EVALUATION REPORT

Ensuring Children's Nutrition and Age Appropriate Development in Mullativu Project (ECNAAD)

Submitted By:

Management Frontiers (Pvt) Ltd,
20/74, 1/1, Fairfield Gardens,
Colombo 08.

Submitted To:

Programme Manager,
Child Fund Sri Lanka,
No. 44/3, Narahenpita - Nawala Road,
Colombo 05.

November 2019

Contents

List of Figures

Abbreviations

ARI	Acute Respiratory Infection
CF	ChildFund Sri Lanka
CHDR	Child Health Development Record
SLDHS	Sri Lanka Demographic and Health Survey
CwD	Children with Disabilities
CP	Child Protection
DS	District Secretariat
ECD	Early Child Development
ECE	Early Child Education
ENCAAD	Ensuring Children's Nutrition and Age Appropriate Development
GN	Grama Niladhari
GND	Grama Niladari Division
FGD	Focus Group Discussion
HH	Household
KIIs	Key Informant Interviews
MF	Management Frontiers (Pvt) Ltd
OECD – DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
MoH	Ministry of Health
WA	Weight for Age
PDHS	Provincial Director of Health Services
RDHS	Regional Director of Health Services
RFP	Request for Proposals
PM	Participatory Methods
PHNO	Public Health Nursing Officer
PHM	Public Health Midwife
SPHM	Supervising Public Health Midwife
SPHNO	Senior Public Health Nursing Officer

Management Frontiers

(Private) Limited

Management Consultants

20/74 – 1/1, Fairfield Gardens,
Colombo 08
Tele/Fax: (94 11) 2674667-8
e-mail<prasanthack@gmail.com>
Web:www.managementfrontiers.com

31st January, 2020

Programme Manager,
ChildFund Sri Lanka,
No. 44/3 Narahenpita,
Nawala Rd,
Colombo 05.

Dear Sirs:

Final Report: Final Evaluation of ENCAAD Project of the ChildFund

We are pleased to submit the Final Report of the above Final Evaluation, as per contract signed between the ChildFund and Management Frontiers (Pvt) Ltd.

Should you require any clarification or amplification on any points given in the Report, we are at your service to provide such further information.

Thanking you.

Yours truly,
Management Frontiers (Pvt.) Limited

Prasantha Abeykoon
Chairman / Principal Consultant

EXECUTIVE SUMMARY

Understanding of the Final Evaluation of "Ensuring Children's Nutrition and Age Appropriate Development in Mullativu Project"

Since 2013, ChildFund Sri Lanka has been working to combat highest malnutrition rate in Sri Lanka through the Ensuring Nutrition, Health and Children's Education project. The project also advocates for healthy parenthood, with special attention to caring, protective and interactive motherhood. The activities mainly focus on health, nutrition, family care, positive stimulation, education, infant security and protection of children aged 0-5 years. The program takes an integrated approach, focusing on nutritional requirements and related factors that influence a child's health and development, such as family health habits, personal and environmental hygiene, safe water and sanitation practices, and food security.

The period from conception to 5 years is a critical time in human development. Starting even before a child is born, the brain is developing. In fact, the brain is developing most rapidly and is most vulnerable during these first few years of life. Before a child turns 3, his or her brain is 2.5 times as active as the average adult brain, making more than 700 new synapses (connections between nerve cells that transmit information) each second. This defines a child's health and developmental trajectory and determines a great deal of his or her future. This is why investing in programs that target infants and young children, the age group from conception to 5 years is so important. Children are not the only ones who benefit; so do their families and society as a whole. Also, according to the World Bank, high-quality services for infants and young children promote gender and socioeconomic equality. When considering how to design high-quality services for this age group, it is important to recognize that all aspects of a young child's life are interconnected. Their physical health depends on good nutrition, and their home lives strongly influence their emotional well-being. In recent years, we have learned more about brain development, and it is clear that children need more than just good nutrition to reach their full physical and cognitive potential. Another critical piece is stimulation, which is necessary to build and strengthen the brain's architecture. Children's early experiences with caregivers and their environment have a direct impact on their physical and mental health throughout their lives. Love, affection, interaction and play along with fulfilled health and nutritional needs, create the attachment that stimulates healthy growth and development. As a result, leaders around the world including ChildFund are increasingly focused on the integration of nutrition and stimulation.

