

NGO AND THE DEVELOPMENT OF THE MARGINALIZED: AN IMPACT EVALUATION OF AREA DEVELOPMENT PROGRAM PHULBANI IN ORISSA

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Abstract Along with the state, civil society has emerged as a partner of development and in bringing people from the margin to the mainstream. Non-governmental organizations (NGO) have developed as important civil society actors at the grassroots with the primary aim to reduction in human sufferings and the development of the poor and marginalized groups. Commendable efforts are on to eliminate “ruthless, voiceless, jobless, futureless facets of development” and moreover the social reproduction of marginalization. This paper seeks to analyze the role played by World Vision India/International (an NGO) in bringing about transformational development in the marginalized Kandha tribal dominated district of Orissa in eastern India through its Area Development Programme (ADP). Accordingly, this paper divides itself into six sections. First section deals with general outline and delineates the aims of this paper and the second section delves into the sources of data and detailed methodology. Subsequent two sections are devoted towards the analysis and interpretation of quantitative and qualitative data respectively. Section five discusses the conclusion on the net program impact and the last section relates to macro suggestions based on the micro experience from the field.

Key Words: Civil Society, Marginalization, Impact Evaluation Methodology, Grassroots Development, CBOs

INTRODUCTION

Non-governmental organizations have developed as important civil society actors at the grassroots with primary aim to reduction in human sufferings and the development of the poor and marginalized groups. Along with the state and the people, civil society has emerged as a partner of development and in bringing people from the margins to the mainstream. Commendable efforts are on to eliminate “ruthless, voiceless, jobless, futureless facets of development” and moreover the social reproduction of marginalization. This

paper seeks to analyze the role played by World Vision India/International (an NGO) in bringing about transformational development in the marginalized Kandha tribal dominated Phulbani district in Orissa in Eastern India. Accordingly, this paper has been divided itself into six sections. First section deals with general outline and delineates the objectives of the study and the second section delves into the sources of data and methodology. Subsequently the third and the fourth sections are devoted toward the analysis and interpretation of quantitative and qualitative data respectively. Section five discusses the conclusion on the net program impact and the last section relates to macro suggestions based on the micro experience from the field.

World Vision India is a child focused Christian relief and development organization working in partnership with the poor and continues to be a landmark in the history of transformational development in the country. World Vision is a member of several NGO networks and government forums that address social and economic issues at various levels in India and abroad working in around 100 countries. World Vision has consultative status with UNESCO as well as official relations with key UN agencies including UNICEF, WHO, UNHCR.

Area Development Programme (ADP) of World Vision was developed out of the realization by the field offices throughout the world that in the past there had been plenty of projects that were carried out 'for the poor' rather than 'with' those who were willing to work for their own capacity building and improvements. The earlier projects delivered resources such as cash, food and shelter without asking the people to share in the process. Often the community lacked training and motivation so they could not maintain the improvements once the project managers left. Hence, the concept of ADP was developed. The idea was to cover a large geographical area, working in a wide number of communities while retaining a micro level integrated approach. ADP Phulbani in Orissa was operating in three administrative blocks such as Raikia, Tikabali and Nuagaon comprising of ninety nine villages in ten gram panchayats and targeting a total population of 47,000 with sponsorship support from World Vision UK. The project completed fourteen and half years of its service and impacted the lives of people under physical, socio-economic, moral and spiritual well-beings. The project concluded on 30th September 2005.

Situated in the Kondh hills in Orissa, Phulbani ADP is located in Kandhamal district across three administrative blocks (two operational blocks) and in ten gram panchayats covering an area of 300 sq km situated 2,000 ft. above sea level. The district is identified as one of the most neglected in the state. The original Phulbani district was bifurcated and formed into two separate

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districts known as “Boudh” and “Kandhamal” districts on 1st January 1994. After this division the popularly known “Phulbani” district was renamed as “Kandhamal,” the only district in the state to have been named after a tribe called Kandhas who are the original inhabitants of the district. The district spreads across an area of 8021 sq km, which forms 7.14 % of the state, out of which 60% of which are forest area. The target group is Kondhs and their dialect is *Kui*. The basic features of Kandhamal district needs to be brought as below in order to get a clear idea of the degree of marginalization in the district.

