

Evaluation of:

UNICEF-IKEA Bal Adhikar Pariyojana

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Indicus Analytics

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Executive Summary

In recent years there has been growing concern on the number of children involved in child labour in India. In this context Bal Adhikar Pariyojana (henceforth referred to as BAP), the IKEA-UNICEF initiative to achieve the objective of sustainable prevention of child labour, is a novel attempt at finding long lasting solutions to the problem. BAP recognizes the inter-linkages between child labour, child health, women's empowerment and other socio-economic issues and tries to incorporate these into the overall design and implementation of the program.

The BAP was initiated in July 2000. Its main objective was prevention and elimination of child labour by addressing the root causes and not just limited to being a rehabilitation scheme. Due to a variety of reasons, the BAP did not follow a rigid program design and flexibility in operations undertaken was its hallmark.

This study analyses the advances made since the inception of the project. Further, this evaluation exercise has tried to look at the BAP more as a continuous developmental initiative rather than as a classical project having rigid structures and guidelines. This is necessitated by the component of flexibility in the project design. Consequently, this study has not only evaluated various components for their relative successes and failures, but more importantly, has tried to highlight how the inter-component coordination worked out. This approach, we believe, does justice to the holistic path taken under the BAP to prevent child labour, where not just the performance of different components matters but their mutual interaction also affects the overall outcome.

This assessment evaluates the IKEA-BAP on the basis of the specific components that were implemented, and not on the basis of what may have been initially envisaged as in the project documents. As a consequence we concentrate on the key components and objectives of the program – namely SHGs and women's economic empowerment, education of children, maternal and child health, and finally prevention of child labour.

Briefly the methodology for the evaluation is as follows:

- **Sampling:** Two groups of villages were chosen viz the project group and the control group. The project group villages were the ones where the BAP was initiated. In the control group there was no such program and thus this methodology enabled an assessment of the impact of the project by assigning the improvements between environmental and project related interventions.
- **Quantitative Tools:** Using a household survey, targeting approximately 1500 households, across the project and control groups, the study attempted to capture the socio-economic characteristics at the level of household and individual- including both children and women. Further, an additional component of child evaluation involving testing of more than 400 primary grade

children for language and math was done to assess the overall educational attainments in the project area.

- **Qualitative Tools:** A more comprehensive understanding of all the issues involved was achieved through the use of qualitative tools like focused group discussions and in-depth interviews.

The various objectives and components of BAP are discussed under the following heads:

(i) Savings and credit, and economic empowerment of women, (ii) health related issues, (iii) education, and (iv) child labor.

I. Credit to Women

Formation of self-help groups (SHGs) was one of the key objectives as well as one of the major successes of the project. Poverty is one of the critical factors that force parents to send their children to earn money than attend school. In this light making women economically self-reliant, to break a household's debt burden that aggravates their deprived position, open avenues of self-employment and income generations for women were some of the major objectives inspiring the formation of SHGs.

Further making the SHG members aware of child health practices and child rights and through them the dissemination of information among the larger community were the added role envisaged for the SHG under the project.

Presently under the BAP there are over 450 SHGs having over 6000 women as members and these numbers are increasing as we prepare this report. Despite some hiccups, in overall terms, SHG has been a highly successful component of the project. It has succeeded in initiating what could prove to be a major movement, bringing women to the fore and empowering them as agents for change. SHGs that have survived even after the programme have also gained reasonable stability to undertake more activities that would ultimately strengthen their existence.

Overall we find that the SHGs have been very successful in getting women together on a regular basis, and provision of credit to members for varied purposes at low rates of interest has made it possible to reduce their debt-burden, improving intra-community relationships and in general fostering a cooperative attitude within the groups.

A major factor contributing to the continuance and successful operation of the SHGs has been the initial hand-holding by the project motivators through the project lifecycle. Without this input, which is lacking in other government-organized SHGs, the sustainability of SHGs would have been seriously in question.

The latent demand for SHG generated as a demonstration effect is evidence enough of the impact of the SHG component on the rural women.

II. Implementation of Health Objectives

The program interventions in the area of maternal and child health were basically in two forms. First, BAP was associated with Routine Immunization program in collaboration with the government. Second, critical components of child and women health awareness were included under the 12-point agenda that formed the plank of the overall project.

SHGs played a vital role in sensitizing and mobilizing villagers, especially women, regarding concepts and practices of adopting a healthy life style. An instance of this was the involvement of SHG members in communicating the information about the 'fixed day-fixed site' monthly immunization sessions under the routine immunization scheme.

We find that awareness levels on the health related objectives were quite high in the project village community, and more so among the SHG women. But at the same time, we found that there was limited Community-SHG interaction on health issues as far action on these issues was concerned. As a result the SHG household generally outshone an average project household across almost all the health related indicators.

On the immunization front it was found that there had been a positive impact due to the routine immunization carried out in the project area. As against a general trend of falling immunization levels in the state as per other standard data sources, we however found that immunization levels show an improvement over time in the project villages.

III. Education

The BAP aimed at addressing the demand for quality education opportunities for all children of school going age. This focus was not only limited to putting out of school children into formal schools but was also on providing alternative learning opportunities for out of school children. The latter took shape in the form of Alternative Learning Centres (ALCs).

An intensive school enrollment drive (*School Chalo Abhiyan*) was conducted aiming towards enrolment of all out of schoolchildren in close association with the community. However, those children who were for various reasons left out of the formal schooling system even after the enrolment drive were enrolled into the ALCs. In addition to providing a basic educational framework for out of school children, ALCs focused on innovative learning methods to make learning an interesting activity for the marginalized children. These included innovations like easy to use workbooks, a contextually relevant course material, conduction of regular *bal sabbas* for child participation among others. After the completion of the BAP in the two project blocks, the ALC as a structure has been dismantled in accordance with the initial project design.

From the household survey it was found that most children were in school, most reported attending schools regularly. In the overall analysis, however, it seemed that the government initiatives have succeeded in getting all children enrolled. It has also succeeded in getting high attendance rates since the mid may meal ensures the incentive to be at school. In other words, the demand for schooling has been achieved by the government. Demand for

schooling may also have been achieved by the BAP, but it is impossible to decipher the ‘additional’ impact of the BAP.

The study, in particular, found that vis a vis the ALCs, a perceptible respect was seen for the ALC instructors. Also, children who had been students at the ALCs were found to be more open and articulate in expression and had a better grasp over their subjects.

IV. Child Labour

BAP had taken a novel route to tackle the menace of child labour, in contrast with earlier conventional approach of rehabilitation of child labourers. The BAP addressed the issue of child labour through prevention strategies that incorporated the influence of poverty, household debt, child and women health on continuation of the practice of child labour.

BAP realized that community participation and awareness were to be critical inputs in achieving the overall objective. As a result, a rapport-building exercise was undertaken in the form of social mobilization of the village communities to inform people about the issues involved. Regular information dissemination to communities on maternal & child well being, access to quality education, causes and myths relating to child labour, environment & hygiene, avenues for micro-enterprise, among others, became essential elements of the entire exercise.

During the course of the evaluation, no instances of child labour were found through the data collected using the Household Survey, Focus Group Discussions and In-depth Interviews. Neither were there any instances where children were seen working in the carpet sector or any other work.

On the whole, all members of the community, including children, were aware of the illegality of child labour, even though the legal information was usually incorrect or partial, and the opinion on child labour was largely that it did not exist anymore. It was a generally articulated feeling that all children should be in school, which would enable them to improve their life chances.

It is not possible to attribute absence of child labour in these villages to a single initiative, moreover similar results were obtained from control villages. The high incidence of child labour in the carpet industry of this area has resulted in the launch of concerted drives of enforcement of the Prevention of Child Labour Act by the government agencies.

Overall Finding and suggestions

This evaluation finds that SHGs and health objectives of the project at large have been successful. It has also found the absence of child labour in carpet weaving but this cannot be ascribed to the project.

Overall the project needs to be more focused, have fewer sub-objectives, be monitored and documented more effectively, and deepen the benefits to the whole community, rather than purely the direct beneficiaries.

In issues related to maternal and child health, awareness building has been largely successful. The future strategy should focus on the supply side factors. The involvement of BAP with the health department in the form of routine immunisation is the right model to adopt in future interventions.

Regarding the educational component, the objective of getting children into school has been achieved mainly due to government incentives but the critical issue is to ensure quality of education – and here supply side factors need to be attended to as well. Even though ALCs have been withdrawn efforts should be made on improvement in quality of teaching in government schools, inclusion of some of the ALC methods in formal schools, which in turn can be achieved by involving the former ALC instructors in the public school system. However, the ALC model does not pass the sustainability criterion and should be implemented only if issues of sustainability and long term impact are addressed.

Notwithstanding the successes achieved with the set up of SHGs, the component of income generation as well as community buy-in has yet to take off. As a consequence the spread of program benefits (especially in health related aspects) into the larger community has been lacking. Income generation for women should be made an integral part of the SHG activity – and modes for this that do not require international orders need to be found.

The originally envisaged close coordination between SHGs and Panchayat in the village should be made an integral element of the program. This interaction will also act as a multiplier whereby the SHG benefits-both tangible and intangible-will reach a higher proportion of village households.

Last but not the least are the procedural issues that have largely been left out of focus under the project but are nevertheless critical for the ultimate success of the BAP. Ensuring that monitoring is done on the basis of outcomes and not just ‘provisions’, making flexibility concomitant with fund allocation and putting more stress on record keeping and project documentation would certainly go a long way in making the BAP a success.

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We however accept all the blame for any errors or unmet expectations, and would be grateful for any comments.

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1. Introduction & Background

The key objective of the IKEA-BAP initiative was the sustainable prevention of child labour. This objective was supported by various other sub-objectives that include¹:

- Community awareness on child (*bal*) rights (*adbiakar*)
- Access to quality primary education for all
- Ensuring better health practices such as immunization of children
- Enabling a greater sense of community
- Contributing to freedom of households from debt cycle
- Women's (economic) empowerment²

A range of tasks/components was envisaged and put in place during various stages of the program. The women's Self Help Groups, Alternative Learning Centre for mainstreaming of out of school children, are some examples of the components; later sections discuss these in more detail.³

In many different ways, and through various measures, the IKEA-BAP initiative aimed at creating conditions such that greater awareness, a better environment, and more appropriate motivational factors were created that would help in the total prevention of child labour in a sustainable manner. The fact that the contributory factors were being addressed directly ensured that this initiative would pass the sustainability criteria unlike other government initiatives in the area at the time. But this also made this initiative a highly ambitious one, as it required multiple components with multiple and crosscutting objectives.

The project was conceptualized and put in place by UNICEF in partnership with the Government of UP and was supported by IKEA. The Project Monitoring Unit (PMU) with professionals drawn from the government and the NGO sector were involved in the day-to-day implementation and monitoring. Partnerships with field level NGOs were an important means of ensuring field operations. The program commenced in July 2000, and was designed to be in place for 3.5 years. It was withdrawn as per program design in 2004. Currently the PMU is still involved in some support activities in the project area. The project area consists of 200 villages in Rampur and Ramnagar blocks of Jaunpur district in UP. The details of the program and its structure are in the Appendix.

The various objectives listed above were mapped into a strategy aimed at child labour prevention and various program components formed constituents of this strategy.

¹ As gauged from project documents and discussions with various stakeholders.

² Though the term economic is not included explicitly the associated components reveal that it was focused on economic empowerment

³ It should be noted that at the outset an explicit logical framework for this program was either not developed, and if developed, was not used extensively. This and other issues related to project organization are discussed in the last section.

However, over a period of time there were changes in the components. These changes, as gathered from discussions with program stakeholders, were due to a variety of reasons, ranging from lack of interest from intended beneficiaries to unavailability of appropriate skills and resources, etc.

Table: Evolving Components

Component mentioned in Initial Project Documents	What was Envisaged	What is Observed
COMPONENTS RETAINED UNCHANGED		
School Enrolment Drive & Alternative Learning Centers ⁴	<ul style="list-style-type: none"> • To get out-of-school children into formal schools • To act as a transitional measure • To be strengthened through awareness building among SHGs • To be withdrawn as per program design. 	<ul style="list-style-type: none"> • Have been set up and closed as per program design
SHGs ⁵	<ul style="list-style-type: none"> • Another focus area • To be set-up and supported, but without any fund infusion • To involve formation, training, linkages with bank through motivators • Multiple objectives, such as health and community development. 	<ul style="list-style-type: none"> • Have been set up and supported as per program design
COMPONENTS REMOVED or REDUCED IN SCALE/SCOPE		
Identification of viable economic activities for SHGs ⁶	<ul style="list-style-type: none"> • Identifying viable economic activities and providing support for operationalizing (training, revolving funds etc) • To explore possibility of linkages with banks for credit at low interest rates • Provision of marketing and infrastructure support to SHGs for a women's training-cum-production centre 	<ul style="list-style-type: none"> • The identification of viable economic activities has not happened to a significant extent. • Linkages with banks occurred but not to the extent desired • One such centre operationalized but was not functioning at the time of visit
Skills and Training of SHG women ⁷ - Group Education Centre	<ul style="list-style-type: none"> • To improve the literacy levels of SHG women in the villages. 	<ul style="list-style-type: none"> • Discontinued due to little interest of beneficiaries.

⁴ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 8

⁵ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 9

⁶ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 10

Component mentioned in Initial Project Documents	What was Envisaged	What is Observed
Magazine- <i>Purvaiya</i> ⁸	<ul style="list-style-type: none"> A six-monthly magazine to spread the message about the BAP. A platform for all participants to air their views and experiences. Real stories of people taking control of their lives due to the BAP intervention. 	<ul style="list-style-type: none"> Discontinued reportedly due to resource constraints
Bal Mela ⁹	<ul style="list-style-type: none"> A component under 'environment building' objective. Bal Mela, or children's fair, aimed at participation in periodic social mobilization programs. 	<ul style="list-style-type: none"> Never Implemented reportedly because expertise lacking and staff recruitment constraints
Community-BAP interaction ¹⁰	<ul style="list-style-type: none"> Envisaged through 'Rapport-building with communities' including with the local-level decision-making representatives (<i>Pradhans and Panchayat</i>). For sustainability, an orientation-cum-training of Panchayat-level committees envisaged. 	<ul style="list-style-type: none"> Interaction with ANM and AWW continued and has been largely successful. But interaction with Panchayat and orientation of Panchayat-level committees has been largely missing in later stages. Only scattered cases of interaction found. Reportedly Pradhans not interested
Comprehensive Management Information System ¹¹	<ul style="list-style-type: none"> To monitor quantitative and qualitative aspects of the project 	<ul style="list-style-type: none"> Poorly planned and maintained, qualitative information missing, important data has been lost
COMPONENTS CHANGED		
Bal Sabha ¹²	<ul style="list-style-type: none"> Envisaged as a child participation initiative. To focus on the felt needs of children, and provision of a forum for creative expression and motivation 	<ul style="list-style-type: none"> Nature transformed to an exercise in entertainment with minor learning objectives. Reportedly the required expertise to achieve the original objective is unavailable
Supplier Participation ¹³	Aimed at periodic sensitization on Child Rights themes, to be followed by a review.	<ul style="list-style-type: none"> No longer a focus area under BAP but suppliers found to be sensitized to the issue

⁷ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 9

⁸ Though not mentioned in the project documents, it was initially published and later discontinued.