Mulativu District

The Mulativu district is one the three districts in the Northern Province. There are about 28,300 children below 3 years and about 21,900 children between 3 to 5 years (total of 50,200). There are 2,360 malnourished children and only about 17,700 children attending to pre-schools. These children are being served by 575 pre-schools and about 1,400 pre-school teachers. There are 6 Divisional Secretariat (DS) divisions in Mulativu district.

The Project was implemented in the Puthukkudiyiruppu DS division. There are 19 GNDs, 179 villages, 13,423 households[1] and 48 pre-schools in this DS division (2018). The population of the DS division is 23,824 (2012)[2] of which 2,737 are children under the age of 5 years. This DS division faces many challenges and households encounter many hardships. The challenges include poverty, alcoholism, unemployment, early marriages, large number of women headed families (2,045 HH), war affected families, teenage pregnancies and cases of child abuse and continuation of illegal activities. The hardships encountered by the households include lack of proper housing, water supply and sanitation, transportation facilities, health facilities and education facilities.

The geographical coverage of the project was in 7 GN divisions in Puthukkudiyiruppu DS division in Mulathivu district. The seven GNDs are Sudhanthirapuram, Kaiveli, Vallipunam, UK South, Kombavil, Thevipuram and UK North. The total numbers of participants in these GN divisions include 1,359 children (age 0 – 5 Years), 201 Malnourished children and 2,126 parents and caregivers.

Expected Project Outcomes

The project is expected to achieve the following two outcomes.

1. Children Aged 0 to 5 years old in target communities have attained the growth and development milestones appropriate for the age.
2. Parents and Caregivers of children aged 0 to 5 years in target communities consistently applied knowledge and skills on proper childcare and development.

The above outcomes are planned to be achieved by implementing the main initiative of provision of knowledge to the parents and lead mothers in relation to nutrition, hygiene and sanitation, early development stimulation and ECD.

The Scope of the Evaluation

The scope of the evaluation primarily includes the following.

a) Measuring the project achievement against the plan and achievement of outcomes and outputs as set in the results measurement table and indicators used at the baseline survey.
b) Capturing intended and unintended impacts and outcomes of the project.
c) Documenting best practices and lessons learned of the project to enhanced learning.

The Evaluation Methodology

The evaluation examined five OECD DAC criteria of relevance, efficiency, effectiveness, sustainability and Impact. The evaluation was carried out in September 2019 and applied a

[1] Annual Performance Report and Accounts – 2018, Mulativu District Secretariat
[2] Department of Census and Statistics, 2012 Population Survey Report

mixed-method approach to maximize validity and reliability. A Five days long field mission to Puthukkudiyiruppu DS division was conducted between the 21st and 26th September with visits to 4 villages, backyard operations at the households in the selected GNDs, government offices, MOH and the project office. The data collection methodology included site visits and observations, face-to-face in-depth interviews, focus group discussions, desk-based research and review of existing reports, documents and available secondary data. Main sources of information were; Parents of children, lead mothers, Officials of MOH (MOH, SPHNO & PHNO), Officials of other relevant Government offices such as District Secretariat, Divisional Secretariat and the Project officials. Overall there had been 16 Key Informant Interviews (KI), 8 Focus Group Discussions (FGDs) and 4 Household visits. Internal and external quality assurance methods were used during evaluation and the findings were validated and discussed with the Project officials at the mission wrapping-up meeting.

Evaluation Findings, Lessons Learned and Recommendations

The evaluation finds that the expected outcomes and related outputs have been achieved. They are presented below.

Goal: Children Aged 0 to 5 years old in target communities have attained the growth and development milestones appropriate for the age: The project has been able to achieve this outcome and is evidenced by the improvements in (i) percentage of children 0-5 years within appropriate weight for age (WA) from 36.61% to 91.7%; (ii) percentage of children with improved age appropriate developmental milestones from 37.25% to 98.8%; and (iii) percentage of reduction (compared to baseline) in frequent illness (Diarrhoea, Fever, ARI) among 0-5 children within the last two weeks period from 71.79% at the baseline to zero levels in September 2019. None of the parents who responded at the evaluation indicated that their children were sick (three sicknesses) during past two weeks. Midwives in the GNDs also confirmed this.