TABLE 1
KANDHAMAL IN ORISSA: BASIC FEATURES

| Sl. No | Feature | Kandhamal | Orissa |
|--------|-------------------------------|-----------------------|----------------|
| 1 | Area | 8021 Sq Km | 1,55,707 Sq km |
| 2 | Sub-divisions | 02 | 58 |
| 3 | CD Blocks | 12 | 314 |
| 4 | Police Stations | 15 | 464 |
| 5 | Gram Panchayats | 153 | 6,234 |
| 6 | No. of Inhabited Villages | 2,336 | 47,558 |
| 7 | Total Population | 6,48,201 | 36,804,660 |
| | Male | 3,22,799 | 18,660,570 |
| | Female | 3,25,402 | 181,44,090 |
| | Decennial Growth (1991-2001) | 18.60% | 15.94% |
| 8 | Density of Population (Rural) | 81 per Sq Km (Lowest) | 236 |
| 9 | Literacy Rate | 52.95% | 63.61% |
| | Male | 69.98% | 75.95% |
| | Female | 36.19% | 50.97% |
| | Rural | 50.37% | 60.44% |
| 10 | Total Workers | 306047 | 14272764 |
| | Marginal Workers | 130071 | 4699824 |
| 11 | Total Cultivators | 102380 | 42,38,347 |
| 12 | Agricultural Labor | 110190 | 5001075 |

| | | | |
|----|-----------------------------------|----------|-----------|
| 13 | Yield Rate of Rice | 7.78% | 10.41% |
| 14 | Fertilizer use in Kg Per Hect | 04 Kgs | 42Kgs |
| 15 | % Village Electrified | 57.58% | 78.94% |
| 16 | Total Hindu Population (2001)) | 5,27,757 | 29971257 |
| 17 | Total Muslim Population (2001) | 2,253 | 577775 |
| 18 | Total Christian (2001) | 1,17,950 | 6,66,220 |
| 19 | Total Sikh Population (2001) | 172 | 17,296 |
| 20 | Scheduled Caste Population (2001) | 1,09,506 | 5,12,000 |
| 21 | Scheduled Tribe Population (2001) | 3,36,809 | 70,32,000 |

Sources: Government of Orissa, District Statistical Hand Book Phulbani-2001, Statistical Outline of Orissa-2003 (Compiled).

Against the backdrop provided above, the overall objective of this study was to assess the holistic transformational development and the essential quality of life changes that ADP Phulbani affected in the area with specific reference to program rationale, efficiency, effectiveness, impact, equity scope and the overall management of the ADP. The study has the following objectives:

- To study the household characteristics and to assess the effectiveness of the program interventions with the help of transformational development indicators (TDI) towards capacity building in education, household resilience, poverty coping strategies, safe water supply diarrhea management and immunization.
- To explore the situation of gender equity, gender relationships and women participation in the ADP programming.
- To delve deep into the less tangible and more vital aspects of future, hope, care for others, and participation for sustainable development
- To look into the effectiveness of the CBOs and their sustainability with particular attention to leadership structure, ownership, planning, and implementation
- To study the efficiency in the ADP program management to identify general macro impact of area specific micro programme.

SOURCES OF DATA AND METHODOLOGY

Sources of data used were both secondary (published/printed documents) and primary (first hand data collected from the field) in nature. The quantitative data was gathered through survey of households. The qualitative data was

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consolidated through focus group discussion, 10-seed, vision mapping, flip chart and Participatory Assessment Monitoring and Evaluation (PAME) and case study.

The households screened for the survey were chosen randomly, since random selection limits potential bias in the result. Specifically, the probability-proportional to size (PPS) cluster sampling methodology (or survey two-stage cluster sampling) was used. The sample population included all the ten gram panchayats consisting of ninety nine villages of the ADP target area (First stage). Each GP formed a cluster. All the ten gram panchayats consisting of ninety nine villages of ADP target area are from three administrative blocks such as Raikia, Tikabali and Nuagaon. Table 2 represents the universe from which the sample has been drawn.

TABLE 2
YEARWISE ADOPTION OF GP AND POPULATION FEATURE

| Name of Sub Centre | Name of GP | Year Adopted | No. of Target Villages | No. of Household | Target Population |
|--------------------|--------------------|--------------|------------------------|----------------------|-------------------------|
| Raikia | Raikia | 1999 | 14 | 894 | 3950 |
| | Chanchedi | 1999 | 06 | 384 | 3736 |
| | Mondakia | 1991 | 11 | 946 | 4200 |
| Petapanga | Petapanga | 1994 | 09 | 496 | 3740 |
| | Gadaguda | 1994 | 09 | 525 | 2202 |
| Tikabali | Burbinaju | 1991 | 16 | 970 | 3949 |
| | Bodimunda | 1993 | 10 | 508 | 5741 |
| | Pikaradi | 1996 | 11 | 658 | 5578 |
| Paburia | Paburia | 1991 | 07 | 800 | 4920 |
| | Gutingia | 1992 | 06 | 1054 | 2600 |
| Total/Dist | 10 /153 GPs | | 99 / 2336 | 7235 / 153036 | 46616 / 6,48,201 |

It was decided that 900 sample households (HHs) would be interviewed covering all the ninety nine villages from each of ten GPs and equal number of sample HH taken from each village using the purposive sampling method. Thereafter, sample households (second stage) in each cluster, was selected according to the sample plan on simple random basis without replacement from gram panchayats. Numbers of villages were divided by the number of

GPs to get the average number of villages per GP. Thus ninety nine villages divided by ten GPs comes to 9.9 villages, which is rounded off to 10. 900 samples taken from 10 GPs with an average of 10 villages per GP means each village gives nine households to be selected at random. In our case sample constituted 8% of the total of 7235 households found in the target area. Thus the total number of sampled households was 900 among whom the structured interview schedule was administered.