⁹ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 7

¹⁰ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 7 & page 10

¹¹ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 11

¹² Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 7

Component mentioned in Initial Project Documents	What was Envisaged	What is Observed
COMPONENTS ADDED		
School Support Programme ¹⁴	<ul style="list-style-type: none"> • Integration of ALC instructors into Government primary schools. • To focus on quality at govt schools and providing a sense of continuation for mainstreamed children. 	<ul style="list-style-type: none"> • The necessary steps have been taken to put in place such a mechanism. • Though beneficial, certain lacunae like loss of joyful learning pedagogy, inability to replicate ALC type quality, and instructor overload have occurred.
Routine Immunization ¹⁵	<ul style="list-style-type: none"> • Working with Deptt. of Health as per the micro plan charted out mutually. To ensure that official targets in immunization are met. 	<ul style="list-style-type: none"> • This component has been implemented since June 2002
12 point program ¹⁶	<ul style="list-style-type: none"> • Incorporation of UP governments' program functioning in the area into the BAP. 	<ul style="list-style-type: none"> • The 12-point agenda has been implemented

There were many reasons why certain activities had to be given up or changed. These ranged from inability of the NGOs and the PMU to continue so many activities in parallel, to non-responsiveness of the community, to outcomes not commensurate with the efforts involved, etc. For instance, Bal Sabhas and Bal Melas, which were meant to encourage children to participate in their own development programme, were not implemented along planned lines.

On the other hand, certain innovations were brought into the project, midstream. The integration of ALC instructors in the formal school system through an education support programme, called the *School Support Programme*, has been a positive input. Similarly, the utilization of SHGs as a channel to impart information on the government's development scheme and programmes relating to education, health and social welfare and to promote wider sustained action on behalf of children and their rights through adopting the 12 Point Agenda, is a welcome initiative. Routine immunization through demand generation by SHG was also initiated during the course of the project.

An analysis of the program components and how they have changed reveals an interesting pattern. The components that were added tended to *deepen* the health and educational components of the program. And the components that were reduced/removed but were essentially support programs or those that would have helped spread the benefits.

¹³ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000, page 11

¹⁴ Monthly Progress Reports (various issues), PMU, Bhadohi

¹⁵ Monthly Progress Reports, PMU, Bhadohi, dated Jan 2002

¹⁶ Document titled "Bal Adhikar- IKEA Initiative" dated September 2005, UNICEF, page 5

This assessment evaluates the IKEA-BAP on the basis of the specific components that were implemented, and not on the basis of what may have been initially envisaged as in the project documents. As a consequence we concentrate on the key components and objectives of the program – namely SHGs and women’s economic empowerment, education of children, maternal and child health, and finally prevention of child labour.

The rest of the report is as follows. The next section discusses the methodology of this analysis. Sections 3 to 6 report of the evaluation of the various components mentioned above. Section 7 discusses issues of planning and monitoring. The concluding section discusses the possible way forward.

2. Methodology & Structure

The evaluation exercise undertaken in this project, sought to assess the overall program objectives, sub-objectives and outcomes as well as inputs. The appraisal was designed to be both qualitative and quantitative in nature. The aim was to observe the key issue i.e. child labour holistically as well as understand the various other factors that go into the decision-making process culminating in child labour.

- Survey of Households
- Testing of children in Language and Math
- FGDs and indepth interviews with various segments, namely:
 - SHGs
 - Panchayat members and senior villagers
 - Children
 - Women in child bearing age/mothers of young children
 - Male perspective on role of women and children
 - Bank managers (interviews only)
 - NGO staff (interviews only)
 - Government functionaries at district and block level (interviews only)
 - Subcontractors (interviews)
 - Parents of children brought in mainstream
- Project related information available from PMU and project documents made available by UNICEF and IKEA

Project vs. Control: Two groups of villages were chosen – from a sample of project villages and from villages in the neighbouring block of Madiyahu. The latter was the control block. The rationale behind having a survey in the control block is to compare the status between the control and project villages. Such an exercise would help in better understanding of the impact of the project by assigning the improvements between general and project related factors.

Sampling: The sampling related details are in the Appendix, the broad figures are reported below.

Item	Numbers in Project Villages	Numbers in Control Villages	Method of data collection	Other
Household Survey	31 randomly drawn villages Approx. 30 households per village Total of 950 households	22 villages Approx. 30 households per village Total of 600 households	1 male and 1 female field investigator interviewed head of the household and adult woman. Every n^{th} household surveyed in a village. The number n was larger for larger villages (see appendix)	Objective queries related to socio-economic particulars of households, status of children, child labor, health and education, credit, as well as a few on views and preferences
Focus Group Discussion	Three to five FGDs per segment, all from a sub-sample of 15 villages.	One to two FGD per segment, all from a sub-sample of 5 villages.	Team members with experience in qualitative appraisal visited village and gathered the concerned group with help from villagers	A minimum of two members, one involved only in taking notes Separate questionnaires used for each segment
In-depth interviews	23 In-depth Interviews conducted across various segments to supplement insights from FGDs from 13 villages.	7 In-depth Interviews conducted across various segments to supplement insights from FGDs from 3 villages.	Subjectivity in selection, depended upon the issues at hand	Interviews were typically on a one-on-one basis. Separate questionnaires were developed for interviews as well
Child Evaluation in Hindi and Math	5 th grade students 20 government schools covered	5 th grade students 5 government schools covered	School and children informed one day before A team of three involved in explaining and overseeing evaluation	All children rewarded with sweets, pencils and eraser, each test took about 105 minutes Hindi evaluation assessed reading, writing and comprehension ability Math evaluation involved solving simple calculations, number recognition, reading the watch, currency, diagrams etc.

The above fieldwork was carried out between 17th July and 15th August, 2006. An additional visit in the last week of September was also done where meetings were held with SHGs, cluster coordinators, Bank staff, PMU staff, NGOs, as well as villagers. This was done to confirm and crosscheck the findings of the evaluating team.

The various objectives and components of the IKEA-UNICEF-BAP can be discussed as dealing with (i) savings and credit, and economic empowerment of women, (ii) health

related, (iii) education, and (iv) child labor. The table below broadly categorizes the various project components and briefs the method of evaluation.

Component	Mode of Evaluation	Comments if detailed evaluation not done
Savings, Credit and Empowerment		
SHGs	<ul style="list-style-type: none"> • FGDs and interviews with groups as well as individual members, village elders, also male perspective • Secondary data from PMU • Interviews of Bank managers, NGOs, PMU, and facilitators 	
Identification of viable economic activities for SHGs	<ul style="list-style-type: none"> • Interviews of PMU and motivators • FGDs with SHGs 	Activity not conducted to a significant enough extent to merit detailed evaluation
Skills and Training of SHG women- Group Education Centre	<ul style="list-style-type: none"> • Interviews of PMU and motivators • FGDs with SHGs 	Discontinued due to little interest of beneficiaries. FGDs with SHGs corroborated this view.
Supplier Participation	<ul style="list-style-type: none"> • Interviews of suppliers as well as PMU 	Objectives achieved with small effort from BAP staff.
Health		
Routine Immunization	<ul style="list-style-type: none"> • FGDs and interviews with SHGs and women members, and village elders • Secondary data • Interviews of PMU, facilitators, NGOs, ANMs and AWWs • Household survey queries on immunization 	
12 point program	<ul style="list-style-type: none"> • FGDs and interviews with SHGs and women members, village elders, also male perspective • Secondary data from PMU • Interviews of PMU, facilitators, NGOs, ANMs and AWWs • Household survey queries on immunization 	
Learning		
School Enrolment Drive & Alternative Learning Centers	<ul style="list-style-type: none"> • FGDs and interviews with ALC teachers, SHGs, children, community • Interviews of PMU • Use of Math and Hindi evaluation 	

Component	Mode of Evaluation	Comments if detailed evaluation not done
	tools <ul style="list-style-type: none"> Household survey ascertaining enrollment/attendance Analysis of PMU data 	
School Support Programme	<ul style="list-style-type: none"> Interviews with former ALC instructors and teachers Interviews and FGDs with children, village elders/community, SHGs, UNICEF and PMU Math and Hindi evaluation tools 	(Not possible to separate the impact of ALC and SSP)
Bal Sabha	<ul style="list-style-type: none"> FGDs with children Interviews with ALC teachers Visit to Bal Sabha 	Nature transformed, and is also now held rarely.
Bal Mela	<ul style="list-style-type: none"> Discussion with PMU 	Never implemented
Other		
Community-BAP interaction	<ul style="list-style-type: none"> FGDs and interviews with SHGs and women members, and village elders including <i>panchayat</i> members 	Little interaction after initial phase
Magazine- <i>Purvaiya</i>	<ul style="list-style-type: none"> None 	Discontinued
Comprehensive Management Information System	<ul style="list-style-type: none"> Data requests to PMU 	Will require specialized expertise
Child Labour		
Each project component had direct or indirect link with child labour	<ul style="list-style-type: none"> All evaluation tools had some queries related to child labour Field staff were instructed to visit all carpet units (without prior warning) and observe whether any children found working 	

The following sections discuss the results of the evaluation exercise. In each of the following sections we first report the implementation of the various components. Next we discuss our findings and summarize the key issues.

3a. Mobilization and Awareness Generation

The Project was implemented through four NGOs viz. Child and Women Welfare Associates, Sultanpur, Jan Kalyan Samiti, Varanasi, Gramyanchal Seva Samiti, Varanasi, and Sushrusha Samiti, Varanasi. Each NGO was responsible for 50 project villages. The objective of environment building at the community-level was to bring about attitudinal and behavioural change vis-à-vis child labour within the overall context of Child Rights was carried out through village-level motivator teams (two motivators for a cluster of five villages), with 20 motivators working with each NGO.

3a.i. Motivators' Orientation

As per the project documents¹⁷, the first step was training and orientation of the motivators including their training on induction, motivation, mobilisation and phase out. An expert resource agency handled the training of motivators who were in turn to provide the necessary training to the SHG women members. The motivators were trained to provide inputs on various issues such as participatory rural appraisal (PRA), gender sensitization, community mobilization group formation, basic account and credit management. Motivators were also trained in issues related to child rights/child labour, development goals for children and women, basic service delivery mechanisms etc.

3a.ii: Awareness for SHGs

As revealed in discussions with PMU and NGOs, participatory social mobilisation techniques were conducted preceded by an initial intensive campaign in each village cluster; these were supported by *nyaya panchayat* meetings. Moreover, interpersonal communication and traditional media (*phad*, wall writings, *nukkad nataks* (street plays), etc) were used by the motivator teams. Utsava, the community contact programme, was the first step in SHG formation. It ran for 6 to 8 months in which the SHG members were introduced to the concept of savings through SHGs. The various activities were:

- *Mobilization*: The animators went from house to house inviting participation. Interaction with village-heads and Panchayat members was conducted so as to better identify the potential SHG members.
- *Targeting*: The SHG membership was largely targeted at the underprivileged sections such as lower income groups, socially marginalized groups, such as OBC and SC.
- *Benefits*: Meetings of potential members were held on a regular basis. At the meetings, the various issues regarding SHGs were discussed and the benefits of SHG formation were also highlighted.

¹⁷ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000

- *Need Identification:* This was also addressed through the village-level meetings constituting potential SHG members and senior villagers that included males and females.

3b. Facilitation: SHG Formation and Functioning

3b.i. Formation

Usually, after the initiation of the project in a new area, it took about a year for SHGs to be constituted. During the group formation, the motivator played the role of a facilitator and oversaw the formation of the SHG.

- Ten to twelve members were identified for each group; usually, the concept of *samaan aarthik star* i.e. same economic status was applied to identify the members for each group.
- The women members then decided upon the name for the group.
- The group also decided monthly saving rates on the basis of common ability; these were between Rs. 10 to Rs. 100.
- The proposal for formation of the SHG was then formally passed with the approval of members, either through signatures or thumb-impressions.
- The group selected a Chairperson and a Treasurer; usually this was found to be the most literate woman in the group or a woman of relatively higher social status within the group.
- The proposal was then submitted to the local bank, with an application for opening an account with the bank, in the name of the SHG.
- Each motivator team was assigned five villages and visited each village once a week. Tuesdays were generally meant for meetings to sort out various outstanding issues.

Training was to be an important component in the whole process. Initial training and regular information dissemination were provided by the motivators to the SHG members on maternal & child survival and well-being, access to and quality of education, causes and myths relating to child labour, environment & hygiene, avenues for income-generation, etc. These issues are discussed in greater detail in later sections. Here we concentrate on the credit aspects of the SHGs.

3b.ii. SHG Operations

Though the program has now ended, SHGs continue operating, and new ones are being formed.

Meetings

The SHGs started functioning once the initial corpus was formed. Meetings were usually held on a weekly basis. The meetings also involved discussions on various problems being faced by SHG members.

Loans without Cash Credit Limit (CCL)

Joint decisions were taken on loan requests; the rate of interest charged was to be 2 percent uniformly. The vast majority of the SHGs continue to depend on own funds and only a few availed of CCL facilities. That is, most depend on their own corpus, built up through interest payments, loan repayments and interest from bank deposits. The purpose of loans, repayment and other related aspects have been discussed in greater detail in later sections. In this section, the process is delineated.

Loans with CCL

- *Appraisal:* Typically, the bank monitored the functioning of an SHG for 6-12 months, before deciding on whether an application for a CCL could be considered positively. The appraisal generally focused on group behaviour, banking habits, regularity of group saving, inter-loaning frequency and likelihood of recoveries. Defaults by family members of the SHG member were also taken note of.
- *Time Period:* Based on its observations regarding the group functioning, banks sanctioned cash-credit limit to the SHG for a period of three years.
- *Amount of Credit:* The Cash credit limit was typically four times the saving of the SHG, that is, they were entitled to draw up to Rs. 5000 on saving amounts of Rs. 1000 deposited with the banks. (However, this is just a norm that has evolved, the regulations allow for much larger drawings)
- *Interest Rate:* Usually banks charge an interest of 1 percent per month from the SHGs for the CCL loan component.