Outcome 1: Parents and Caregivers of children aged 0 to 5 years in target communities consistently applied knowledge and skills on proper childcare and development: The project has been able to achieve this outcome and is evidenced by the improvements in (i) percentage homes with age appropriate toys and learning spaces that are effectively utilised for children aged 0-5 from 25% to 76%; (ii) percentage of parents and caregivers using daily routine activities for stimulation from 13% to 95.0%; (iii) percentage of parents and caregivers performing positive nutrition, hygiene and sanitation practices from 38.66% to 95.0%; (iv) percentage of children aged 0-5 performing positive hygienic and sanitation practices from 36.5% to 95.0%; and (v) percentage of children ages 6 – 23 months are fed at least 4 food groups form 30.77% to 95.0%.

Output 1: Parents and caregivers have improved knowledge on proper nutrition, hygiene and sanitation practices through a peer education approach: The project has delivered this output and is evidenced by the improvements in (i) percentage of lead mothers, mothers and

caregivers who can verbalize at least 3 important aspects of nutrition, hygiene and sanitation practices from 41.0% to 95.0%.

Output 2: Enhanced capacity of ECD workers/teachers to deliver good quality ECD services: All ECD workers (teachers and assistants) have been trained and in position to deliver good quality ECD services.

Due to the fact that the all expected outcomes have been achieved and outputs have been delivered, the evaluation finds that the Project has been relevant and effective. It also finds that the project has been implemented on cost-effective basis and that it has been impactful. A few factors have been identified to be monitored in relation to sustainability of project benefits.

Lessons Learnt

The evaluation identified the following lessons relating to this Project.

i. **Effective Project Planning has been the key for its success:** Sound and well-articulated results framework and well explained Theory of Change documented at the planning stage of the Project.

ii. **Effective Project Implementation:**

A few key areas were observed by the Evaluation in relation to Project implementation. They are:

- Inclusive and extensive Stakeholder Engagement in Project planning, Project implementation, Project Monitoring and Project closure
- Community Engagement
- High level of Commitment and positive attitude of Project Staff
- Adequate Support and Guidance by the Head-office staff
- Effective Project Monitoring System

Recommendations

The following recommendations are presented based on the findings of the Evaluation.

Integrated approach on ECD at the Provincial Level: There should be integrated approach for the enhancement of child nutrition and development of ECD services at the Provincial level to ensure that these children are not left behind.

Continuation and enhancement of Project Interventions

The Project has come to end but the beneficiaries wish that the Project should be continued. As the villagers in the Project area has understood the benefits of this Project, they are requesting that the Project should be continued and extended to other GNDs as well. It was also suggested that the Project should consider providing seeds to the households for home gardening, provide awareness on benefits of home-grown food and type of vegetable to fruits to be grown, using powder form food (E.g. Maize) etc. Given the economic conditions that

prevails in the area, providing knowledge and assisting them to be able to get the supplies of nutritious food for the family is extremely important.

Linking Lead Mothers with Regional and Provincial Health Authorities (PDHS and RDHS)

Since the lead mothers already working with the midwives and providing a valuable service to improve the health of children, it is suggested that they be linked to provincial and reginal department of health so that they will have a record as to who they are and continue to seek/obtain their services even if the present officials are there or not. Also, this will strengthen the network of lead mothers and enhance their recognition and acceptance by the villagers.

Increased knowledge on ECD among the Policy makers and Planners

The knowledge on the ECD among the planning officials and policy makers should be improved so that they would pay adequate attention to ECD in planning and policy making. The ECD had been somewhat neglected in the past and therefore there are proper planning and development approach that has been formulated and implemented. This need has to be addressed by providing a deep understanding of the need and importance of ECD to the planners and policy makers.

Ensuring increased attention by planners on Child Nutrition and ECD/ECD investments

With the increased understanding, it is envisaged that the planners will translate this knowledge into effective program development and be able to formulate proper development investment plans for child nutrition and ECD, so that the policy makers and authorities would consider child nutrition and ECD as important area and increase the investments and ensure effective implementation of the Plans.

Internalization of the "Purpose" by partners and implementors for enhanced sustainability of the Project Results

The Evaluation observes that the sustainability of the benefits generated by the Project could be ensured and improved, if the purpose of the interventions is properly internalized by the lead mothers. E.g. What the Purpose of one being a lead mother? If the purpose is properly internalised, these individuals would perform their duties with passion and the delivery of results and their performance would be improved and sustained.

REPORT STRUCTURE

This report presents the findings of an independent Evaluation commissioned by ChildFund Sri Lanka Office (CO) and conducted between August and October 2019 by national independent consultants. The evaluation report highlights evaluation findings, lessons learned and provides recommendations. The report is structured as follows:

Chapter 1: Briefly presents country background; addresses conceptual issues related to child nutrition issues; describes the structure of project; its expected results; and the purpose, objectives, the scope of the evaluation.