For this evaluation exercise, the already developed interview schedule found in the TDI Field Guide of World Vision was adopted with some additions of questions applicable to local context. The survey interview schedule comprises seven sections, which were: Household Identification particulars (7 questions), Household Socio-Economic profile (12), Household Resilience (28), Water (06), Immunization (16) and Diarrhea Management (17). Before directly embarking on the actual fieldwork the interview schedule was tested based on the interview schedule pre-test checklist and corrective measures were taken accordingly.

While administering the interview schedule, certain precautions were taken so that the meaning of questions did not change. The interview schedule was in the local language; volunteers acquainted with the local language were selected and trained about the content of the interview schedule for data collection. Hence there was no problem to facilitate the conversation which in turn made the data collection easy and authentic.

Data collection involved a number of steps to ensure successful outcome. These included screening and training of survey staff, prior information to local government authorities and communities and organizing the logistics for the survey itself. During the training of the survey groups the topics that were covered included orientation and motivation, detailed instructions in procedures and interview schedule handling and field exercises.

In the field work the survey group comprised of five teams of three interviewers each, for a total of fifteen interviewers. The five teams completed ten clusters. Each enumerator interviewed fifteen households in a cluster per day. Accordingly one completed up to sixty households in four days. The fifth day (29.04.05) was devoted for checklist and consolidation.

Each team of interviewers had a supervisor who gathered completed interview schedules at the end of each day. The data pack marked with the cluster number, name, date, and the team responsible was delivered to the office for data entry. Experience suggests that on the first day the volunteers nearly took 50 minutes to complete one (household) interview schedule. The quantum of time taken was reduced on subsequent days.

The study bears the limitations of cluster sampling, as each cluster was not of equal size. In some cases straight questions from interview schedule did not help, for which explanatory hints were to be given in local *kui* language, keeping the manual of instructions printed in Oriya language in view. There were also different answers to questions depending of who the respondent was, simply because any adult respondent in the household is allowed to respond to the interview schedule. By and large, the limitations discussed here had no serious impact on the study result.

The data was analyzed by using the EPI database. The data base program included Epi-Info 3.3.2 that was downloaded from Internet (available free through statistics.com) and used to analyze the data. The programs are packed in CD-ROM, which consists of Microsoft access database, which stores the data, and several report generating programs in Microsoft Excel, Fox pro and Word. This study used quantitative TDI indicators, measurement and descriptive statistics.

Focus Group Discussion (FGD) was the primary technique used in the collection of qualitative data. 10 Seed, Flip Chart, Vision Map supplemented FGD, as per the requirement of the indicator. Play way and break songs were adopted to avoid boredom and monotony. The indicators studied are caring for others, emergence of hope, community participation and social sustainability as a totality of World Vision's impact.

QUANTITATIVE DATA

The quantitative data for the present study includes indicators like household characteristics, enrolment in primary education, household resilience, safe water supply, immunization, diarrhea management and poverty scenario. The results are detailed below.

Household Characteristics

Phulbani Area Development Programme (ADP) has a total population of 46,616 people scattered in 7235 households. Average number of people per household is 5.27. Adults aged 19-49 years head 80.55% of the households, and 18.45% are headed by adults aged 50 years and above. 95.22% are male headed while only 4.78% are female headed. Males dominate females as household heads for all age groups. There is no significant difference between the numbers of people in each age group by gender. Adult females (19-50 years and above) were found to be little more in number than males.

82% of the households had nuclear or elementary family structure and only 17% of the households had joint or extended family structure. The society is dominated by 58.2% of tribal Kandhas. 31.4% of the households comprised

the scheduled castes. Most of the households belonged to lower caste and classes of rural Kandhamal society. Further interesting is to find that tribalization of caste is taking place where lower castes like *doms* (basket makers) and *chamars* (leather workers) are known as Domaria Kandha and Chamaria Kandha respectively. Majority of the respondents are working as daily wage laborers like their father in order to eke out a living. Only 3.4% are service holders found in secular occupations different from parental occupation. The tendency to be in their fathers' occupation exhibited its prominence amongst the sample respondents.