Cluster Associations

After the initial phase is over, the next logical step is the formation of cluster associations from among these SHGs. All SHGs that are served by one bank branch were formed into a cluster association. The cluster associations constantly reviewed the status vis a vis individual SHGs, capitalizing on the synergies among different SHGs and sorted out controversial issues and problems being faced.

3c. Findings

We find that generally the SHGs have been very successful in getting women together on a regular basis, providing credit to members for varied purposes, improving intra-community relationships and in general fostering a cooperative attitude within the groups.

The initial hand-holding through the project lifecycle by the project motivators was undoubtedly an important contributory factor to the continuance and successful operation of the SHGs. Without this input, which is lacking in other government organized SHGs, the sustainability of SHGs would have been seriously in question.

The more integrated and systematic operations of BAP's SHGs are undoubtedly the result of sustained inputs from the motivators who regularly oversaw their work on a weekly basis throughout the project

3ci. Formation of SHGs

In the project blocks, 468 women SHGs with a total membership of 6391 women and 466 bank accounts have been set up. The total numbers of SHGs has increased since the IKEA-BAP ended about two years back. The PMU attributed increases in SHG numbers to the fact that, the BAP has not been withdrawn completely. Some components were phased out and the role played by block facilitators was transferred to the cluster supervisors. On meetings with SHGs and women in villages we found that there was indeed a lot of interest in forming new SHGs, and many more could be formed.

Table 7ci(2): Number of SHGs

	SHGs in Rampur	SHGs in Ramnagar	Total
Jan 2002	242	188	430
Jan 2003	233	207	440
July 2003	231	205	436
Jan 2004	224	200	424
June 2004	223	199	422
Dec 2004	218	201	419
June 2005	229	201	430
Dec 2005	237	217	454
Jul 2006	247	221	468

Source: PMU, Monthly Progress Reports (various issues)

Most, though not all SHGs, were formed from amongst neighboring families, and belong to a similar caste/social group. We believe that this is natural, and such homogeneity within the group in effect improves its sustainability. This is of course not to say that heterogeneous groups were not or should not be formed, it is just that they are few.

We also found some indication that there are proportionately fewer Muslim women who are SHG members. It is apparent that the NGOs/facilitators did not attempt to form SHGs on the basis of caste or religion. This was not a criterion as per the project documents¹⁸, and we have concluded that this was practiced/implemented as well. Our information can only be considered indicative, but the loss of PMU records prevents us from analyzing this aspect any further.

Overall, the SHGs instituted by IKEA-BAP are more integrated and systematic in operation than the other SHGs, which have been set up under government schemes. This is an

¹⁸ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000

important characteristic that was substantiated through direct observations, interviews with Bank managers and government personnel.

3c.ii. New SHGs and Closure: Sustainability

New SHGs

The major reasons for the increase in numbers of SHGs emerged as:

- Demonstration effect of existing and well-performing SHGs,
- The role of the cluster-supervisors in motivating women and
- The hope of benefiting from cushion-cover project started by IKEA after 2004.

On interaction with members of new and old SHGs, as well as village women, we found that the demonstration effect of other SHGs was indeed one of the most important reasons why the interest in greater SHGs continues. We also found that this interest was more in IKEA-BAP SHGs than government SHGs. Last, the cushion project has also increased interest levels in SHGs. The evaluation team's perception has been that though interest levels in the cushion program are high, the motivation to form SHGs goes much deeper than that, and it is primarily the demonstration of the benefits to other women who have formed SHGs, that is driving this interest.

Closure of SHGs

We have been unable to access historical SHG level records and therefore it is not possible to determine the average life-span of SHGs that have closed down, and also estimate the 'mortality' rate of SHGs. However from field interactions it is evident that the mortality rate is quite low, and the vast majority of the SHGs that were formed are likely to have survived till date.

However a few SHGs have been disbanded. The most commonly cited reasons were:

- Disagreements on loan beneficiaries and amounts – typically when someone's request was denied
- Inability of the members to work cooperatively
- Large socio-economic differences between the members
- 'Strong-arm' tactics by the SHG head

Significantly issues related to repayment rarely came up. Discussions with Bank managers also revealed that they rarely had trouble with the financials of IKEA-BAP SHGs.

3c.iii. Savings and Loans from SHGs

Savings

The saving rate per member of individual SHGs varied between Rs. 10 to Rs. 100 per month. However in most of the cases in the two blocks of Rampur and Ramnagar, the monthly saving were found to be in the neighborhood of Rs. 20 to Rs. 25 per member.

Table 7ci(1): Monthly Savings

Savings Details	Jaunpur District	
	Rampur Block	Ramnagar Block
Saving Rate (Members/Month)		
@ Rs. 10/-	11	5
@ Rs. 15/-	0	1
@ Rs. 20/-	110	98
@ Rs. 25/-	20	43
@ Rs. 30/-	33	25
@ Rs. 35/-	0	1
@ Rs. 40/-	2	1
@ Rs. 50/-	71	45
@ Rs. 100/-	0	2
Total Savings per month (Rs)	100025	88085

Source: Monthly Progress Report (July 2006), PMU-BAP

Since the saving amount was decided on the basis of common ability, we did not hear of any complaints or concerns related to the monthly amount.

Loans

The average loan size per member is small (less than Rs 500). Agriculture and dairy related activities account for 25 percent of total loans by purpose. A large chunk, namely 45 percent of the loans have been taken for treatment of illness and expenditure for marriages.

Table 3ciii: Cumulative Loan details for SHGs till July 2006

	Rampur Block	Ramnagar Block	Total
Interloaning Details			
Total amount circulating as loans (Rs)	17,12,200	10,57,800	27,70,000
No. of loans	4,106	3,597	7703
Average amount per loan (Rs)	417	294	360

Source: PMU

Table 3civ: Purpose of loans details for SHGs till July 2006

	Rampur Block	Ramnagar Block	Total	% Distribution
Illness	1138	1099	2237	29%
Marriage	587	643	1230	16%
Redeeming earlier loans	384	207	591	8%
House hold expenses	724	820	1544	20%
Income generation	1091	548	1639	21%
<i>Of which</i>				
Women's Self Employment	210	108	318	4%
Agriculture	456	398	854	11%
Animal Rearing/Dairying	425	42	467	6%
Others	182	280	462	6%
Total	4106	3597	7703	100%

Source: PMU

Loans were usually taken for illness, marriage and social functions, redeeming earlier loans, household expenses, agriculture and allied expenses etc. Loans for self-employment are less than 5 percent of the total, both in terms of the number of loans and amounts.

The project documents tend to mention the importance of micro-enterprise (which is construed by us as Women's Self Employment) as one of the most important reasons behind the focus on SHGs. However the success or failure of SHGs should not be judged purely on that criterion because of the following reasons:

- Loans for other income generating activities such as agriculture and dairy achieve the same objectives (i.e. improvement of household incomes)
- Other loans such as those for illness and education are important expenditures and the access to easy, quick, and low cost credit fulfills important requirements of the households
- Even consumption loans such as those for marriages, ensure that households do not have to depend upon moneylenders with their significantly higher interest rates.

All in all, credit from SHGs has been successful in kick-starting only a small number of women's micro-enterprises. However, they are likely to have reduced the dependence on moneylenders and other sources that tend to be much costlier and difficult to obtain.

The primary survey also questioned households on loans and their sources. Though observations are few, and results only indicative, we find that households that have SHG members were much less likely to depend upon either relatives or moneylenders for loans (See Table A.5, A.6, A.7 and also table below). On discussions with SHG members in FGDs and interviews, the view that SHGs had helped in reducing dependence on moneylenders was expressed quite strongly.

Table 3cv: Distribution of non-Bank Loans - Indicative Results

Source	Total Amount of Loan (Rs)	As % of Total	Total Amount of Loan (Rs)*	As % of Total
	Non-SHG Households		SHG Households	
SHG	36,000	6%	157,600	84%
Money Lender	300,506	53%	30,000	16%
Relatives	213,500	38%	0	0%
Others	18,000	3%	0	0%
Total non-Bank	568,006	100%	187,600	100%

*Note: Low sample of 89 SHG households therefore results only indicative.

Source: Primary Survey

Cash Credit Limit

On discussions with SHGs we found that few had any interest in accessing credit through the CCL. Consequently CCL has been granted to only a fraction of SHGs (for example 4 out of 68 SHGs attached to Union Bank of India, Nevadia, Ramnagar, Jaunpur). The reason had less to do with supply constraints than with lack of demand from the SHGs themselves. On discussions with SHG members, we found that there was a general lack of interest in taking greater risks and being unable to pay back the loans. On crosschecking, we found that even the Bank Managers claimed that they would prefer to provide CCL to the IKEA-BAP SHGs rather than government SHGs. However, few applied in the case of the former.

3d. Weaknesses in the Current SHGs: Analysis and Interpretation

- *Castes and SHGs*: SHGs were also considered to be instruments for changes at the community level, and formation of groups of multi-caste members can contribute to achieve this end. However, most (though not all) groups are found to be caste based.¹⁹

Since SHGs are formed from among neighbours of a similar caste/social group and similar economic profile, they are more likely to succeed simply because they would meet and interact socially more regularly; they would have greater ability to exert pressure against defaulters. They may also have similar goals and ambitions. In the case of SHGs that are heterogeneous and socially not integrated, such pressures would be difficult to generate. Implicitly the SHG members realize this and therefore we find that homogenous and caste specific SHGs are predominant, even in multi-caste conglomerations.

¹⁹ These caste differences exist and show up in obvious ways. In the case of cluster meetings for instance, we observed that SHGs of similar castes tended to sit together.

- *Concept of SHG:* There are lacunae in communicating the concept of SHG in some cases. For instance, we found some cases where women complained of high interest rates (2 percent monthly) on their *own* money. If this underlying doubt continues to afflict them, their continuance in the group is indeed a fragile one.

Lack of clarity in the concept of SHG in terms of benefits such as the credibility of group guarantees, addition-ality of CCL, low rates of interest on group borrowings have led to doubts in the minds of women members about the advisability of borrowing what they feel is their own money. This aspect does not seem to have received the attention required.

- *SHG and Community:* SHG are not functioning as a force for articulating community needs and demands, as was conceptualized in the project. The emphasis that was needed on building this bridge was lacking.
- *CCL:* There should be many more SHGs who should be availing of this facility. The fact that they are not is undoubtedly a combination of latent fears on their own ability to repay. The full benefits of the SHG model cannot be realized if SHG women continue to depend upon own limited funds.
- *Limited scope of activities:* There was no SHG that felt that as a group they could do things other than lending; this has not been built into the group psyche. Most have been following the rigour laid down for them in the initial instance by the project motivators and there has been no branching out of activities nor thought given in this regard.
- *Income-generating activities:* Only about 5 percent of loans taken by SHGs were for income-generating purposes. The loans have definitely helped in relieving the debt-burden on the households, which otherwise would have had to take recourse to moneylenders with their usurious rates of lending. However, they have not been able to economically empower the women, which would have been possible only by enabling their own income-generating activities. Even objectives such as reduction in migration depend upon the ability to generate incomes.
- *Unmet demand for SHGs:* As per the PMU data, most SHGs were formed within the first year. Though the number of SHGs increased to some extent, this increase was nowhere near the latent demand for forming greater numbers of groups.

During discussions we found that SHG formation was inadequate when compared to the latent demand. There were various reasons for the difficulties faced by women who were interested in independently forming groups:

- a. Generally it was difficult to receive help/advice from other SHGs
- b. Bank managers were generally not willing to entertain requests for account opening if the group was not accompanied by a motivator/had PMU backing
- c. The motivators were quite busy servicing their current SHGs and it was difficult for them to expand their activities
- d. The number of motivators was fixed and did not increase during the program

- e. After the first two years it was quite clear that the motivators would be withdrawn soon, and there was little incentive to take on more and to facilitate/support new SHGs that would be formed
- f. To this we would add, that there was no real incentive to the NGO or the motivators to increase the number of SHGs they were servicing.

3e. Concluding Note

Despite some hiccups, in overall terms, SHG has been a highly successful component of the project. It has succeeded in initiating what could prove to be a major movement, bringing women to the fore and empowering them as agents for change. SHGs have also gained reasonable stability to undertake more activities that would ultimately strengthen their existence.

Access to and easy availability of credit at low rates of interest has made it possible for rural households with women SHG members to reduce their debt-burden. The latent demand for SHG generated as a demonstration effect is evidence enough of the impact of the SHG component on the rural women.

Any future project would need to further deepen this initial intervention and provide for income generation possibilities, as a step towards economic improvement of women in real terms.

If the Bank-SHG interaction is smoothened, many more SHGs will be formed, though without motivators their failure rates may turn out to be high. If this is supplemented with help from other SHGs there might be a way of re-invigorating the SHG formation process. Of course, without the motivators, the nature of these SHGs is likely to be different from the IKEA-BAP SHGs in that they would be less likely to take up social/educational and health objectives.

To conclude, even though the project does not elaborate on the avenues for income generation, considering the successes of the SHGs based on the thrift and credit system the next logical step would be developing the capacities of SHGs towards sustainable income generation. Income generation is dependent on the availability of seed capital along with proper skill enhancement and training of the members, and a market for sale of the goods produced. With total cumulative interloaning of the SHGs falling in the range of over 60 lakhs (in the case of Rampur) and about 40 lakhs (in the case of Ramnagar), devising income generation schemes are not irrational.

Issues such as child labour and migration are inextricably linked with economic stability of women and of the households. Economic empowerment of women through SHGs and initiation of income generation activities can be a highly successful intervention to achieve the said objectives.

4. Implementation of the Health Objective

In keeping with the concept of holistic and integrated development of the child, BAP added an extensive programme for improving the health status of child. In other words, though health objectives find only cursory mention in the initial project documents²⁰, they were later added in a comprehensive manner. The interventions came in two forms. First, the BAP associated itself with the Routine Immunization Program in collaboration with the government. Second, critical components of child and women health awareness were included under the 12-point agenda. This additional component was expected to take advantage of the district and block level partnerships of NGOs and motivator teams already in place.

Awareness Building Through SHGs: The 12 Point Agenda

1. Birth and death registration in the village.
2. Immunization of all pregnant mothers against tetanus and provision of IFA tablets to all pregnant mothers from 4th month onwards.
3. 100% Assisted deliveries.
4. Exclusive breast-feeding for six months and complementary feeding of nutritious food from six months. And intake of colostrum by all new born infants.
5. Complete Immunization of all children less than 2 years of age and maintenance of immunization cards by parents.
6. Administration of six monthly dosage of Vitamin A from 9 months to at least 3 years of age as a protection against night blindness.
7. Enrolment of all children 6-14 years of age in school and ensuring continued attendance in schools.
8. To ensure all girls get married after 18 years of age.
9. Universal usage of iodized salts by households.
10. To ensure that there is no water logging at all sources of drinking water such as hand pump, wells and these be kept clean.
11. At the village level, Self Help Groups to distribute ORS, Iron tablets and contraceptives.
12. SHG Propagating 12 point Agenda in community.