Chapter 2: Explains The chapter 2 describes defines evaluation criteria, framework, data collection and analysis methods and limitations.

Chapter 3: Details the findings of the evaluation in relation to five OECD evaluation criteria and additional criteria on "coordination and coherence". Each section begins with a brief introduction of the key evaluation questions answered in the section to ensure that the reader understands the context for the findings, followed by a detailed discussion of the evaluation findings.

Chapter 4: Stipulates lessons learned based on the evaluation findings.

Chapter 5: Provides conclusions based on the evaluation findings and formulates recommendations for the ChildFund.

These chapters are supported by Annexes, which include list of documents reviewed, list of people interviewed, detailed evaluation methodology and tools, evaluation framework, results framework, etc.

ECNAAD PROJECT AND FINAL EVALUATION

Understanding of the Final Evaluation of "Ensuring Children's Nutrition and Age Appropriate Development in Mullativu Project"

Since 2013, ChildFund Sri Lanka has been working to combat highest malnutrition rate in Sri Lanka through the Ensuring Nutrition, Health and Children's Education project. The project also advocates for healthy parenthood, with special attention to caring, protective and interactive motherhood. The activities mainly focus on health, nutrition, family care, positive stimulation, education, infant security and protection of children aged 0-5 years. The program takes an integrated approach, focusing on nutritional requirements and related factors that influence a child's health and development, such as family health habits, personal and environmental hygiene, safe water and sanitation practices, and food security.

The period from conception to 5 years is a critical time in human development. Starting even before a child is born, the brain is developing. In fact, the brain is developing most rapidly and is most vulnerable during these first few years of life. Before a child turns 3, his or her brain is 2.5 times as active as the average adult brain, making more than 700 new synapses (connections between nerve cells that transmit information) each second. This defines a child's health and developmental trajectory and determines a great deal of his or her future. This is why investing in programs that target infants and young children, the age group from conception to 5 years is so important. Children are not the only ones who benefit; so do their families and society as a whole. Also, according to the World Bank, high-quality services for infants and young children promote gender and socioeconomic equality. When considering how to design high-quality services for this age group, it is important to recognize that all aspects of a young child's life are interconnected. Their physical health depends on good nutrition, and their home lives strongly influence their emotional well-being. In recent years, we have learned more about brain development, and it is clear that children need more than just good nutrition to reach their full physical and cognitive potential. Another critical piece is stimulation, which is necessary to build and strengthen the brain's architecture. Children's early experiences with caregivers and their environment have a direct impact on their physical and mental health throughout their lives. Love, affection, interaction and play along with fulfilled health and nutritional needs, create the attachment that stimulates healthy growth and development. As a result, leaders around the world including ChildFund are increasingly focused on the integration of nutrition and stimulation.

A growing body of research suggests that when these two areas of intervention are combined, the whole is greater than the two parts. An infant benefit more than if the interventions are delivered separately. Children need loving caregivers, health care, nutrition, clean water and sanitation, education, opportunity and safety. So much depends on the first years of life.

Children's earliest experiences of their families and the world around them are the foundations for all that follows. During this sensitive time, the brain develops rapidly and grows ever more complex. By the time a child reaches age 5, the areas that govern language, motor coordination, problem solving and self-control are well defined.

For all children, the quality of this development depends on the presence of certain conditions in their lives:

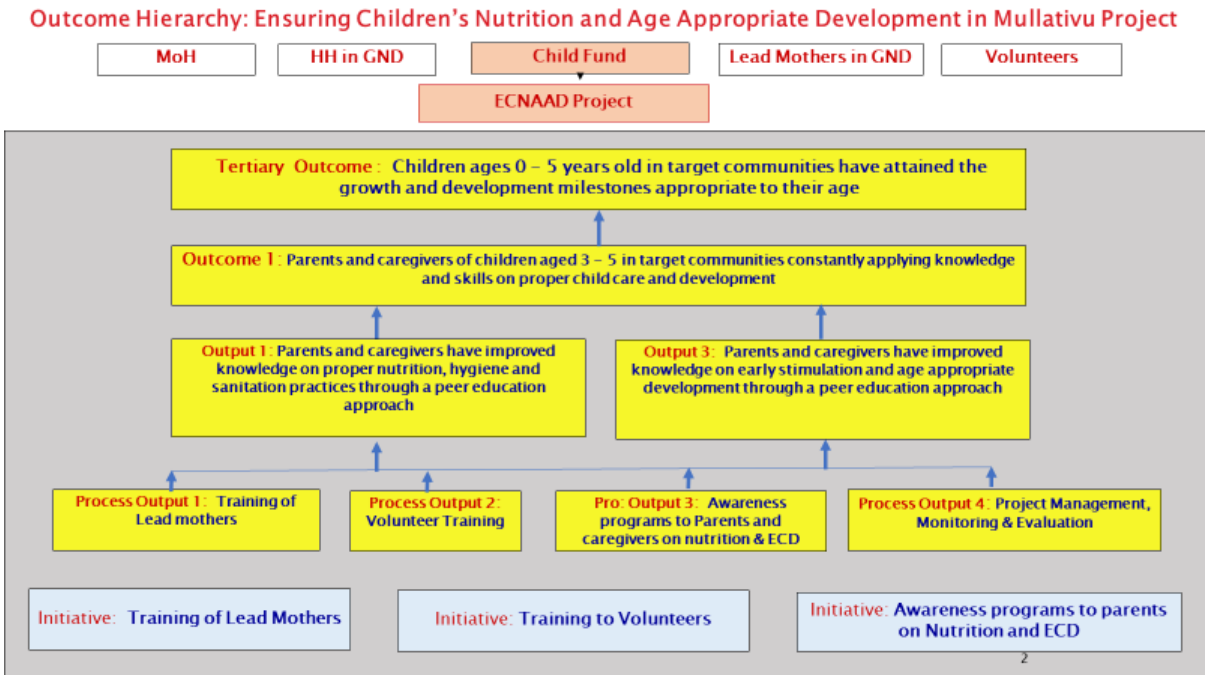
- Do they have loving, responsive caregivers?
- Are they safe?
- Are they and their mothers healthy, and do they have access to care?
- Are they and their mothers adequately nourished?
- Do they have opportunities to learn?

Poverty, social exclusion and vulnerability can overwhelm families' ability to provide the environment their very young children need to live fully. Instead, children may suffer from malnutrition. Malnutrition refers to deficiencies or imbalances in a child's intake of energy and/or nutrients. The malnutrition condition includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals).

ChildFund Sri Lanka works to improve child nutrition and development for children aged 0 to 5 and initiated its program activities in seven GNDS of the Puthukkudiyiruppu DS division (in the Mullaitivu District) to support basic activities that contribute to child nutrition, growth and development. These activities are to improve the nutrition and health status of children, while ensuring proper child development.

This intervention of ECNAAD Project is depicted in the following outcome hierarchy.

Figure 1: Outcome Hierarchy of ECNAAD Project

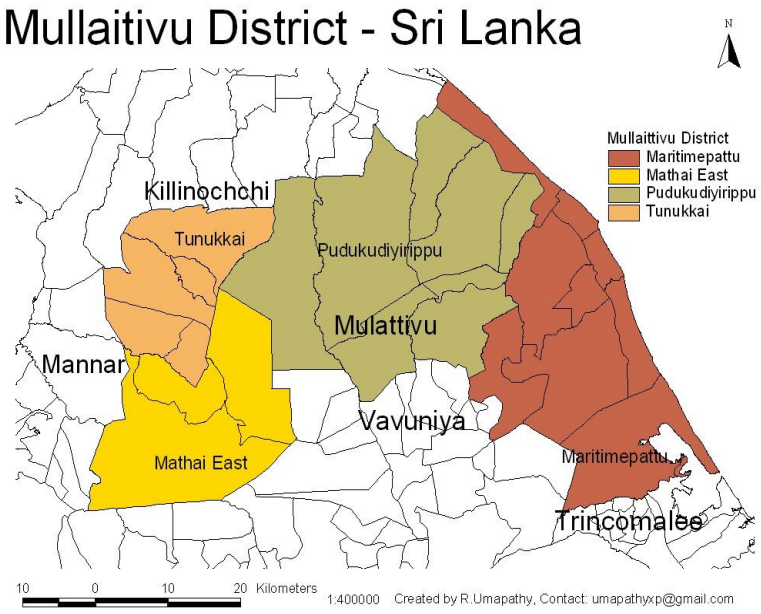


The evaluation will be based on the following framework in achieving the aforesaid objectives.