Primary Education

The primary enrolment rate for ages 5-11 years, disaggregated by gender, within the ADP area is 58.08% of all the boys and 55.79% of all the girls aged 5-11 years. When ages 13-17 was considered, disaggregated by gender, the enrolment rates were 41.93% of all the boys and 44.21% of all the girls respectively. A large variation is not found in percentage enrolment when considered by gender categories. Focus group discussions on equal opportunities for boys and girls in education also confirmed this finding. The age range for most children under World Vision sponsorship is 7-17 years. Sponsorship is found to be more both for boys and girls at the post primary school stage between 11-16 years. Sponsorship to students and infrastructure aids provided to schools has built a tendency in the children to pursue their education further and not to drop out.

Household Resilience

This indicator refers to the household's coping and adoptive strategies to mitigate the impact of external shocks and/or environmental stress factors in order to provide for the household's basic necessities. It is found that borrowing money/food, loan from banks, seasonal migration in search of employment/living, reduction in the number of meals and working for longer hours are the major coping mechanisms practiced by the majority of households. Majority of the respondents have farming and daily wage as the source of income. Nearly 6% of the respondents have multiple sources of income.

Safe Water Supply

The indicator is percent of households who have year round access to an improved water source. Access to an improved water source means 15 or more liters of water per person per day, from a potable source within 30 minutes of the household. Potable source means a tap, protected well, or other protected water source. In this survey, improved water source here was taken to refer to Piped water into dwelling, Public tap, Protected well in dwelling and Protected public well. ADPP's renovation of public well and sanitation sensitization had a profound impact. 25.6% of the households

interviewed are accessible to an improved water source during dry seasons. Majority 45.4% of them are still found to use open public well as a source of drinking water. Even 14.1 are found very unhygienic source which is locally called *chua*, meaning a sandy enclosure smaller than pond in width and lesser in depth than a well. 84.2% of the households were accessible to an improved water source within a walking distance of less than 30 minutes to and from the water source during dry seasons. The main source of water within ADPP is open public well and protected public well in dry seasons.

Childhood Immunization

Immunization included recommended vaccinations of children aged 12–23 months against diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis. 50.71% of the children below 11 months, 59.77% between 12-23 months and 79.34% of the children between 24-59 months were fully immunized as found from verified and verbal reports. No significant difference is found between boys and girls who received each dose. Majority of the boys and girls have received the required doses. BCG scar rate was found to be 92%.

Diarrhea Management

The indicator is percent of children 0–59 months with diarrhea in the past two weeks, whose disease was acceptably managed. Diarrhea means more than three loose stools passed in a 24 hour period. Acceptably managed means the child received increased fluids (preferably ORT or recommended home fluid) during the disease and while recovering. Total number of diarrhea case reported was 97. With 96.9% of the children having received the appropriate diarrhea treatments, the level of awareness in caregivers with respect to diarrhea treatment is nonetheless satisfactory. 13.4% of mothers whose children had diarrhea confirmed having fed their children more than usual. 17.5% of mothers fed their children less than usual. But 46.4% of mothers fed their children same as usual.

Poorest Households

World Vision UK desires that poverty in the world be the part of history. Identification of the poorest household was done through household survey with certain specific questions designed and included in the household interview schedule. The poorest household were those who: a) had no land or were poor peasants; b) possession of land without irrigation potential; c) did not possess minimum household assets; d) high dependence on forests for firewood collection. Most of the people are landless (41.2%) or were poor peasants (44.9%) a situation like too little to live on and too much to die on. Only 22% of the land available to household has irrigation potential as against majority 44.04% having no irrigation potential. Majority people are found possessing a bicycle 63.4% as household assets. Livestock possession

position is relatively more encouraging. There is high dependency of people on forest for mere firewood collection. Data found from household survey does not corroborate facts found through documents review. People need food to cook rather than fuel to fire. On the whole poverty scenario continues to be grim and the poverty dimension needs to be handled more carefully in the forthcoming project.

QUALITATIVE DATA

The qualitative data for the present study includes indicators like caring for others, emergence of hope, community participation and social sustainability. The results are detailed below.

Caring for Others

The caring for others indicator seeks to measure attitudes, actions, and values of community members which are fundamental to their relationship. Caring for others means that men, women, boys and girls perceive that they care for others and others care for them in their community. The theme is defined around the dimensions related to use of community resources, gender relations, valuing and protection of children, well being of the vulnerable people and conflict prevention and resolution. The theme can be explored through several topics such as sharing of the resources, common actions for the community's well being, gender roles and relations, protection of children and their values, equal opportunities for the boys and girls, well being of the vulnerable, and resolution and prevention of the conflicts. Sharing of essential resources was found to be broad based. Marriage gets informally registered through exchange of wine (locally called *Kalu*) and couple enters into permanent marriage relationships and there is no custom of divorce in the Kandha society in Phulbani. The cultural practices called *reeda* and *maada* are oriented towards community well being through joint action.