4a. Mobilization and Awareness Generation

The following sections draw from information gathered from project documents as well as discussions from various project stakeholders such as BAP-PMU, UNICEF, NGOs and government functionaries.

4a.i. Motivators' Orientation

Initial training provided to the motivators had oriented them on community mobilization and awareness generation. Health related issues including basic service delivery mechanisms, their vital bearing on issues related to child rights/child labour, development goals for

²⁰ Document titled "BAL ADHIKAR-IKEA Initiative" dated May 2000

children and women were also part of this orientation. The motivators were made aware of the importance of quality service delivery which required close liaison with district and block level health staff and the Auxiliary Nurse Midwife (ANM).

4a.ii. Awareness Generation

Village level mobilization activities were carried out through the SHGs already in place. The efforts focused on eliciting ownership of a ‘child friendly village agenda’ with routine immunization as a key component.

Demand generation for quality health services was taken on under the BAP. Though project documents are a bit unclear on how this was to be achieved, we decipher the following. First SHGs were to be incorporated into the objective. They were then to play a vital role in sensitizing villagers, especially women, regarding concepts and practices of adopting a healthy life style.

In the BAP villages more than 6000 women were/are associated with SHGs. They regularly met and discussed various health-related issues, which was designed to bring about a change in awareness levels and also improve demand. The SHGs were made aware of the objectives (and the 12-point agenda after it was included) and this is constantly reinforced in different ways. For instance, SHG meetings typically start with a song that lists, point-by point and stanza by stanza, the 12-point agenda that also incorporates the immunization objectives. They were provided information on good nutrition and health practices, first through motivators and now through cluster supervisors and cluster chairperson in the monthly meetings of SHGs.

The SHG women were also involved in communicating the information on the ‘fixed day-fixed site’ monthly outreach immunization sessions. That is, they were informed of the date and location for the program, and they in turn were expected to inform the village community.

4b.Facilitation

Village level detailed plans (micro-planning) were finalized in consultation with the government health department. These basically involved setting up immunization targets to be carried out in a time bound manner. Keeping in view the operational constraints being faced earlier, before the association with the BAP, the exercise focused on carefully delineating the area to be covered by each ANM and fixing days and sites of sessions.

All the participants/stakeholder of the BAP such as motivators and SHG members were made responsible for disseminating this information about immunization among the village community.

A Technical Medical Officer was appointed in 2002 to provide ongoing technical support to the PMU and monitor implementation of the health initiative. The officer carried out on the

spot monitoring of immunization sessions and provided feedback on vaccine availability, injection safety etc. He also participated in the primary health centre (PHC) level reviews.

Under the project to promote injection safety, a one-year supply of auto-disabled (AD) syringes was provided in 2004. ANMs were trained in the use of these syringes. In the two project blocks a total of about 125000 AD syringes were provided for different vaccines.

Bi-monthly review meetings were held on a regular basis at the block level to assess the impact of various measures being taken. The ANMs were trained in the maintenance of regular registers on a village wise basis. The records maintained relate to the period from the first three months of pregnancy to one year after the childbirth.

In other words, the motivators and SHGs were involved intensively. The project documents²¹ also mention that this was to be done at the community level. Moreover, some help in terms of syringes, micro planning, and information services to the village community was also included (this set can also arguably be called supply side interventions). Whether these had a measurable impact or not is discussed next.

4c. Findings

Rather than evaluate the level and kind of interaction with the village community to meet the health objectives of the BAP, we concentrate on the outcomes in an effort to understand the impact of the interaction.

The SHGs played a key role in bringing about greater awareness amongst the communities on the importance of immunization and a range of health related objectives. The SHGs were aware and involved in executing the health awareness intervention under the project. This they accomplished through establishing personal rapport with ANMs who as a result were more prompt and responsive to various village health related requirements, specially related to immunization.

Overall we find that awareness levels of the health related objectives were quite high in the project village community, and more so among the SHG women.

4c.i: Background

Overall we found a very high level of awareness on health issues among the SHG women. This was across all demographics, age, and economic segments; illiterate as well as literate women remembered almost all of the 12 points. When queried they also claimed that they tried to educate their neighbors and family into the various aspects. However, this would have been limited. The primary survey results show that high awareness does not necessarily translate into high levels of the desired outcomes.

²¹ Document titled “Strengthening Routine Immunization in Jaunpur District, Uttar Pradesh. Add-on Project to the BAL ADHIKAR-IKEA INITIATIVE” dated December 2004

We found that there was limited Community-SHG interaction on health issues. And this may have contributed to the lack of successes in the overall village community. On the other hand, on some components such as immunization, we find that households in project villages do significantly better than in control villages.

Whether the program was successful or not in its objectives can be gauged in many different ways – (i) whether the proportion of households following better practices or having desired outcomes are high in the project villages (ii) whether project villages are better than control villages, (iii) whether households that have an SHG woman in project villages (who were among the most underprivileged) are better than the average project village values, and (iv) whether there is an improvement over the baseline.

The following table encapsulates the findings from the FGDs, interviews as well as the primary survey. The individual components of the agenda are then discussed.

Table 4a.1: Success of the Health Objectives

	Generating Awareness (Qualitative Appraisal)	Effect (Quantitative Appraisal)			Baseline Status (Quantitative Appraisal)
	Awareness Levels in Project Villages	Project Village (Low 0-25% Penetration, Medium 25-50%, High 50- 75%, V. High>75%)	Project Village Compared to Control Village	SHG Women's Households Compared to Project Village	Project Village (Current) Compared to Baseline
Birth and death registration in the village	High awareness levels	Birth registration Low	Project villages significantly worse	SHG Households significantly better	-
Immunization of all pregnant mothers against tetanus	High awareness levels	-	-	-	-
Provision of iron and folic acid tablets to all pregnant mothers from 4 th month onwards	High awareness levels	Medium	Insignificant difference	SHG Households significantly better	-
100% Assisted deliveries	High awareness levels	Low	Insignificant difference	Insignificant difference	-
Exclusive breast-feeding for six months and complementary feeding of nutritious food from six months.	High awareness levels	Very High	Insignificant difference	Insignificant difference	Was already high
Intake of colostrum by all new born infants	High awareness levels	-	-	-	-
Complete Immunization of all children under 2 years of age	High awareness levels	High	Project villages significantly better	SHG Households significantly better	Significant Improvement

	Generating Awareness (Qualitative Appraisal)	Effect (Quantitative Appraisal)			Baseline Status (Quantitative Appraisal)
	Awareness Levels in Project Villages	Project Village (Low 0-25% Penetration, Medium 25-50%, High 50- 75%, V. High>75%)	Project Village Compared to Control Village	SHG Women's Households Compared to Project Village	Project Village (Current) Compared to Baseline
Maintenance of immunization card by parents.	High awareness levels (but many admitted not keeping records)	-	-	-	-
Six monthly dosage of Vitamin A from 9 months to at least 3 years of age as a protection against night blindness.	High awareness levels	Low (Full Dose)	Insignificant difference	SHG Households significantly better	Significant Improvement
Enrolment of all children in 6-14 years of age in school and ensuring continued attendance to schools.	High awareness levels	Very High	Insignificant difference	Insignificant difference	Significant Improvement
To ensure all girls get married after 18 years of age.	High awareness levels	-	-	-	-
Universal usage of iodized salts by households.	High awareness levels	Low	Project villages significantly worse	SHG Households significantly better	-
To ensure that there is no waterlogging at all sources of drinking water such as handpump, wells and are kept clean	High awareness levels	-	-	-	-
Self Help Groups to distribute ORS, Iron tablets and contraceptives. & Propagating 12-point agenda in community	Some awareness but admit doing little	-	-	-	-

Note: See **Appendix** for data for each of these cells. Blank boxes indicate appraisal not conducted due to high sample size requirements.

4c.ii: Registration

The procedure for registration of birth is as follows. At the birth of a child in the village, the village *Pradhan* is informed. This information is entered in a log known as *kutumb* register. This information is then passed on to the Block Development Officer (BDO). The BDO then issues the certificate and passes it on to the secretary of the *Pradhan*. This is then handed over to the household head.

Though the process for deaths and births is similar, we find that death registrations are quite universal but not the birth registrations. The difference lies in the need for certification. Death certificates are essential for all property related matters, and therefore are essential for most households. On the other hand, there is lesser urgency in obtaining a birth certificate.

The primary survey reveals that only about a fifth of the project households reported getting their child in the 0-6 years age group registered at birth. Curiously, we found that a much larger proportion of respondents from the control villages claimed having done the birth registration of their last child. In the case of the SHGs, this was about 50 percent.

That is, though awareness levels were high, the *need* for birth registration was generally not considered to be high, and this translates to lower than universal birth registration despite high awareness levels.

Reasons for low birth registrations reported during FGDs and interviews indicated in many cases that the *Pradhan* was not maintaining the *kutumb* register. Also the *Pradhan* in many cases was not interested in taking time out from other activities for this purpose. Some reported that the need for death certificates ensures that the *Pradhan* and/or his secretary gets a side payment. This is absent in the case of birth registrations.

4c.iii. Immunization

Immunization is carried out on a 'fixed day-fixed site' by the ANM. Children attached to the *anganwadi* and others who have to be vaccinated assemble at the pre-identified site. ANM maintains the records of immunization. Surveys such as RCHS and NFHS have shown that there has been a *fall* in immunization levels in the early years of the 2000s in many parts of the country, most districts in UP also fall under this category. See for instance the figures for Jaunpur District in the table below:

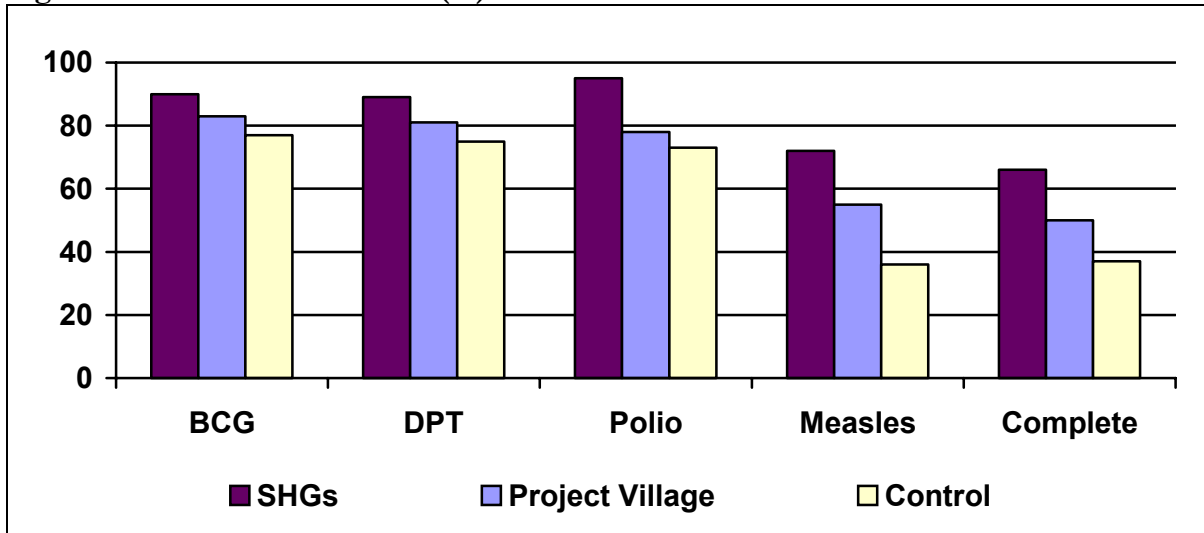
Table 5c.1: Immunization in Jaunpur District, UP.

	2002	1998-99
BCG	55	64
DPT	40	59
Polio	40	61
Measles	37	56
Complete	28	52

Note: Age Group=12 -35 months in Jaunpur District. Source RCHS 2002-04

Reportedly, recently released figures from NFHS also show a fall in immunization levels. In such conditions the fact that immunization levels have not fallen for the project blocks itself is a positive achievement. As against a general trend of falling immunization levels in the state, we however find that immunization levels show an improvement over time in the project villages. The SHG households are somewhat better than non-SHG households.

Figure 1: Immunization Levels (%)



Note: Immunization levels in 12-35 months old children, Source: Primary Survey

Measles and complete immunization

Measles was the primary reason why barely half the children in the project villages completed full immunization. We identify two major causes for low immunization in the case of measles. The first has to do with the timing. Measles vaccination is given at 9 months, and again 3 months after the last immunization - there is a consequent fall in interest levels on the part of the mother. This is supplemented by the fact that measles is perceived to be less harmful and therefore the need for vaccination is not felt as much. The second has to do with supply side issues. Some mothers reported that sometimes the vaccine was not available at the required time. However, the ANMs that were queried on this issue tended to deny that this was the case. In fact they tended to express surprise that many had not had their immunization completed.

Immunization card

The immunization card is an essential component of the immunization mechanism. Each mother is given a card free of cost by the ANM where immunization and other details are recorded. This card is supposed to be carried by the mother when she brings the infant for immunization. However, we find that though the awareness levels are high, few mothers report having the cards. In household surveys, and even when they reported having the card, few could produce it. When queried on why they did not have the cards, the common answers were that they were not given one, or that they lost it. Some even claimed that their

ANM charged them for the card. Moreover, many deliveries take place in the parental village of the mother and some claimed that they were not given one in their parental village.

When ANMs were queried on the same, they tended to deny that this was the case and claimed that almost all women have the cards. When queried on how they dealt with a woman who did not have a card, the responses tended to vary between ‘we ask them to go back and get it’ to ‘we use our own records’.

Memory, Records and Immunization

In various FGDs and interviews, we checked the immunization register and generally found that the details were logged quite neatly by the ANM. However, it was quite apparent from the register and from the discussions that in many cases immunizations were done on the basis of the age of the child and not on the basis of past records.

We find that memory is, effectively, the most important record. In most cases the mother in the project villages, and more so the members of SHGs, were aware of the specific names of the various immunizations given to the child as well as their sequence.

4c.iii. Tetanus injections for the mother

There is a high awareness level regarding the importance of Tetanus injections. It was found from the FGDs and interviews conducted that many women do receive the same, and even those who do not receive the vaccine are aware of the need to do so. Two factors affect this. The role of the ANMs and the AWWs in generating awareness was mentioned quite often in this regard. The first has to do with awareness and comfort levels of women in receiving these injections. We found some indications that despite awareness of the need for the vaccine, there were concerns related to giving injections to pregnant women. Second, has to do with the supply of TT injection services.