Project Implementation

The geographical coverage of the project was in 7 GN divisions in Puthukkudiyiruppu DS division in Mulathivu district. The seven GNDs are Sudhanthirapuram, Kaiveli, Vallipunam, UK South, Kombavil, Thevipuram and UK North. The total numbers of participants in these GN divisions include 1,359 children (age 0 – 5 Years), 201 Malnourished children and 2,126 parents and caregivers. In addition to children and parents, 98 Lead Mothers, 20 CSD Councillors and officials of Education and Health Department are also part of the project participants.

Figure 2: Map of Mullaitivu District and Puthukkudiyiruppu



Logic of Intervention

The project is expected to achieve the following objective and the preliminary outcome.

Objective: Children Aged 0 to 5 years old in target communities have attained the growth and development milestones appropriate for the age.

Outcome: Parents and Caregivers of children aged 0 to 5 years in target communities consistently applied knowledge and skills on proper childcare and development.

In order to achieve the above outcome ChilFund has carried out project initiatives to improve the knowledge of parents and caregivers on proper nutrition, hygiene and sanitation practices through a peer education approach and improve knowledge on early stimulation and age appropriate development through a peer education approach.

Understanding of the objectives of the End-line Survey

The objective of this evaluation is to identify the extent to which the project has achieved its outcomes as outlined above and contributed towards achieving its purpose. The following are the objectives of the final evaluation of the project. This evaluation will report the performance against the results framework and baseline established by the project. The specific objectives of the evaluation are:

a) Measure the project achievement against the plan and achievement of outcomes and output as set in the results measurement table.
b) Capture intend and unintended impacts and outcomes of the project.
c) Document best practices and lessons learned of the project to enhance learning.

The evaluation will be based on the following framework in achieving the aforesaid objectives.

In relation to assessment of achievement of outcomes and extent of delivery of outputs, the evaluation will use the 13 indicators that were used at the baseline survey undertaken at the initial stages of the implementation.

Table 1: Summary of indicators used at the baseline survey undertaken at the baseline Survey

Result	Indicator	Evaluation Questions	Tool/s
Tertiary Outcome: Children ages 0 - 5 years old in target communities have attained the growth and development milestones appropriate to their age	Percentage of children 0-5 years within appropriate weight for age (WA)	Review of CHD Records How many children in the GNDs who are not within appropriate WA category How many children in the GNDs who have not reached age appro:	Observation KII/FGD with Teachers FGD with Parents

Result	Indicator	Evaluation Questions	Tool/s
		development milestones	
	Percentage of children with improved age appropriate developmental milestones	Review of records of SPHN in the GNDs/ DS division	Observation KII/FGD with Teachers FGD with Parents
	Percentage of reduction (compared to baseline) in frequent illness among 0-5 children within the period	How many children in the have fallen ill in the given period	FGD with Parents SPHN Records
Preliminary Outcome 1: Parents and caregivers of children aged 0 - 5 in target communities constantly applying knowledge and skills on proper child care and development	Percentage homes with age appropriate toys and learning spaces that are effectively utilised for children aged 0-5	How many homes in the GNDs with age appropriate toys and learning spaces that are effectively utilised for children aged 0-5	Observation KII/FGD with caregivers FGD with Parents
		What is the understanding of the parents about appropriate toys and learning spaces that are effectively utilised for children aged 0-5	KII/FGD with caregivers FGD with Parents
	Percentage of parents and caregivers using daily routine activities for stimulation	How many parents and caregivers using daily routine activities for stimulation?	Observation KII/FGD with Caregivers FGD with Parents
	Percentage of children aged 0-5 performing positive hygienic and sanitation practices	How many children aged 0 - 5 could performing positive hygienic and sanitation practices	Observation KII/FGD with Caregivers FGD with Parents
	Percentage of parents and caregivers performing positive nutrition, hygiene and sanitation practices	How many families in the GNDs perform positive nutrition, hygiene and sanitation practices?	FGD with parents KII/FGD with Caregivers