Reeda symbolizes joint labor in agricultural and domestic field like ploughing the field, sowing, thrashing, harvesting and thatching houses. The absence of man power in particular work is managed by spontaneous involvement of community people in a sense related to altruistic sentiment. It is an essence of community ownership inspired by traditional division of labor through a cultural trait. *Maada* in other sense is a supportive behavior towards a kind of depression in a particular community. It is seen in the funeral ceremonies of Kandh tribes. The kith and kins, friends and invited guests in a funeral ceremony try to balance the setback to aggrieved family through a practice of donating cash as well as kinds to the family members. The community men exhibit their behavior worth a friend in need. It is a sequential act of emotional sharing between a particular community members observing typical social practice. All community members contribute cash, materials

and labor on regular basis. Efforts like financial assistance to needy for medical treatment, prevention of drinking country made liquor, home to the homeless, tutorial coaching centre, construction of Check Dam to facilitate irrigation and obtaining dealership of kerosene distribution from Government by SHG exemplify the joint action for general well being of the community. We came across two good examples of joint action for community well being.

1. The village development committee (VDC) in Pikaradi gram panchayat called an emergency meeting and invited the doctor from Tikabali primary health centre (PHC) to check the outbreak of cholera in the first week of February 2001, which saved the life of many children and aged in the area affected by the spread of the killer disease.
2. Derinaju, a village in Burbinaju gram panchayat is now considered a model village. The joint efforts of VDC brought a tractor in September 2002 from ADP Phulbani and the entire community got a good support to enhance the income source. The village has earned and now deposited Rs. 1, 27, 967 with the help of which it is ready to purchase another tractor.

Both men and women agreed that women take greater responsibility than men in the society. Household responsibilities have gone beyond gender roles. Household assets and children are the property of both. Mutual trust and devotion define the nature of relationship between men and women. Though people are poor in finance or physically, yet they have self-dignity in the community. They don't see themselves as vulnerable. There is no conflict as such in the local communities.

Emergence of Hope

Dimensions of emergence of hope include peoples' perceptions of their past and the present, attitude towards the future, self-esteem, and spirituality. The element of peoples' perceptions of their past and the present has been further explored through the specific topics such as perceptions of the past, recovery from the critical events, control over the present and the support the community is having from others. The features regarding attitude towards future has been explained through future vision and planning for the future. As the methodology suggests, these themes are to be explored for the men – women and boys – girls separately, the specific topics pertaining to the broader dimensions are different for these two major respondents category. Essentially the emergence of hope tries to bring out the elements of sustenance and resilience in the community and the process of evolving coping mechanism from the past as a reason for the hope for the future. Men, women, boys, girls and local community under ADPP are convinced that hope is essential for transformed relationships. World Vision entrance showed the light when they were in the darkness, expressed a respondent. Supporters from inside, according to them are World Vision, VDC, SHG, Auxiliary

Nursing Maids, Gram Panchayat and Anganvadi. Outside supporters included Government, Block Office and Bank. Interestingly, the villagers have placed World Vision as an insider i.e. as one of them.

The community has a good vision for their children and other community members as a whole. They would like to see the following in the future: have improved health and education facilities, improved communication and transportation facilities, electricity and potable water supply and increased in agricultural production, school, college, post office, church and temple. They also want to have a peaceful and loving society. Adults subscribe to the vision map drawn by children. They were aware that ADPP is phasing out. A strong spiritual inclination builds hope for the hopeless communities that material interventions can only succeed if combined with spiritual upbuilding.

Children remember having heard from parents about the TD taking place in their village after the coming of World Vision. Children wanted to plan to be able to earn their own livelihood and be happy, get married and live happily. They have now got the confidence to turn their dreams into reality. They are of the belief that their spirituality provides them strength during times of difficulty.

Here are some unforgettable memories narrated by some of the respondents:

1. Young Chandan Digal of Raikia gram panchayat remembers when two goats were provided by ADPP to his widow mother in distress. Now there are four kids born to these goats. Chandan finds courage to pursue his studies out of the income from goats.
2. Arjun Pradhan of Mundanaju village of Paburia gram panchayat, suffering from diarrhea was under the treatment of a witch doctor. There was no improvement and he lost all hope to survive. Child Monitoring System animator persuaded his father and provided fiscal support to take him to hospital. He got cured and started going to school.
3. Manoj and Kunduri of Paburia gram panchayat who were working as daily wage laborers are now heading towards a bright future after they were enrolled in the school by World Vision.
4. The Sorunaju SHG of Raikia gram panchayat see a good future for their children as they have constructed a Balwadi center and coaching classes with the support from World Vision.

Community Participation

The participants have good knowledge and understanding about the development initiatives in their villages. They witnessed the development initiative in their own and neighboring villages. They also got the news through meetings, individuals and celebrations (social and religious). A clear division of labor and sharing of responsibilities was set. People believed that development is what they give than what they get, with profound emphasis on self-reliance and work ethics.