4c.iv. Iodized salt

The awareness levels among the SHGs of iodized salt were quite high. They were even aware of the latest prices and brands. However, the bulk of the project village did not appear to be significantly interested in consuming iodized salt. Moreover, there was a large variation between different groups. Around a quarter of households in project villages reported consuming iodized salt. The corresponding figure for control villages was five percentage points higher. However, within the project villages, 57% of the SHG households reported iodized salt consumption. This was in line with our other findings that there has been some change in the habits of the SHG household, but less so in the non-SHG households.

4c.v. Vitamin A to children

Vitamin A is normally given every six months after the first six months. Five doses are given to prevent against night blindness. In many cases, the first dosage of Vitamin A is given

along with the first measles vaccine at about 9 months of age. We find that there has been an almost two-fold increase in the percentage of children who have received the full dose of Vitamin A as compared to the baseline figures. The current figures stand at 21%. However, there is no significant difference if we compare the project village with the control group. SHG household children belonging to the project villages, however, have a much higher incidence of taking Vitamin A, 51%.

4.c.v. Assisted Deliveries

Trained personnel in the project villages assisted just around 22% of all the deliveries. At the same time the differentials among the project villages overall, control villages and SHG women in project villages were observed to be too low to suggest any impact due to the BAP intervention.

Most deliveries continue to occur at home, and are predominantly carried out by traditional *dais* (midwives) and in some cases through private doctors and hospitals because the accessibility of public health care providers is poor. In some instances, women travel upto Benaras for childbirth. As would be expected these deliveries cost anything between Rs. 1,200 to Rs. 25,000. Poor families and those expecting trouble free deliveries, tend to prefer traditional birth attendants or dais and older, more ‘experienced’, women in the household or community. This help is more readily available both time-wise and in terms of access during delivery. The ANM is supposed to assist in delivery; however, FGDs revealed that they were rarely available, had other tasks on hand, or simply could not take on the tasks due to the uncertainty in time taken.

4d. Weaknesses in the Health Objectives: Analysis and Interpretation

There is no doubt that awareness levels are quite high in the SHGs as well as in the project and control villages. When we study health outcomes as reported from the primary survey, we find that households in project villages are if at all, only marginally better than control village households. In other words, there are two important issues. These are mentioned here but will be discussed in later sections as well.

- The first has to do with the lack of spread of benefits from the SHG women’s households to the project village as a whole. This is not surprising given that the SHG and community interaction is low and the SHG-Panchayat interaction is also nonexistent.
- The second has to do with the focus of the program on generating awareness and demand creation. Wherever the project was also involved in facilitating a supply response – immunization being one example – the benefits in terms of improved outcomes were much more apparent.

Both these larger issues will be taken up for further discussion in later sections. Apart from these the following aspects could do with improvement.

- *Complete Immunization:* As also mentioned before, complete immunization levels are lower largely on account of the measles vaccine. The parents do not ‘demand’ specific types of immunizations, in that they take whatever the concerned staff offers despite the fact that parents are aware of the need for a measles vaccine. The lower incidence of measles vaccination is therefore also to some extent due to the lower prioritization by the government. Moreover, it is given at 9 months of age and is the last in the chain of vaccines given in the first year. This tends to make parents complacent/ lax about the measles vaccine.

From the viewpoint of the IKEA-BAP, the critical question is why were these problems not identified earlier and corrective measures taken. The lack of ongoing monitoring of the ultimate beneficiaries may be one reason. The dependence on government records may be another. We conclude that though project documents mention improving outcomes, the PMU tended to be more focused on awareness where the health objectives are concerned.

- *Deliveries:* Lack of adequate institutional infrastructure and support were the major reasons for a low improvement in assisted deliveries. The ANM was in most cases found to be catering to a much larger clientele and consequently could not service all demands related to health. If safe deliveries are to be taken on as a program objective, then supply side constraints are critical and will need to be addressed.

4e. Concluding Note

As far as relative successes on various health facts are concerned, it is observed that SHG households perform much better on almost all fronts. Further, we can conclude that there has been limited spread to non-SHG households due to the constant dissemination of health related information, in which SHGs again have played an important role.

The critical issue is related to the benchmarking success. If success implies close to 100 percent households following desired practices, then most objectives have not been met. However, if we gauge those on the basis of other benchmarks such as baseline as well as control, then we find some significant successes.

Awareness generation amongst SHG households by the efforts of the motivators and cluster supervisors has been a major contributory factor for the improvements recorded in various parameters.

In the final analysis on this particular objective, it seems that the issue needs to be tackled on both the supply and demand sides. Certainly, the mindset of the village community as a whole has not changed sufficiently for a larger positive change to occur in this regard specially with regard to action orientation and a proactive demand for community related

health services. Here substantial scope for further improvement exists given the potential instrumentality of SHG-led community propaganda. The village women, including the SHG women, will have to be made more aware of the health issues facing them.

5. Education: ALC, School Enrolment Drive & School Support

The BAP aimed at addressing the demand for quality education opportunities for all children of school going age focusing on access to schooling, quality of classroom transactions, and alternative learning opportunities for out of school children as a transitory measure. At the same time the program also aimed at improving supply side factors by providing for Alternative Learning Centers (ALCs) that could enable the mainstreaming of children (getting out of school children back into the formal schooling system). The latter was designed to be a temporary measure.

The following two sections draw from various project documents and discussions with PMU, UNICEF and instructors. The findings are reported and analyzed in the later sections.

5a. Mobilization and Awareness Generation

As an initial step, an intensive school enrollment drive (*School Chalo Abhiyan*) was conducted which aimed towards enrolment of all out of schoolchildren. This enrolment closely involved the community through the mechanism of social mobilization.

Apart from the enrollment drive, SHGs were also included in the awareness generation program as the 12-point program had school enrollment as one of the important points.

5b. Facilitation

To address the needs of children not benefiting from the formal schooling system even after the completion of school enrolment drive (*School Chalo Abhiyan*), a learning facility in the form of Alternative Learning Centre (ALC) was provided for. Broadly, the ALCs worked on the principle of taking education to the very doorsteps of the marginalized sections' children who had been left out of the formal education system. However all could not be enrolled.²²

For this purpose a program for selection and training of local instructors for the ALCs was charted out in association with Nalanda, a resource agency. In addition to the training and orientation of instructors at the beginning, there was also a provision for continuous training of the ALC instructors. The course curriculum was kept more or less same as that taught in the government schools in the respective grades to facilitate mainstreaming at a later stage. Each ALC was meant to cater to 40 children in the age group of 8-14 years and provided

²² There are many reasons behind why all out of school children could not be enrolled through the school enrolment drive. This can be attributed to difficulty in accessing government primary schools, a definite timeframe for which enrolment occurs in these schools (ie till 30th September), and certain household specific reasons like reluctance to allow the girl child to go far away from home to attend schools.

them with education up to class IV. Typically children who completed class IV were to be enrolled in class V in the primary school.

The project supported the honoraria of the ALC instructors, basic teaching aids and material and training activities. The community provided the space for the ALC.

To make the learning experience a joyful one, essential to address the motivational aspects of the children, certain innovations were introduced in the form of easy to use workbooks, a contextually relevant course material, including the conduction of regular *bal sabhas* for child participation in the overall learning process. The BAP also focused on improving the quality of classroom transactions through innovations like teacher motivation and training in joyful learning pedagogy.

After the completion of the BAP in the two project blocks, the ALC as a structure had been dismantled, as per the project design. However, with the objective of improving the quality of teaching at government primary schools, an innovative scheme known as the *School Support Programme* has been instituted. Under this scheme, the ALC instructors have joined the government primary schools, working along side the government appointed primary teachers and *shiksha mitras*.

5c. Findings

This study evaluates two broad aspects related to the education objectives. The first has to do with school enrollment and attendance and relies primarily on the primary household survey, where households were queried on the educational status of their children. The second evaluates learning outcomes.

It should be noted at the outset that it has been two years since the ALCs have stopped functioning, and therefore the evaluation can only decipher the impact that remains two years later. In other words, ideally, learning outcomes should have been studied about two years back.

5c.i. Enrollment Drive

As per the project documents²³ there were 23,918 children in the 5 –14 years age group who were not in school. Out of these children not in school 9,216 were admitted through the *School Chalo Abhiyan*.²⁴

5c.ii. Number of ALCs

²³ Briefing Note, “Bal Adhikar-IKEA Initiative”, UNICEF, August 2001

²⁴ It is likely that of the remainder some more would have also later enrolled in public primary school, as the Sarva Shiksha Abhiyan gathered momentum, mid-day-meals became pervasive, scholarships and other benefits to children were provided. However, these records do not exist, as the evaluation was not done on a regular basis (and if done, records are now not available).

Of the remaining 14,702 children not in school as of September 2001, 6,337 have reportedly benefited from ALCs. In other words about 40 percent of the children in the concerned age group would have benefited. Since the objective of elimination of child labour required that all children be in school, it is not clear why 60 percent of the children were not covered.²⁵ It was the responsibility of each ALC instructor to ensure that all children in the 6-14 age group in the village attend either a formal school or an ALC. Clearly this did not occur.

Although ALCs were expected to cater to 40 children per centre, some ALCs had as few as 23 children (Gopalapur village, Ramnagar) whereas some had up to 72 children (Jamalapur, Ramnagar). This suggests that the number of ALCs was not decided on the basis of scientific analysis of village level requirements. It also suggests that new ALCs were not set up when some were found to be over-burdened.

On the average, over its whole life of three years, an average ALC was able to mainstream about 62 children. Given that the norm was 40 children per ALC, the figures suggest that it took about 2 years to mainstream one child. Given these figures and these turnaround times, it is quite evident that much fewer ALCs were set up than were required. The fact that this is not reflected in enrollment levels (discussed later) is simply due to the success of the government's efforts.

Table 6b.1: ALCs and Mainstreamed Children

	Rampur	Ramnagar	Total
Total Children Benefited from ALC and mainstreamed	2949	3388	6337
Children Benefited Avg. per ALC	68.6	56.5	61.5

Source: Monthly Progress Report (July 2006), PMU-BAP

5c.iii. School Support Program and ALC Instructors

After the phasing out of ALCs, the School Support Programme is benefiting 73 primary schools (32 and 41 in Rampur and Ramnagar respectively) involving 103 ALC instructors (43 and 60 respectively)²⁶.

The SSP is also expected to end soon; some of the ALC instructors have found opportunities as *Shiksha Mitras*. However, many are still waiting, hoping to be regularized in some way within the public school system.

More importantly, though the former ALC instructors appeared to be more motivated and interested, their teaching methods were not any different from those conventionally used in the public school system. On querying them it was found that since they are under the overall supervision of the conventionally trained public school teachers, and are seen as

²⁵ This percentage is only indicative since children in the lower age segments would be entering the concerned age group, and some would be leaving over a period of time.

²⁶ Monthly Progress Report (July 2006), PMU-BAP

temporary help, they do not have the freedom or flexibility to utilize their past training and methods.

In other words, the ALCs were essentially a temporary supply phenomenon whose benefits can also be expected to be limited to one or two age cohorts and transitory in nature.

5c.iv. Enrolment in School

The primary survey queried households on the age and gender of their child, and their educational status. Based on those responses we find that most children are in school, most reportedly attend school regularly, and this is true of both project and control blocks.

Table 6c.1: Enrollment, Attendance and Mainstreamed

	Project	Control	Baseline
Enrollment Rate (6-14 year olds)	96%	97%	(Out of School) Rampur-15% Ramnagar-20%
Gross Reported Current Attendance Rate (6-14)	96%	97%	-
Percentage children not enrolled	4%	3%	-
<i>Age for grade:</i> Percentage children in primary school in 6 to 11 age group	81%	72%	-
<i>Age for grade:</i> Percentage children in upper primary school in 11 to 14 age group	46%	45%	-
Of those not attending what percentage are from ALC	13%	-	-
Of those who went to ALCs what proportion are still in school	91%*		

Note: The enrollment rates are very high across the board, and none of the differences between various groups are statistically significant. *Indicative only, based on small sample size.

The government program has succeeded in getting all children enrolled, it has also succeeded in getting high attendance rates since the mid may meal ensures the incentive to be in school. In other words, the demand for schooling has been achieved by the government. As mentioned earlier, this is due to three sets of factors:²⁷

²⁷ Majority of the people expressed that the children have at least started going to the school due to the meals. This could be observed especially in the poorest segments such as the *Musabar* community, whose children have only been recently enrolled and go to school largely due to the availability of meals (as revealed in FGD with the *Musabar* community members).

- Mid day meal
- School uniform
- Scholarships

Demand for schooling may also have been achieved by the BAP, but it is impossible to decipher the marginal impact of the BAP. Enrollment levels are so high that mere enrollment or reported attendance are not found to be appropriate.

We find significant inter-village variation in both control and project villages in the results on age for grade. This suggests that supply side factors such as quality of headmaster/teachers in public schools may be playing an important role in achievement levels.

The interactions with members of village communities, schoolteachers and Panchayat members showed apparent acknowledgement of the importance of schooling, not restricted just to primary level. Most indicated that 14 years was about the age till when a child should go to school. This was especially true of SHG women. On analyzing the data (results only indicative due to small sample size) we find that most in the 14 years age are still enrolled in school. [96% of all children of 14 yrs age, in project group, are currently attending school]. It is not possible to check whether mainstreamed children are more likely to go on to upper levels of education, as significant time has not yet elapsed.

Though a facility survey was not conducted as a part of this evaluation, we found that on the day of the tests, the schools in project villages showed much better attendance levels than those in the control villages. We also found that the attendance records in the project schools were in line with the actual attendance. In the case of control villages however that was not the case (some over-reporting of attendance was found in control villages). However, this should not be construed to be a representative sample of schools in the control villages.

Moreover, schools appeared to be overfull and the infrastructure was quite inadequate. This is due to inadequate improvement in infrastructure in the concerned blocks in recent years.

5c.v. Learning

Learning of children in project and control villages, and those who had been to the ALC were gauged in two ways. The first was tests on Math and Hindi, where students in both project and control villages were tested. The students were also asked to identify on their answer sheets whether they had been to an ALC in the past. Based on these responses we judged how students of different groups had performed. The second was through FGDs with children in general and also with mainstreamed children.

Across all FGDs and interviews with different groups ranging from women, to village elders, to children, a perceptible respect was seen for the ALC instructors. The respect was universal. Children who had been students at the ALCs were found to be more open and articulate in expression and had a better grasp over their subject.