Result	Indicator	Evaluation Questions	Tool/s
		How many caregiver families in the GNDs perform positive nutrition, hygiene and sanitation practices	Observation
	Percentage of children ages 6 – 23 months are fed at least 4 food groups	How many families with children age 6 -23 months in the GNDs fed at least 4 food groups	Observation KII/FGD with Caregivers FGD with Parents
Output 1: Parents and caregivers have improved knowledge on proper nutrition, hygiene and sanitation practices through a peer education approach	Number of mothers, fathers, and family caregivers who can verbalize at least 3 important aspects of nutrition, hygiene and sanitation practices	What are the important aspects of nutrition, hygiene and sanitation practices? How many mothers, fathers can verbalize at least 3 important aspects of nutrition, hygiene and sanitation practices? How many family caregivers who can verbalize at least 3 important aspects of nutrition, hygiene and sanitation practices? Do they practice the important aspects?	KII/FGD with Caregivers FGD with Parents
	Number of training sessions conducted by Lead Parents	How many participated? Why they decided to participate? How did they get to know about the training? Are they satisfied?	KII/FGD with Observation
	Number of females and males who participated in discussion groups		KII/FGD with Teachers FGD with Parents Observation Monitoring data

Result	Indicator	Evaluation Questions	Tool/s
Output 2: Parents and caregivers have improved knowledge on early stimulation and age appropriate development through a peer education approach	Number of mothers, fathers, and family caregivers who can verbalize at least 3 important aspects of early stimulation and age appropriate development.	How many mothers, fathers and family caregivers can verbalise at least 3 important aspects of early stimulation and age appropriate development? Number of caregivers who can verbalise at least 3 important aspects of early stimulation and age appropriate development	KII/FGD with Teachers Monitoring data
	Number of training sessions conducted by Lead Parents	How many training sessions conducted by lead parents? What were the content of these training sessions? How many parents have been trained by the lead parents? Level of satisfaction of parents on the training programmes, the content and delivery	KII/FGD with Teachers Monitoring data

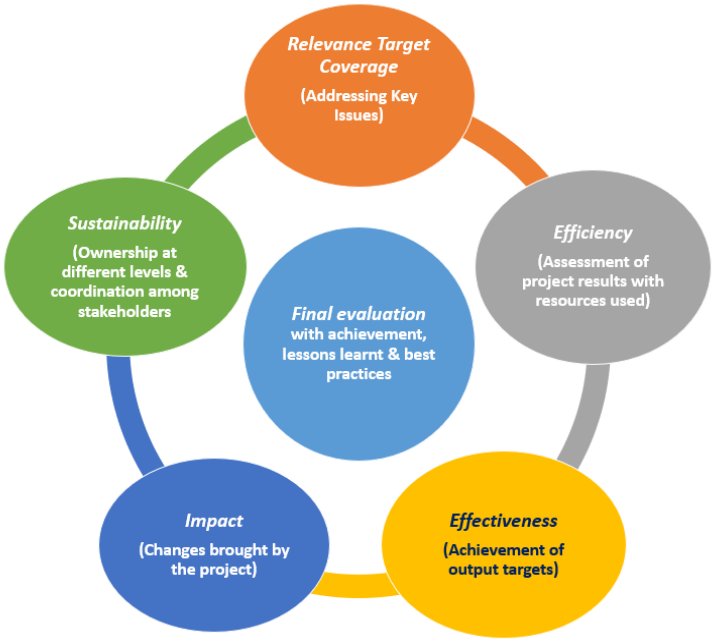
The performance against the above indicators was assessed through collection of own data by the evaluation as well as by review of monitoring data of the Project. It should be also noted that the collection of own data on the performance against all indictors would not possible due to the fact that the evaluation is expected to collect data mostly though focus group discussions and key informant interviews.

THE APPROACH AND METHODOLOGY

Our Approach

The proposed approach and Methodology of Management Frontiers incorporates the evaluation requirements as well as the stakeholder expectations as described in the terms of reference (TOR). However, Management Frontiers will go little beyond the 5 analytical requirements mentioned under the "Evaluation Criteria" of the assignment - relevance, effectiveness, efficiency, sustainability and impact out-look described in the TOR and formulate a methodology to assess the "Strategic Fit" of the project and "Validity of the Design" with the objective of collecting supplementary information for a sound evaluation.

Figure 3: Key Evaluation Criteria



Management Frontiers also accepts that the most important requirement of a final project evaluation will be useful mainly to learn lessons and make use of such lessons, both positive and negative, to use in the design of similar projects in future. The best practices learned, critical issues faced during implementation and mistakes made during the design and implementation stages of project, critical success factors, if any, would be highly relevant as lessons learned. Special efforts were be made to identify such areas and collect necessary information to highlight them in the analysis of information during the evaluation.