The group expressed that World Vision, the community people and VDC took the development initiatives. The community members, government and World Vision contribute financial, material and human resources to undertake the ongoing development programs. People were emphatic in saying that many had come and gone, but World Vision was and is there with them. The community has good participation towards planning of the programs. For achieving good results they do meet regularly twice a month. Proper networking is done with all the stake holders for their involvement in planning, processing the papers for approval and towards the implementation of program. Community members were actively participated in planning water development, construction of check dam, school, road and village cleaning projects. The men (VDCs) earlier were mostly involved in the decision making process, without involvement of women. Before reaching on final decision, opinions and interest of the wider community are well considered.

Social Sustainability

Most community members are well represented and involved in the organizations. Almost all social, economic, religious and ethnic groups are represented among the members without any discrimination, some as office bearers or leaders and others as members. They take the potential members of each house. Economic status of an individual is not considered for being a member or office bearer of CBO. There is no difference between the executive and common members. They are treated equally. The executive members hold the office for two years, after which the charge is being given to the new members. One person does minute writing but every member of the committee takes the chair in each meeting session. Relationship between leaders and members is smooth, transparent and regular.

Men and women participate equally in decision-making. Major decisions relating to organizational plans and budgets were left for the participation of all members whereas the leaders handle routine day-to-day activities of the organizations. Compared to men, it has been found that the women of the community are more involved in the works of the organization. They consult with their men and VDCs only when it is necessary. Women are also found to

be active in leadership in SHG. Women share their views; dissatisfaction very freely and there is no undue interference.

They have written the aims and objectives printed on a piece of cloth and hang it on the wall of the community office. Majority of the organizations focused on bringing sustainable transformational change in the life of their members in particular and the community in general. They seemed to be worried as the program is phasing out. The organizations have their executive committee, which is elected to office by members. Roles and responsibilities are assigned to members of the committee in an organized manner. By-laws of the organizations are endorsed by the participation of all members. They only use one book provided by ADPP to record accounts, minutes of meetings, and records of activities. Monthly and membership fees are increased from time to time to make the CBO sustainable. Meetings for SHGs, VDC and the Apex Body are conducted twice a month, once a month and once in two months respectively. ADPP have a very close relationship with all the CBOs. CDOs act as the go-between, identify the CBO's needs, make plans, implement the programs, checking the progress of children, meeting with the school teachers about children's progress, etc. The role of World Vision has been to bring unity among the people, to assist in income generation, emergency treatment, contributing in the construction of community hall and canal; repairing of well, road and community bathroom; houses renovation, tube well, brick making and tins GC sheet, providing bicycles to the students and in providing peace initiatives.

The CBOs mobilize financial and material resources from their members through monthly contribution and also through community working as a whole. They don't have diversified fund sources. 60% of the resources like materials and money come from World Vision. Community hall yields income during community celebrations and family celebrations and additional earning made through renting out motor pump, tractor, sprinkler set, oil threshing machine, sprayer and from brick making units. The other agencies, Polisree, Nippidat, Praddata, Jagariti, etc. working in the area are not as active as World Vision. People are capable of handling their own resources and affair due to socialization received from World Vision/ADPP.

CONCLUSION

The result obtained indicates a number of positive impacts of ADPP in bringing about the transformational development among marginalized in tribal Kandhamal. Further work seems to be required in areas like poverty, sanitation, unemployment, gambling, and alcoholism. Following table presents a true picture of the problems faced by the program staff and the communities, the type of the strategies adopted and the net program effect towards social sustainability and transformational development.

TABLE 3
STAKES MANAGEMENT AND NET EFFECT

| Theme | Obstacles/Problems at Formative Stage | Strategy at Summative Stage | Net Effect |
|--------------------------|---|--|--|
| Project Operation | Distrust over other NGOs & consequent distrust over World Vision staff and VDWs | Establishment of rapport, formation of group relationship, confidence and capacity building, narrating past work of World Vision and experiences. | People built their own trust and said 'Forget the rest, World Vision is the best.' Trust building was possible as counseling and awareness programs were supplemented by monetary, material and moral support from World Vision. |
| | Opposition from non-Christians, religious tension and intolerance | Strategic non-interference, patience, persuasion, courage, assimilating people from all categories in TD. Ministering the believers, transparency in management. | Misconception changed. People wanted and went with the genuine intervention of World Vision. Hindu men and women led VDCs and SHGs. Such opposition and intolerance do not exist now. |
| | Unavailability of Government records for verification and program planning | Base line data, Field information and records supplied by CDOs, case history and success storied led to accumulation. | Effective documentation and implementation and monitoring in consonance with design document. |
| | Shortage of staff in Government offices and lack of monitoring and evaluation of Government projects | Partnership development with Government machinery, liasoning with Government in public interest and benefit. | Partnership development and program effectiveness towards holistic TD. |
| | Government officials unwilling to co-operate for World Vision's work not being part of Government defined duty and protocol | Field visit and inauguration program with Government authorities. Grievance redressal meetings, Frequent contact Networking and appraisal through CDOs. | Partnership development and program effectiveness towards holistic TD. |
| | Acquisition and field skill training of World Vision staff | Appointed and training on ministry strategy and field management was given. | Effective field program towards physical, intellectual, socio-economic and spiritual well being at the community level. TD occurs through and at the instance of CDOs. |
| | World Vision staff | Strategic intervention, monitoring, decision | Effective field program |