Table 6c.2: Average Percentage Score

	Math	Hindi	Math + Hindi
Project	49.6	61.4	55.5
Control	53.1	57.0	55.1
Mainstreamed	41.1	53.8	47.5

Source: Evaluation results

We find insignificant differences in test scores between project and control villages. Moreover, mainstreamed children had lower scores than an average project village score. On further analysis we found that mainstreamed children tended to be from households that were more likely to be:

- Economically worse off
- From underprivileged social groups
- From households where adults had very low education levels

Moreover, mainstreamed children had been in the regular schooling system for about two years. Further, they were not as much used to the style of teaching in the public school system. Lastly, at the time of closure of the program a large number of children were mainstreamed in bulk. This had its own negative consequences.

We therefore conclude the following:

- The ALCs must have provided quality education to be able to retain such a large number of children for two years on the average.
- From all subjective measures – such as reputation, respect for teachers, openness of children – it is apparent that the quality of education was high.
- Had the ALCs not been set-up, the average scores for these children would have been much lower (0 in most cases).
- However, when faced with the same conditions in government schools that had contributed to them dropping out in the first place (about 90% of ALC children were drop-outs), ALC children are likely to once again show poorer learning and consequently achievement levels.

These results therefore indicate that children from ALCs will start to drop out once mainstreamed in the poor quality government school system. The percentage of children who had been to ALCs but are no longer currently attending school is found to be 9%, whereas on the average in project villages 4 percent are not in school.

5d. Education objectives: The problem

The enrolment figures reported from both project and control villages were found to be on the higher end of the spectrum, apparently suggesting a significantly positive response. The Mid-day Meal scheme was found to be a major attraction for children to attend school, while books, scholarships and school-uniforms for girl students were some of the others that were

mentioned. Many pointed to the overriding influence of the meals in making parents send the children to school, buying bowls rather than providing books or stationery. The government's role has led to a phenomenal increase in enrollment and attendance levels. However, it has not led to an increase in demand for education but for freebies.

The IKEA-BAP on the other hand aimed at increasing demand through increased awareness, and by showing to children that learning could be fun through ALCs. In that sense some may construe that this is a much more bottom-up and sustainable model.

The problem has to do with the concept of the ALC. It is a temporary supply intervention that does not change any of the underlying conditions in a sustainable manner. Another cohort will not follow the students who were initially mainstreamed. And even those mainstreamed will have to suffer from the same set of factors that had contributed to them dropping out. The teachers would have been incorporated in the public school system, with its own motivational and quality of service delivery problems.

In a sense the ALC is a stopgap arrangement. Since the project documents are not clear, we construe that it was put in place, with the expectation that in 2 to 3 years other program components would have created the necessary conditions that would enable universal demand for education.

5e. Concluding Note

The short term success and long-term failure of ALCs in improving the educational scenario in the project areas can thus be attributed to a number of interconnected factors. At the initial level, ALCs addressed the supply side constraints by taking education to the doorsteps of the marginalized. At the same time, innovative teaching at these ALCs made the learning experience joyful for children who had dropped out or had never been to school. The continuity provided by the SSP made sure that the ALC to formal school transition was a smooth process for the mainstreamed children. However, over a period of time the impact of ALCs will wane, unless the government schools also moved to utilizing similar methods.

Meanwhile, though government incentives may attract children to school, it is unlikely that many will complete primary and go on to higher levels. Neither have these efforts created a demand for education, nor have they improved the quality of delivery.

The Bal Adhikar Pariyojana has taken quite a different route from what used to be the conventional approach of rehabilitation as envisaged in almost all government sponsored child labour prevention projects at the inception of the IKEA-BAP. This project brought the issue of prevention to the fore by intending to address the root causes behind child labour. Hence, while the enforcement machinery aimed at the factories for child labour prevention, or raids at small units in the villages, the BAP focused on the families and the communities. This automatically transformed the entire issue of child labour into a child rights issue with child labour being the worst form of denial of those rights.

6a. Mobilization and Awareness Generation

As per project documents²⁸ and discussions, the objective of environment-building at the community-level was to bring about attitudinal and behavioural change vis-à-vis child labour within the overall context of Child Rights.

As also mentioned before, participatory social mobilization techniques, village-level motivator teams were to act as ‘catalysts for change’ and facilitate a dialogue on critical issues facing the community. Here again, involvement of children was to be critical. Partnership with NGOs from the district/adjacent districts (one NGO for 50 villages) was envisaged for better co-ordination and feedback.

At the cost of repetition, the environment building entailed (as per project documents):

- Rapport-building with communities, local-level decision-making/self-governance representatives (pradhans and panchayats), as well as grassroots functionaries of the different government departments that are responsible for service-delivery to the rural population (primary school teacher, anganwadi worker, health worker, etc.).
- To facilitate this process, orientation and intensive trainings of NGOs and motivators on child rights/child labour, development goals for children and women, basic service delivery mechanisms, group leadership/dynamics, communication skills including participatory mobilization approaches, etc were envisaged.
- An initial campaign in each village cluster, supported by *nyaya* panchayat meetings, using interpersonal communication and traditional media (phad, wall writings, nukkad nataks, etc).

²⁸ Document titled “BAL ADHIKAR-IKEA Initiative” dated May 2000

- Child Participation initiatives through Bal Sabhas (child councils), focusing on the felt needs of children, and providing them a forum for creative expression and motivation, were to be integral to the environment-building exercises.
- Regular information dissemination to communities on maternal & child survival and well-being, access to and quality of education, causes and myths relating to child labour, environment & hygiene, avenues for income-generation, etc.
- Participation in periodic social mobilization events, viz. bal melas (children's fairs), local exhibitions, etc.

6b. Facilitation

As a direct consequence of this paradigm shift in trying to address the root causes of child labour, the BAP focused on all children under 14 years of age.

As interpreted from the project documents, at the very stage of the design of the BAP, it was realized that the area under the BAP faced serious constraints vis-à-vis critical development indicators. The region was the hub of carpet manufacturing in Uttar Pradesh marked by a simultaneous lack of awareness on child rights, lack of educational penetration and facilities, heavy incidence of poverty and a large proportion of households in some villages under inter-generational debt. The project thus took a path to address the problem of child labour by taking a comprehensive approach of addressing all the underlying causes.

Moreover, the IKEA-BAP was not envisaged to work in isolation but sought to supplement the efforts of government agencies to address the problem of child labour and its root causes.

The various components that sought to address the strategic objectives of the BAP have been dealt with in detail in the earlier sections of the report and will not be repeated here.

6c. Findings

Some important aspects were later either dropped or changed as discussed in earlier sections. These included SHG-community interaction, Bal Sabhas and Melas, Purwaiya, etc. The ALCs also could not benefit a large number of out of school children. Though these may have impacted specific components and sub-objectives adversely, we find that the overall objective of prevention of child labour has been met.

No instances of child labour were found in the data collected through the Household Survey, Focus Group Discussions and In-depth Interviews. Neither were there any instances during the field interactions where children were seen working in the carpet sector. This included surprise visits to small units as well as looms in homes.

This was found to be the case in both project, as well as in control villages.

Women members of SHG, Panchayat members, teachers and children universally claimed that no child in their village worked in the carpet sector and that all children went to school. The current attitude towards child labour in the communities in general and among members of SHG in particular was that it was illegal, and therefore wrong, to make children work. During field interactions, almost all respondents said that children in their villages did not now work for carpet units; either in their own homes or in work sheds of contractors. In all field visits and hundreds of interactions over a two-month period only one instance was found where someone claimed otherwise.

These responses, however, could be due to high awareness levels combined with fear of police action. It was also found in many cases that children were working in fields (as the sowing season was on) and performing various household chores. However, two instances were found where children of the extremely marginalized sections were involved in brick making as well as shoveling.

On the whole, all members of the community, including children, were aware of the illegality of child labour (even though the legal information was incorrect or partial) and the opinion on child labour was largely that it did not exist (anymore). It was a generally articulated feeling that all children should be in school, which would enable them to improve their life chances. This contrasts well with other places where we find at-least some instances where some elder asks, “What’s the point of going to school”.

In FGDs with children, it was found that fear of the police and punishment under the Prevention of Child Labour Act was high. Children were found to be well aware of the consequences of contravention of the law.²⁹ The stringent enforcement of the Act and excessive use of power has created fear among children and parents alike resulting in a total reluctance to even acknowledge domestic work being done by children, which is not prohibited under the law currently.

6d. Concluding Note

Although there is a tendency as well as a temptation to attribute the absence of child labour in the project blocks to the implementation of the BAP, it is contradicted by the almost similar results obtained from the data relating to the control villages of Mariahu block. Status of child labour, awareness levels among parents about child rights and community feeling regarding the primary importance of education for all children is found in Mariahu to be very much similar to that in the two Project blocks of Rampur and Ramnagar.

It would be facile to attribute elimination of child labour in these villages to a single cause. The extremely high incidence of child labour in the carpet industry of this area has, among other interventions, led to the mobilization of activists around this issue and resulted in their launching concerted drives to rescue and rehabilitate child labour.

²⁹ It was surprising to see children of 5th standard avoiding to talk about themselves and their friends working even in their homes. There are 62 students, 28 of whom are girls (45 %) in Prathmik Vidyalay, Kathwatiya, Rampur, Jaunpur. It took time to persuade them to speak out about themselves and about their friends, most of whom work at home but due to fear of being ‘arrested’ are afraid to disclose this.

7. Objectives, Components, Successes and Failures: Documentation and Monitoring

Any project implementation (and also evaluation) rests on an understanding of the various objectives and sub-objectives; the strategy for achieving these objectives through various components; and tasks and sub-tasks involved in implementing those components. It is essential therefore to have a detailed logical framework for the project at the conception stage that should then be shared with the various stakeholders and implementing entities.

Ongoing and updated project documentation is essential for two reasons. The first and most important is that it enables the sponsors, initiators, supporters, and implementers to be in sync. Individuals may have changed roles, be transferred, new ones may come in, etc., proper documentation serves as an updated institutional memory for everyone to better understand their own roles. The second is that it enables us to better understand the range of problems that were being faced and better appreciate the reasoning behind changes. These enable us to better design future projects.

Measures of inputs, intermediate outputs, and final outcomes need to be identified at the outset. A baseline survey should be conducted that captures the various measures that can then be the benchmarks against which future changes are compared. In case the project interventions are spread over a long period of time and where it can be expected that the overall social, economic and policy environment may also change, a control group should also be chosen. The changes in the project beneficiaries' outcome measures can then be compared against the changes in the control group to better understand the performance of the project. The control group notwithstanding, the critical issue has to do with ongoing analysis of the project roll-out and the ability to make mid-course changes.

The documentation, monitoring, measurement, and analysis are inherent components of any project. We find certain weaknesses in the IKEA-UNICEF-BAP on these fronts. These weaknesses have prevented the project from achieving even greater successes than those that have been achieved.

These weaknesses are systemic in that they are related to the overall design and management framework. A better appreciation of these issues would, we believe, help in the not only better managing future expansion of the IKEA-UNICEF-BAP but also other such initiatives.

7a. Project Documentation

The initial documentation does not contain a systematic logical framework. The differences between objectives, strategies and components are not delineated.

Flexibility was an integrated element of the project. However, flexibility needs to be accompanied by adequate documentation of the changes themselves, the reasons behind the changes, the expectations from the changes, how they are being instituted, and the expected

impact on other components when one component is changed. We find that many changes occurred in the project without appropriate documentation.

Neither do we find any documentation on constraints being faced by field staff, or problems being faced by beneficiaries, and how suggested changes in program implementation were expected to address these.

7b. Project Monitoring

- The PMU as well as other staff were not monitoring the project against the objectives and framework laid out in the initial project documents. Rather it was based on a broad understanding of the project objectives.
- The baseline evaluation contained only a sub-set of the socio-economic measures where changes were expected.
- As components were added, or changed in character, supplementary studies were not done to measure baseline conditions or related measures.
- As the project initiatives (or components) changed the project documentation was not updated accordingly, neither was the Management Information System (MIS).
- The MIS was not adequate in its design and was largely a compilation of the data related to project inputs.
- Measures of outputs, outcomes and qualitative measures were inadequate. Most MIS data are on inputs and numbers, and not on measures where qualitative improvements can be gauged.
- An MIS typically involves both aggregated results as well as the flexibility to analyze data in a more in-depth manner. The capabilities for the latter were absent.
- Our evidence is that ongoing analysis was largely based on the aggregated quantitative data in the Monthly Project Reports as well as perceptions from field visits. But this evaluating team has not found evidence of detailed analysis of successes, failures and problems being faced *during the span* of the project.
- Third party evaluation was not conducted during the project phase. Sometimes an outsiders perspective brings with it crucial insights.
- There was little analysis of costs and benefits. For instance, SHGs have been very successful and this involved only minor costs in terms of motivators' time. Some reallocation of efforts towards forming more SHGs could have had an even greater impact of the BAP.

7c. Project Strategy

The project envisaged benefiting the entire community such that the incentive and motivation towards child labour were addressed for the whole population of the concerned area and that this was to be done in a sustainable manner. We find three areas where this strategy needs to be reviewed.

7c.i. The SHGs and community interaction

As a part of the strategy to benefit the relatively more underprivileged sections, the SHGs formation efforts were predominantly aimed at the lower socio-economic groups (though not at specific castes and communities). However successes in greater awareness and also motivation among SHG women did not spread rapidly across the village community. Three issues need to be highlighted here.

- The first has to do with the intra-community relationships. Higher socio-economic groups typically do not emulate actions of those lower in the hierarchy. The spread is therefore affected.
- Components requiring greater interaction between the larger village community and/or the *Panchayat* and the SHGs are likely to be quite difficult if the SHGs are from lower socio-economic strata. Intensive support to the SHGs on this front would therefore be essential.
- There is a time gap between the SHGs being formed, sustained, and observable successes achieved. The motivation for others to emulate therefore will take some time, and once the motivation has been generated, to emulate by forming new SHGs would take even more time. In other words, the three-year project phase is inordinately optimistic in terms of bringing about sustainable and community-wide changes.

7c.ii. Alternative Learning Centres (ALC) and Sustainability

There is no doubt that the ALCs were very successful in attracting children towards greater learning. However, as has also been discussed in previous sections, the ALCs were a short-term measure and could not have led to sustainable outcomes. This is because, (a) they were a short-term supply intervention designed to directly benefit only a few out of school cohorts, and (b) the ALC instructors, even if absorbed in the public school system, cannot be expected to change the method of education in those schools.

The experiment of joyful learning has been tested through the ALCs, and it has been shown that it does create a high level of interest in both children and parents. In such a supply intervention a top down strategy of changing the method of education within the public school system is much more likely to lead to sustainable outcomes.

Such a strategy would of course require a high-degree of buy-in from the state government, adequate incentives and motivation mechanisms would need to be aimed at government school teachers, and the whole system of teaching will need to be changed. If this is not found to be possible, then another albeit second-best alternative could be considered. And

that is providing help during non-school hours to all the children who desire it. This 'help' can utilize the same systems being used in the ALCs.

