable obstacles and barriers.

The project site

The selection of Bajna for project implementation at one level was a strategically good choice as the area was far removed and isolated from any developmental activity and needed such interventions. There was little resistance from local communities to the Bachpan initiatives and on the contrary was welcomed in almost all villages. On the flip side there were many hurdles to overcome. Finding local people with some work experience was difficult. In such a context training and capacity building become critical components. Within the governmental system such areas do not have the leverage to ensure prompt government action on issues raised in the field. In such a situation the mediating role of the implementing NGO becomes critical to ensure that local issues receive the attention they need.

Building in time and space for start up processes

The lack of any start up time in the project design for recruitment and training of staff, putting systems in place and generally for the implementation team to gain some conceptual grasp of the project design, objectives and strategies, before launching into implementation was a major drawback. A clear 3-6 month time is needed to be built in, especially when dealing with a completely inexperienced team, a difficult terrain and a project that was being remotely managed

Sustained perspective and capacity building

The absence of consistent inputs to the Bajna team was a major drawback. Often one tends to believe that an understanding of the project could be gained while working in the field. While this is true to an extent, there is a need for specific training in developing a conceptual understanding of the project and the implications that the project vision has for strategies and roles. There are other dimensions to the problem. The vision of the project and its design was not shared with the team during the start up phase and hence it was not fully internalized by the team. This delayed both the start up phase and consequently impacted the implementation in the first year. It is essential for the implementing team to know of the vision, mission and objectives of the project to have a sense of ownership of what they are doing, with clarity of purpose.

Training cannot be a one time input but requires to be provided over a period of time. This would then have enabled the team to provide inputs appropriate to a specific stage of maturity of the programme.

Strengthening linkages with the block and district administration

Bachpan was set up in consultation with the government, with clear guidelines regarding the quarterly review and sharing arrangement to both enlist support from the government and to

share the issues and successes in the field. While this interaction took place at the village level and to some extent at the block level, it did not happen at the district and state level. In the absence of such consistent communication and interactions, the project was unable to leverage the flow of resources and support to the field level.

Embedding the concept of child centred planning at the community level

The time frame of 3 years is insufficient to enable a village community to understand, and develop the ownership of the idea of developing a community child development plan. What the Bachpan project has shown is that a 3 year period is barely enough to enable the Ekta Samuhs to be formed and begin to work in solidarity and gain the confidence to plan and see through a plan for children on their own. What the Bajna project requires is another 2 to 3 years before Ekta Samuhs can function in an empowered and proactive ways.

Annexure

Madhya Pradesh – NFHS -3 2005-06

Indicators	Madhya Pradesh			
	NFHS-3 (2005-06)	Urban	Rural	NFHS-2 (98-99)
Marriage and Fertility				
% women aged 20-24 married by age 18	53	31.1	62	64.7
% men aged 25-29 married by age 21	54	27.4	64.1	n.a
Total fertility rate (children per woman)	3.12	2.58	3.34	3.43
Family Planning				
Any method (%)	55.9	61.1	54.1	44.1
Maternal and Child Health				
Mothers who had atleast 3 ANC visits for their last birth (%)	40.2	58.4	34.6	27.1
Births assisted by a doc/nurse/LHV/ANM/health worker (%)	37.1	66.4	28	28.9
% Institutional births	29.7	59.9	20.2	22
Mothers who recd PNC from doctor/nurse/others %	27.9	53.4	20.1	n.a
% Children 12-23 months fully immunized (BCG, measles,etc)	40.3	68.7	31.5	22.6
Anaemia among Children and Women				
% Children aged 6-35 months who are anaemic	82.6	75.2	84.9	71.3
% ever-married women aged 15-49 who are anaemic	57.6	48.3	61	49.3
Knowledge of HIV/AIDS among ever-married adults (15-49)				
% women who have heard of AIDS	45.3	74.1	35	23.7
% men who have heard of AIDS	68.3	94.8	58.8	n.a
Women's empowerment				
% currently married women who participate in household decisions	46.7	56.4	43.3	n.a
% ever-married women who have ever experienced spousal violence	45.8	44.1	46.4	n.a