| | | | |
|---------------|---|---|--|
| | started work in too many villages at start | making and control made. | towards holistic sustainable TD. |
| | Suspicion and Fear of conversion and prejudice against Christianity | Nothing to pursue on such technical and sentimental issue. Concentration on program work allowing people to wait and watch. Ministering the believers, transparency in management. People enjoyed freedom and choice to guard their own interest and worked hard for TD at local level. | People realized the fact not true and WV is apart of their life and blood. Hindu men and women led VDCs and SHGs, Apex Body and became members. Some admitted during FGD that their belated entry into the VDC at the last stage of phasing out has made them not taking full advantage of ADPP. |
| | Prevailing feeling that the VDWs shall run away with the contribution to the credit Union | Cash handled by their own treasurer, bank accounts opened. CDO gave money and did not take any. | Such credit union became the source of their strength to meet urgency and emergency. No exploitation by local money lenders who were charging exorbitant interest on loans. |
| | Casteist feelings, superstitions and blind beliefs | Establishing intergroup relationships, VDCs and SHGs motivated developing indignity against untouchability, casteism, superstitions, CDOs encouraging inter-dining and social intercourse. | Near absence of casteist feelings, superstitions and blind beliefs in target communities, spread of universal brotherhood. |
| | Improper intra and inter village relationships | Activating VDCs, SHGs, youth clubs and Apex bodies with periodic training to participate, assist, facilitate macro TD programs, identification, and solution of problems, sharing experiences and spread effect. | Intra and inter village relationships now very effective. |
| Health | Lack of registered identity and bribery at Government level | Collaboration with Government health personnel, WVs networking and assistance for getting registered identity and health cards, periodic verification by CDOs. | 82% Target achieved as against baseline 51%. |
| | Inadequate immunization | Collaboration with Government health personnel, WVs networking and assistance for immunization, periodic verification of health cards by CDOs. | 87% Target achieved as against baseline 60%. |
| | Inconsistent breast feeding | Visit to the families, monitoring, Help from SHGs. | Mothers are now conscious |
| | Nutritional & vitamin Deficiency | Collaboration with Government health personnel, provision for vitamin A doses, World Visions networking and assistance for immunization, Visit to families and periodic verification of health cards by CDOs. | Substantive reduction. |
| | Poor diarrhea management | Oral dehydration therapy, Collaboration with Government health personnel, | 92% Target achieved as against baseline 44%. |

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| | | creation of proper medical facilities, World Visions networking, assistance and consistent case management. Emergency treatment. | |
| | Poor access to safe drinking water | Mobilization of internal, external and alternative source, provision of bore well & tube well, up gradation of existing open well. | 86% target achieved as against 54% base line |
| | Low sanitation facilities | Provision of water sealed toilets, Collaboration with and motivated response from Government, World Visions networking and assistance for immunization, visit to families and awareness programs. | 1000 water sealed toilets provided 81% target achieved as against 52% base line |
| | Poor awareness of pre-natal and post-natal care | Motivated and Remuneration for Government health personnel, World Vision's assistance for pre and post natal care, Visit to families and periodic health check up and verification of health cards by CDOs, Couple retreat, Awareness programs and monitoring by SHGs. | 82% target achieved as against 66% base line |
| Education | Lack of awareness of HIV/AIDS | Awareness programs on ATM, Posters and pamphlets, Video show. | 90% target achieved as against 22% base line |
| | Children not sent to school at proper age, Girls education not in priority | Awareness programs, Child sponsorship, provision of uniform, text and notebooks, bicycle, Balwadi centers, community led tutorials, construction of school building, child protection committees. | 83% much above national ministry targets and girls given equal treatment |
| | Increased dropout rate | Awareness program, School and family visits, Counseling parents & children progress monitoring, Incentives and prizes | Near nil drop out in target population |
| | Frustration due to lack of employment, Lack of vocational training | Vocational training and IGP. | Reduction in frustration and sustainable development |
| | High cost of education, More education more dowry | Awareness program on needs of education, family visits, Counseling parents & children, Training VDCs and SHGs material and moral assistance, cost support to the needy. | Very high realization of needs of education against cost |
| Economic sustainability | Lack of professional and technical education facilities | Potential prospective male and female youths assisted towards enrolment in higher vocational, technical and professional courses. | 15% target achieved as against nil base line |
| | Poverty | Provision for food security, increased agricultural production, IGP, vocational training and assistance, SHGs assisted in MED activities, provision for tractor, irrigation bore wells, pump sets and sprinkler sets, infrastructure development. | Adequate Community capacity building, Food security ensured and substantive reduction in poverty |
| | Absence of appropriate shelter | Provision of shelter, assisting in getting Indira Avas Yojana, initially tile and now | None in target area is Homeless. |