Whatever be the method eventually chosen, replicating the ALCs in other locations is not advisable in the current situation where government incentives have already ensured very high enrollment rates.

7c.iii. Caliberating Project to Changing Environment

During the phase of the project two important government measures occurred. The first was related to the governments' increased emphasis on getting children into school by way of the mid-may-meal and other incentives. The second was the government's role in policing child labour and conducting raids. Both these objectives had a direct relevance to the project and were known to all. In such conditions a mid-term appraisal on how these would impact the underlying conditions in the project areas, and the role of the IKEA-UNICEF-BAP in these changed circumstances would have helped in better focusing the program's efforts.

8. Way Forward

This evaluation finds that both the SHGs and health objectives of the project have been successful. The ALCs may have been successful in their stated objectives but are not likely to have any long-term impact. The educational objectives of getting children into school have been achieved mainly due to government incentives. Within the SHGs, women's economic empowerment has been a very important success, though income-generation as well as community buy-in have been weak. As a consequence though successes can be claimed, the spread of program benefits (especially in health related aspects) into the larger community has been lacking. Given current realities and past learnings the project should be expanded to other areas but with significant changes in its design.

Credit and Incomes

In SHGs the achievable objectives should be to (i) ensure greater interaction with the community (ii) the formation of a larger number of groups, and (iii) deepen the activities on the micro-enterprise/income generation (not to be confused with the cushion project) front.

1. The originally envisaged close coordination between SHGs and Panchayat in the village should be made an integral element of the program. Taking this particular issue on board the agenda will give a big push not only to the cause of SHGs but also to the entire objective of all round and sustainable improvement in children's rights. This interaction will also act as a multiplier whereby the SHG benefits-both tangible and intangible-will reach a higher proportion of village households.
2. The limitation of facilitators in being able to address the motivational aspects of SHG women towards greater income generation related credit should be removed.

One way is to ensure liaison with a separate resource. Moreover, it would be best to have this intervention in the middle stage of SHG formation so that SHG women can build on the initial inputs given to them by the motivators.

3. The dependence on international orders for income generation harms the long-term objectives (e.g. the cushion project, as SHGs may be formed simply to get such orders).
4. Identification of a range of income generation activities should be attempted, these will also need to be ones that do not require too much initial capital, as SHGs will not be able to generate enough credit for a large number of members.
5. Moreover, the CCL available from banks need not be limited to 4 or 5 times the savings. Project staff need to work with the senior Bank staff to better understand the factors that will enable Bank Managers to provide higher CCL facilities. In parallel, the motivator/facilitators would need to be trained in helping SHGs expand their credit activities and as a result income generation activities to a much higher plane.

Education

6. With government schools achieving close to full enrollment, the issue now is not so much getting children in school, or of generating high awareness levels. The critical issue here has to do with ensuring quality of education – and here supply side factors matter much more.
7. The ALC does not meet the sustainability criteria, and given current conditions they should not be set-up. Instead efforts on two fronts need to be considered:
 - a. Improvement in quality of teaching in government schools and the inclusion of some of the ALC methods in mainstream schools. This could be better instituted by involving the former ALC instructors in the public school system.
 - b. Provision of ‘make-up’ classes through other ALC like channels to supplement the government schools’ teaching could be considered. The program could meet initial funding for training and setting up, and user charges should be instituted to finance the salaries of the ALC instructors.

Health

8. Awareness building in health has been a very successful part of the program. Now supply side factors need to be strengthened. The involvement of BAP with the health department in the form of routine immunisation is the right model to adopt and this should be replicated in other facets of mother and child health.

9. The efforts towards generating greater community buy-in need to be strengthened. Some joint initiatives with the Panchayats need to be included so that the interaction between the SHGs and community is institutionalized.

Monitoring and Documentation

10. Monitoring throughout the project has been related to 'provision', but not on how such 'provisions' are helping the intended beneficiaries. Whatever be the eventual program components, monitoring should be done on the basis of outcomes.
11. Flexibility in operations needs to be matched with flexibility in funding and allocation of funds. Moreover flexibility also needs to be matched by detailed monitoring of specific program components.
12. Project documentation and record keeping needs to be improved. This is not an end in itself but facilitates the project by providing greater clarity to the objectives and sub objectives as well. Given that periodic evaluation is an imperative for any project to further strengthen itself, proper documentation helps the very cause of the project by helping in not only a better evaluation exercise but also makes continuous monitoring a smooth and seamless proposition.

Child Labour

13. Currently child labour is largely absent, and especially so in the carpet weaving sector. However, if international fashion changes, then the incentives will increase. We however find that there is enough awareness, and enough countervailing forces, present currently, that even with greater demand for handknotted carpets, child labour will not show up in the area.

Overall

14. The program experience has been that merely improving awareness and generating demand will not work if supply responses do not occur. Whenever supply responses have occurred the successes have been significant. Community buy-in to the program objectives will take some time to spread and should be supported by the program. The SHGs have been a very successful model and should continue to be the pillar of the program. The ALCs need to be changed in character or altogether dropped.

Box 1: Om Sai Baba Bal Mitra Samooh, Nonaara

In a particularly inspiring episode, members of Om Sai Baba Bal Mitra Samooh, an SHG comprising of socially underprivileged, landless and illiterate women, displayed the level of awareness and empowerment, and aimed by all social interventions.

One morning the women went over to deposit their monthly savings in the bank. This was mostly denominated in one or two rupee coins, making it a bulky lot. The cashier of this bank promptly declined to accept the deposit in such denomination.

The members of this group vehemently protested to this, and sitting on a *dharna*, demanded a written undertaking from the bank authorities regarding this refusal. They argued that this was government currency, and the bank was bound to accept their deposits, whatever be the denomination. The bank officials finally relented and deposited the money.

Box 2: Gayatri Bal Mahila Samiti, Sapahi Village

Santosha, a daily-wage labourer, is a member of the SHG. Her husband suffering from diabetes, recently developed gangrene, with the result that he is not able to work as effectively as before. This also imposed additional costs of medicine and other household expenses. Santosha is able to meet these needs through her earnings as well as borrowings from the SHG, the latter being crucial to continue with the medical care.

Particularly it should be mentioned that, Santosha has been a defaulter in the SHG several times, but since other members are aware of her problem, no one bothers her for it. Santosha keeps paying the interest regularly, but needs more time for the total loan amount. This shows that the SHG is not just a mechanical institution, and is sensitive to the unique circumstances of its members.

Box 3: Dadra, Mariahu

Gulab Dubey, a farmer at the village Dadra, Mariahu, was highly influenced by the demonstrated effects of SHGs in the neighbouring blocks. This made him attempt at replicating the similar success in his own village as well. Thus he strived hard towards motivating and mobilizing the villagers in this initiative, and has since resulted in setting up about 30 SHGs in and around

Dadra. One of them has monthly savings of about Rs. 60,000 and a Cash Credit Limit of Rs. 80,000. The notable aspect is that this initiative was devoid of any institutional support of either government or any other social organization.

Box 4: Bhagwanpur, Kumbhapur

For a community settlement, which struggles to even manage two square meals a day, it is rare to see one of them being educated, gainfully employed in urban areas and leaving it all towards improving conditions of other villagers.

Manoj, son of the village head, studied at the ITI and also worked in Mumbai for some time. He then left it all, in order to be involved in the social intervention at Bhagwanpur. Focusing particularly on the education and immunization activities, he gradually built a rapport with the people of Bhagwanpur. The results have started showing up, in terms of significantly low resistance towards immunization of the children. In education, both parents as well as the children are showing a much greater interest.

Box 5: The children

The awareness about child labour was at such a significant level that even children of fifth grade knew about the anti-child labour drive and the associated administrative action. The discussions could thus proceed only after gaining their confidence. It started like for instance, Sonu, a 10 year old, started telling about fishing activities of Ratnesh of Chauhan Basti. In return Ratnesh would defend and narrate about his work in agricultural field. In the next 10 minutes everyone started telling about others' activities and then they started accepting it also. None of the children wanted to be associated with carpet weaving, but discussions revealed that many of them belonged to households engaged in this industry. A few of these children disclosed that they did know how to knit the carpet, but don't do so anymore.

BIBLIOGRAPHY

- UNICEF Field Office, Lucknow (May 2000), Proposal on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour”
- UNICEF (November 2000), Briefing Note on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour”
- UNICEF (January 2001), Briefing Note on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour”
- UNICEF (June 2001), First Progress & Utilization Report for June 2000-May 2001 on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (August 2001), Briefing Note “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (May 2002), Second Progress & Utilization Report for May 2001-April 2002 on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (September 2002), Extension Plan of Action 2003-2006 on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (September 2002), Extension Plan of Action 2004-2007 on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (May 2003), Final Progress & Utilization Report for January-December 2002 on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (June 2003), Third Progress & Utilization Report for May 2002-April 2003 on “BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based

Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”

- UNICEF (December 2004), “Strengthening Routine Immunization in Jaunpur District, Uttar Pradesh. Add-on Project to the BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- UNICEF (December 2005), “Strengthening Routine Immunization in Jaunpur District, Uttar Pradesh. Add-on Project to the BAL ADHIKAR-IKEA INITIATIVE: An Integrated Community based Project on the Prevention and Elimination of Child Labour in the Carpet Belt of Uttar Pradesh, India”
- Project Monitoring Unit (PMU)-BAP, Bhadohi (July 2006 and earlier ones at six monthly intervals), “Monthly Progress Report”

APPENDIX

Sampling

Tables

List of FGDs, Interviews and Persons Met

Sampling

The evaluation was based on the information collected from the following sources:

1. Secondary information from Government and UNICEF.
2. Primary information sought from households and villages (both project and control villages). This was carried out by selecting 1500 households from 50 villages (900 households in 30 project villages and 600 households in 20 control villages). The experimental villages were randomly drawn from the project villages and the control villages were selected on the basis of similar characteristics, based on the Census 2001 data.³⁰
3. Assessing the learning achievements of the children in ALCs and government schools. ALCs and public primary schools in 10 project villages were chosen to evaluate and compare the functioning of ALCs against the public schools as well as the NCLPs (Govt. ALCs). Another 5 villages were drawn from the control villages where, only the public primary school students were assessed.

The following tables reflect the basis of reaching the project and control villages chosen for the study. The methodology has been to determine the three basic indicators of the developmental scenario in the villages of the project and control blocks using Census 2001 details. After a thorough procedure aimed at normalizing the data, and computing an average value for all the villages in the project block, a value called 'Index' is reached at which basically tries to capture the level of development in these project villages. This is done for all the villages lying in the two project blocks of Rampur and Ramnagar. Thereafter a grouping is done from amongst these villages that distributes all the villages into various categories as per the level of development captured using the index. The final list of chosen villages called as the 'Project Group' is arrived at by randomly selecting an equal number of villages from under each categorization made earlier.

³⁰ Initially the control villages were chosen from the same block as the project – Rampur and ramnagar, this was later changed to Mariyahu on advice from the PMU, as it was somewhat removed from the project area.

Table A.1: indicating index values for project and control villages

Name	Project/Control	Sexratio	'% SC'	'Literacy Rate'	Measure - SexRatio	Measure - SC	Measure -Lit. Rate	Index Value
Ahirauli	P	1021	18.8	64.0	0.53	0.25	0.63	0.47
Ashanandpur	P	967	8.3	58.3	0.38	0.11	0.47	0.32
Basapur	P	1191	4.1	68.6	1.00	0.05	0.76	0.60
Bhusehra	P	932	10.8	61.7	0.29	0.14	0.56	0.33
Bidauri	P	1052	8.3	67.0	0.62	0.11	0.71	0.48
Dhananjaipur	P	925	0.0	71.6	0.27	0.00	0.85	0.37
Dipapur	P	1023	1.7	45.5	0.54	0.02	0.10	0.22
Gahraul	P	971	75.2	57.3	0.39	0.90	0.44	0.61
Gopalapur	P	914	16.7	64.5	0.24	0.22	0.64	0.37
Goshaipur	P	828	1.8	42.2	0.05	0.02	0.03	0.01
Harihar Pur	P	1052	4.3	53.9	0.62	0.06	0.34	0.34
Harsinghpur	P	971	34.9	57.9	0.39	0.46	0.45	0.44
Jagdishpur	P	912	46.6	59.5	0.23	0.62	0.50	0.45
Kamruddinpur	P	950	11.8	64.8	0.34	0.16	0.65	0.38
Kathawatiya	P	986	8.2	57.6	0.44	0.11	0.45	0.33
Khairuddinpur	P	1096	35.6	58.5	0.74	0.47	0.47	0.56
Kumbhapur	P	926	30.5	60.8	0.27	0.41	0.54	0.40
Malethu	P	956	20.6	46.9	0.35	0.27	0.14	0.26
Murkatiya	P	1050	36.1	64.6	0.61	0.48	0.65	0.58
Nawapur	P	1039	29.7	61.2	0.58	0.39	0.55	0.51
Newadhiya	P	982	29.5	50.3	0.42	0.39	0.24	0.35
Nokara	P	1084	23.5	58.3	0.71	0.31	0.47	0.49
Padrav	P	1069	19.4	56.2	0.66	0.26	0.41	0.44
Patti Kirat Rai	P	950	25.8	63.6	0.34	0.34	0.62	0.43
Prithavipur	P	905	8.8	77.0	0.21	0.12	1.00	0.44
Rasulha	P	949	14.7	59.4	0.33	0.20	0.50	0.34
Sahanpur	P	951	34.8	42.0	0.34	0.46	0.02	0.27
Sapahi	P	1157	50.5	59.0	0.91	0.67	0.49	0.69
Semuhi	P	967	55.7	48.0	0.38	0.74	0.17	0.43
Sidhvan	P	918	30.5	55.8	0.25	0.41	0.39	0.35
Tarati	P	939	50.1	55.6	0.31	0.67	0.39	0.45
Average	Project	988	24.1	58.4	0.44	0.32	0.47	0.41
Chak Saidipur	C	758	89.7	30.8	0.00	1.00	0.00	0.33
Ismaila	C	971	10.4	36.2	0.38	0.11	0.02	0.17
Mohammadpur	C	1037	80.8	71.1	0.40	0.96	0.70	0.68
Rampur Khas	C	1034	64.3	55.2	0.40	0.80	0.50	0.56
Bhulapur	C	1117	0.0	58.7	0.50	0.00	0.52	0.34
Dadara	C	1029	29.9	50.5	0.39	0.30	0.41	0.37

Name	Project/Control	Sexratio	'% SC'	'Literacy Rate'	Measure - SexRatio	Measure - SC	Measure -Lit. Rate	Index Value
Hinauti	C	1033	21.2	45.8	0.40	0.21	0.34	0.32
Jiyaramau	C	1015	38.0	45.3	0.37	0.38	0.34	0.36
Kajipur	C	930	24.0	56.0	0.26	0.24	0.48	0.33
Kalyanpur	C	955	20.9	77.1	0.29	0.21	0.77	0.42
Kerwari	C	1059	23.6	57.0	0.43	0.24	0.49	0.39
Mai Deeh	C	983	21.7	66.9	0.33	0.22	0.63	0.39
Manipur	C	1053	45.4	62.9	0.42	0.45	0.57	0.48
Meja	C	1094	11.8	61.1	0.47	0.12	0.55	0.38
Mukundpur	C	1042	18.3	57.8	0.41	0.18	0.51	0.37
Pali	C	1064	17.7	61.1	0.44	0.18	0.55	0.39
Rajapur No. 1	C	1101	24.1	54.8	0.48	0.24	0.46	0.40
Saraiya	C	1376	47.5	68.1	0.84	0.48	0.65	0.65
Soitha	C	968	30.0	55.0	0.31	0.30	0.47	0.36
Subaspur	C	1101	27.8	65.6	0.48	0.28	0.61	0.46
Average	Control	1057	26	59	0.43	0.26	0.52	0.40

The study involved a team of 14 field investigators in teams of two with each team comprising one female and one male investigators, who surveyed the two blocks viz. project and control blocks. Two intensive briefing sessions were conducted with all the investigators before they left for the field. Again two sessions were conducted on the field to clarify doubts and other issues that emerged after a pilot was done for the first two days of the fieldwork. A supervisor, responsible to keep a check on the overall functional operability as well as the logistical issues involved, monitored the study throughout. The study was carried out between 17th July and 15th August.

Table A.3 indicating values using various comparisons across indicators from 12-point agenda

	Action			Baseline
	Project Village (Low 0-25, Medium 25-50, High 50-75, V. High>75)	Control Village	SHG Women in the Project group	Baseline
Increasing awareness regarding birth and death registration in the village	22%	30%	58%	-
Immunisation of all pregnant mothers against tetanus	NA ³¹	-	-	55%- Rampur 60%- Ramnager
Provision of iron and folic acid tablets to all pregnant mothers from 4 th month onwards	41%	45%	65%	-
100% Assisted deliveries	21%	23%	19%	-
Institutional deliveries	21%	19%	19%	-
Exclusive breast-feeding for six months and complementary feeding of nutritious food from six months.	95%	99%	98%	High
Intake of colostrum by all new born infants	-	-	-	Rampur-8% Ramnagar-20%
Complete Immunisation of all children under 2 years of age	50%	37%	66%	Rampur-25% Ramnagar-41%

³¹ No data collected (small sample problem)

Maintenance of immunization card by parents.	-	-	-	-
Administration of six monthly dosage of Vitamin A from 9 months to atleast 3 years of age as a protection against nightblindness.	21% (Full Dose)	21% (Full Dose)	51% (Full Dose)	Rampur-8% Ramnagar-8%
Enrolment of all children in 6-14 years of age in school and ensuring continued attendance to schools.	96%	97%	96%	(Out of School) Rampur-15% Ramnagar-20%
To ensure all girls get married after 18 years of age.	-	-	-	-
Universal usage of iodised salts by households.	26%	32%	57%	-
To ensure that there is no waterlogging at all sources of drinking water such as handpump, wells and these kept clean	-	-	-	-
At the village level, Self Help Groups to distribute ORS, Iron tablets and contraceptives.	-	-	-	-
SHG Propogating 12 point Agenda in community	-	-	-	-

Table A.4: Details showing Loan by purpose and amount for all SHGs in 50 villages of Ramnagar and Rampur Block for July-August 2006

S. No.	Aim of loan	No of Loans			%	Total Loan Amount (Rs)			%
		Ram-nagar	Ram-pur	Total		Ram-nagar	Ram-pur	Total	
1	Illness/ Treatment	9	8	17	34%	34500	9000	43500	35%
2	Marriage and other functions	0	0	0	0%	0	0	0	0%
3	Previous loan payment	2	1	3	6%	8000	3000	11000	9%
4	Domestic Expenditure	4	6	10	20%	5500	7500	13000	10%
5	Self Employment	0	2	2	4%	0	4000	4000	3%
6	Agri works	7	1	8	16%	18150	1000	19150	15%
7	Cattle/milk production	1	0	1	2%	12000	0	12000	10%
8	Education	8	1	9	18%	21900	1000	22900	18%
9	Others	0	0	0	0%	0	0	0	0%
Grand Total		31	19	50	100%	100050	25500	125550	100%

Note: Ramnagar data for July, and Rampur data for August 2006. Source: BAP-PMU

Table A.5: Distribution of Loans in Project Group according to Source

PROJECT GROUP-Overall				
Source	No. of Loans	Avg Size of Loan (Rs)	Total Amount of Loan (Rs)	Loan Amount as % of Total Loans
SHG	471	411	1,93,600	26%
Coop. Society	441	40.8	18,000	2%
Money Lender	476	694.3	3,30,506	44%
Relatives	19	11,236.80	2,13,500	28%

Table A.6: Distribution of Loans in Project Group among SHG Households according to Source

PROJECT GROUP-SHG Households				
Source	No. of Loans	Avg Size of Loan (Rs)	Total Amount of Loan (Rs)	Loan Amount as % of Total Loans
SHG	48	3,283.30	1,57,600	84%
Coop. Society	20	0	0	0%
Money Lender	21	1,428.50	30,000	16%
Relatives	0	0	0	0%

Table A.7: Distribution of Loans in Project Group among Non-SHG Households according to Source

PROJECT GROUP-Non-SHG Households				
Source	No. of Loans	Avg Size of Loan (Rs)	Total Amount of Loan (Rs)	Loan Amount as % of Total Loans
SHG	423	85.1	36,000	6.3%
Coop. Society	421	42.7	18,000	3.2%
Money Lender	455	660.4	3,00,506	52.9%
Relatives	19	11,236.8	2,13,500	37.6%

Table A.8 LIST OF FGDs CONDUCTED

S. No.	FGD CONDUCTED WITH	DATE OF FGD	CONDUCTED BY	LOCATION	TOTAL-CATEGORY WISE
1	SHG	20-Jul-06	Paro/Shaaheen	Kathwatiya, Rampur	9
2	SHG	21-Jul-06	Paro/Shaaheen	Dhananjaipur, Block Rampur	
3	SHG	21-Jul-06	Paro/Shaaheen	Saidupur, Block Ramnagar	
4	SHG	22-Jul-06	Paro/Shaaheen	Qumruddinpur, Rampur	
5	SHG	23-Jul-06	Paro/Shaaheen	Sarai Bikram, Ramnagar	
6	SHG	18-Jul-06	Shaaheen/Saurabh	Sapahi, Rampur	
7	SHG	30-Jul-06	Tapan/Pradeep	Nevidiya, Ramnagar	
8	SHG	30-Jul-06	Tapan/Pradeep	Kajipur, Mariahu	
9	SHG	16-Jul-06	Shaaheen	Sapahi, Rampur	
10	Teachers from Primary School	22-Jul-06	Paro/Shaaheen	Kathwatiya, Rampur	1
11	Children	20-Jul-06	Shaaheen	Dhananjaipur, Rampur	2

12	Children	22-Jul-06	Shaheen	Kathwatiya, Rampur	
13	Panchayat and village elders	18-Jul-06	Shaheen/Saurabh	Sapahi, Rampur	6
14	Panchayat and village elders	20-Jul-06	Shaheen	Kathwatiya, Rampur	
15	Panchayat and village elders	01-Aug-06	Tapan/Pradeep	Basapur, Ramnagar	
16	Panchayat and village elders	02-Aug-06	Tapan/Pradeep	Rasulha, Ramnagar	
17	Panchayat and village elders	01-Aug-06	Tapan/Pradeep	Hinnauti, Mariahu	
18	Panchayat and village elders	02-Aug-06	Tapan/Pradeep	Rajapur No.1, Mariahu	
19	Subcontractors	21-Jul-06	Shaheen	Dhananjapur, Rampur	1
20	Male Perspective on Role of Women and Children	02-Aug-06	Tapan/Pradeep	Khatgarha, Ramnagar	4
21	Male Perspective on Role of Women and Children	01-Aug-06	Tapan/Pradeep	Tarati, Ramnagar	
22	Male Perspective on Role of Women and Children	03-Aug-06	Tapan/Pradeep	Kalyanpur, Mariahu	
23	Male Perspective on Role of Women and Children	01-Aug-06	Tapan/Pradeep	Bhawanipur, Mariahu	
24	Parents of Mainstreamed Children	04-Aug-06	Tapan/Pradeep	Nokara, Ramnagar	4

25	Parents of Mainstreamed Children	03-Aug-06	Tapan/Pradeep	Jogapur, Ramnagar	
26	Parents of Mainstreamed Children	02-Aug-06	Tapan/Pradeep	Menpur, Ramnagar	
27	Parents of Mainstreamed Children	01-Aug-06	Tapan/Pradeep	Bhushehra, Ramnagar	
28	Mainstreamed Children	01-Aug-06	Tapan/Pradeep	Gopalpur, Ramnagar	1
29	School Teachers and Shiksha Mitras	23-Jul-06	Shaheen	Dhananjaipur, Rampur	1
30	Children of Musahar Community	06-Aug-06	Shaheen	Kumbhapur, Ramnagar	1
31	Primary School Children	22-Jul-06	Shaheen	Kathwatiya, Rampur	1
GRAND TOTAL					31 (25 PROPOSED)

Table A.9 LIST OF INDEPTH INTERVIEWS CONDUCTED

S.No.	NAME	PLACE	DATE	INDEPTH INTERVIEW CONDUCTED WITH
1	Mr. Rajkumar Gautam	Kirat Rai, Sultanpur, Rampur	21-Jul-06	ALC Teacher (now SSP)
2	Ms. Shashi Kala Singh	Patti kirat Rai, Sultanpur, Rampur	21-Jul-06	ALC Teacher (now SSP)
3	Mr. Anil Singh	Kathwatia, Rampur	22-Jul-06	ALC Teacher (now SSP)
4	Mr. Uttam Kumar Patel	Dhananjaipur, Rampur	22-Jul-06	Cluster Supervisor
5	Ms. Pabhavati Devi	Jamalapur, Rampur	21-Jul-06	Cluster Chairperson
6	Mr. Kishul Pradhan	Dhananjaipur, Rampur	22-Jul-06	Village Head
7	Mr. Mukhtar Ansari	Qmruddinpur, Rampur	22-Jul-06	Sub-contractor and village head
8	Mr. Tej Bahadur Singh	Sarai Bikram, Ramnagar	23-Jul-06	Head Master, Primary School
9	Mr. Jai Murti Yadav	Saidupur, Ramnagar	23-Jul-06	Head Master, Primary School
10	Ms. Geeta Devi	Jogapur, Ramnagar	03-Aug-06	ALC Teacher (now SSP)
11	Mr. Swaminath	Sarai Bikram, Ramnagar	23-Jul-06	ALC Teacher (now SSP)
12	Ms. Laldai	Saidupur, Ramnagar	21-Jul-06	AWW
13	Ms. Indarawati Devei	Dadra, Mariahu	04-Aug-06	President, Non-BAP SHG
14	Ms. Indu Verma	Dhananjaipur, Rampur	21-Jul-06	Secretary, Non-BAP SHG
15	Mr. Arshad Ali	Kajipur Dargah, Mariahu	03-Aug-06	Sub-contractor
16	Mr. Lalji Saroj	Dadra, Mariahu	04-Aug-06	Head Master, Primary School
17	Mr. Lalta Prasad	Dhananjaipur, Rampur	21-Jul-06	Head Master, Primary School
18	Mr. Lal Chand	Murkatiya, Rampur	20-Jul-06	Head Master, Primary School

19	Mr. Gulab Dubey	Dadra, Mariahu	04-Aug-06	M.A. in Sociology and Senior Villagers
20	Mr. Ramkripal	Sapahi, Rampur	18-Jul-06	Senior Villager
21	Mr. Budhi Ram	Kumbhapur, Ramnagar	05-Aug-06	Village Head
22	Mr. Babu Ram	Meja, Mariahu	04-Aug-06	Husband of the village head
23	Mr. Mewa Lal	Dadra, Mariahu	04-Aug-06	Village head
24	Mr. Hira Mani Tripathi	Sultanpur, Rampur	08-Aug-06	President, NGO, Child & Women Welfare Association
25	Ms. Sarita Singh	Nonara, Rampur	04-Oct-06	Secretary, NGO, Child & Women Welfare Association
26	Dr. Yugal Kishor Mishra	Varanasi	09-Aug-06	President, NGO, Shusrusha Samiti
27	Dr. Kiran Tripathi	Varanasi	10-Aug-06 and 04-Oct-06	President, NGO, Jan Kalyan Samiti
28	Mr. Mayank Singh	Varanasi	09-Aug-06 and 03-Oct-06	President, NGO, Gramyanchal Seva Samiti
29	Ms. Sunita Jaisawal	Kathwatiya, Rampur	04-Oct-06	ANM
30	Wasim Ahmad	Bhadohi	11-Aug-06	CEO, MWS Company
GRAND TOTAL				30 (25 PROPOSED)

Table A.10 LIST OF MEETINGS HELD

Name & Designation	Place of Meeting	Type of Meeting
Ms. Jeroo Master, State Representative	UNICEF, New Delhi	Personal Interview
Mr. Rajib Ghoshal, UNICEF Lucknow Office	Varanasi & New Delhi	Personal Interview & Telephonic Interview
Mr. Anurag Yadav, District Magistrate, Jaunpur	Collectorate, Jaunpur	Personal Interview
Mr. Ram Naresh Kumar Jaiswal, Program Coordinator	PMU, Bhadohi	Personal Interview
Mr. D. N. Prasad, Project Officer	PMU, Bhadohi	Personal Interview
Mr G. K. Pandey, Project Officer	PMU, Bhadohi	Personal Interview
Mr. Sanjeev Srivastava, Project Officer	PMU, Bhadohi	Personal Interview
Mr. Muhammad Ali Nadir, Asst. Project Officer	PMU, Bhadohi	Personal Interview
Ms. Vandana Singh, Asst. Project Officer	PMU, Bhadohi	Personal Interview
Mr. Kripa Shankar Yadav, Asst. Project Officer	PMU, Bhadohi	Personal Interview
Mr. Uttam Kumar, Cluster Supervisor	Dhananjaiapur, Rampur	Personal Interview
Mr. P. Chaudhary, Bank Manager, Union Bank of India	Newadiya, Ramnagar	Personal Interview