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| Inadequate infrastructure | tin roofs to save roofs from monkey attacks, renovation and repair works. Construction of road bridges, culverts, school, recreation park, community hall in each gram panchayat, check dam, electrification, supply of housing materials, generators and electrical equipments, turmeric unit and rice huller. | Communities well equipped with infrastructure, which they are rolling for further infrastructure building. |
| Poor household resilience | Capacity building towards meeting shocks and strains. | Economic development, availability of adequate food sources, multiple income generation options |
| Lack of social sustainability | Building work ethics, farsightedness and self-reliance, Provision for food security, increased agricultural production, IGP, vocational training and assistance, SHGs assisted in MED activities, provision for tractor, irrigation bore wells, pump sets and sprinkler sets, infrastructure development. | Difficult target about STD. Further work to be done. |
| Lack of community participation | Building intra and inter village relationships, effective working of SHGs, VDCs, Apex Bodies, youth club, child protection committees in finding solutions to their own problems themselves, rehabilitation of children, aged and women in distress, Caring and sharing attitude; training program, monitoring and reporting by CDOs. | Very effective community participation now found in target community. |

RECOMMENDATIONS

Following recommendations are advanced on the basis of the lessons learnt from impact evaluation exercise:

Education

Program should keep monitoring the quantity of school enrolment. Talent hunt and preparing the students for personality test and greater participation in group discussion programs should be monitored by CDOs in appropriate liaison with local volunteers and school teachers.

Household Resilience

The Food security is nonetheless a challenge in Kandhamal. It is recommended that livelihood provisioning initiatives (agriculture recovery through seed provision, restocking, nutrition gardens and the promotion of other income generating activities such as craft making, soap making, small credit schemes etc) and livelihoods protection initiatives (free food handouts, capacity building and skills development) be implemented. The data from this report will serve well as baseline data for ADPP in food security component towards a macro strategy.

Safe Water

For Kandhamal the provision of protected deep wells will go a long way in alleviating the current water shortages in the area. Deep wells are easy to maintain and sustain as compared to boreholes.

Diarrhea

The diarrhea management will not become an issue for ADP. However, emphasis may be placed on non-medical remedies like establishing a garden of medicinal plants with necessary support from local people and Government authorities.

Immunization

It is recommended that the ADPP in future projects procures immunization drugs and partner with the Ministry of Health and Child Welfare of state Government through liaison with Government of India and to continue with the Expanded Program on Immunization.

Community Participation

ADP should promote more practice of involving children in decision-making process as most of the development initiatives directly affect their life.

Emergence of Hope

Building the ownership of local people is an obvious recommendation in this ADP. The approach of “doing for them” in development initiatives is to be removed, instead it is recommended to have technical experts to start the projects design from people’s desire and hope and help them to walk alongside with their own plan.

Caring for Others

A list/profile of disable children and disable people in the area may need to be developed and kept at the ADP which will help the team and partners to have more attention on these most vulnerable groups and also to raise the awareness of caring for others among program communities.

Social Sustainability

Self esteem is high and the local capacity for most projects is there but there is need to further sharpen people’s skills through continuous training in best farming methods, improved livestock management skills and maintenance of existing infrastructure. VDCs/ CBOs should be registered in order to avoid questions about legitimacy, and to make them eligible for Government funding. As regards resource mobilization, the World Vision needs to be functioning on the mode of a facilitator for the services that the people want from various departments and other sources, rather than being the sole

resource/service provider. It would also be prudent to have skeletal presence in some of the villages of Chanchedi and Raikia, which it would rate as low-performing – high-risk villages.

Poorest Households

Government be moved to provide land to the landless under the available scheme. People may be made to use forest resources for greater productive purposes.

NOTE

The contribution made by external members of the evaluation team viz. Ms Hilary Williams, Programme Officer (Asia), Ms. Samantha Mitchell, Business Executive, both from World Vision UK, Mr. Reni Jacob, AD, Eastern Zone, Kolkata, Mr. Ashis Kumar Swalsingh, PQM, Kolkata, Mr. M Lyngdoh, PQM from Central office Chennai, and Mr. Michael Pradhan of ADP Phulbani are gratefully acknowledged. Thanks are due to World Vision UK for having sponsored the project and World Vision India for sponsoring the evaluation.

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