Evaluation Criteria: Evaluation criteria, used during the evaluation (Table 2) were selected as a) the standard international criteria for development evaluation, as reflected in OECD/DAC Manual, b) appropriately geared to the purpose and objectives of the evaluation, as set out above, and c) appropriate for the learning emphasis of the study. According to the Request for Proposal (RFP), the evaluation examined the relevance, effectiveness, efficiency, impact, and sustainability of the ECD/ECE programs' contribution towards main objectives (Table 2). For this purpose, the evaluation utilized OECD DAC evaluation approach[3], though it is

[3] The DAC Principles for the Evaluation of Development Assistance, OECD

revised/adapted according to the specific evaluation questions per each criterion elaborated in close consultation with ChildFund during the inception phase.

Table 2: Evaluation Criteria Criterion Definition

Criterion	Definition
Relevance	**Relevance** is understood as the alignment importance or significance of the programmatic interventions and approaches in addressing key challenges and the needs of rights-holders and primary beneficiaries.
Effectiveness	**Effectiveness** will be measured as the Program contribution to the achievement of intended results
Efficiency	**Efficiency** is understood as the extent to which the cost of the interventions is justified by its results and timeliness of interventions.
Impact	**Impact** is defined as positive and/or negative, primary and secondary long-term effects produced in the course of Programs' implementation, directly or indirectly, intended or unintended. As far as feasible, given data limitations, tracing contribution to higher-level results will be examined.
Sustainability	**Sustainability** is understood as the extent to which the benefits from the intervention are likely to continue, after the end of the program and the extent to which measures have been put in place with a view to ensuring the medium to long-term ownership of rights-holders and commitment by duty-bearers and their national development partners.

Sources of Data: MF used participatory approach during the evaluation by involving all the key stakeholders of the project. Stakeholders will be kept informed of the evaluation process including design, information collection, and evaluation reporting and results dissemination to create a positive attitude for the evaluation and enhance its utilization. Relevant organizational representatives of ChildFund and beneficiary communities were participated at the interviews, focus group discussions and field visits/observations. Main sources used for data collection were the primary and secondary sources, i.e. from the beneficiaries, project staff, Government officials and the project monitoring data etc. There are four main categories of parties in the project. The evaluation will collect data from these four main parties, namely;

1. Parents/ Caregivers including parents of malnourished children
2. Service Providers - Lead Mothers
3. Government officers of Health and Education Departments & Community Leaders
4. ChildFund Project Managers and Officers

Methods of Data Collection: The evaluation adopted the mixed method approach of data collection which consists of both qualitative and quantitative techniques. The main data collection methods planned are as follows.

1. Desk Review
2. Focus Group Discussion (FGD)
3. Key Informant Interviews (KIIs)

4. Systematic review of project monitoring data
5. On-site field visits and observations

Discussion guidelines used for FGDs and KIIs and are annexed to the Report.

Evaluation Sites and Distribution of Data Collection: The total number of Child (age between 0 to 5 years) participants of 1,359, Adult participants of 2,126 and 98 Lead parents participated for the project, in addition to the 20 CSD councillors worked in the project. Hence the FGDs and KIIs were designed to collect data mostly from these participants. Accordingly, the evaluation collected data from about 7 cluster based FGDs, 15 KIIs and about 4 on-site field visits covering the following GN divisions. These GNDs were selected based on the random numbers (Selected the second set of random numbers – Refer annex VI).

The sample frame used for the evaluation is presented below.

Table 2: Actual Sample Frame of the Final Evaluation

DS Division	GND/ Name of Villages	FGDs	KIIs	On-site field visits
Puthukudirippu	Sudhanthirapuram	2	1	1
	Vallipunam	2	2	1
	Kombavil	2	1	1
	Thevipuram	2	1	1
Govt. Offices & Project office		-	11	-
Total		8	16	4

The FGDs and KIIs were used to collect data from the parents, caregivers, service providers, community leaders and staff of the ChildFund Project.

Evaluation limitations: The evaluation team faced some limitations. Due to the brief nature of field visits, the evaluation concentrated mostly on child nutrition and health aspects (as prescribed by the TOR), with less emphasis on the assessment of early child development. There were not many household observations conducted and therefore the behavioural changes have been primarily assessed based on the verbal explanations. Nevertheless, these limitations had moderate to no impact on the evaluation findings.

FINDINGS OF THE EVALUATION

This section presents the evaluation findings under each of the planned outcomes and Outputs.

Goal: Children ages 0 - 5 years old in target communities have attained the growth and development milestones appropriate to their age

The higher-level outcome that has been identified by the ECNAAD Project was to have attain growth and development millstones appropriate to the age of children between 0 to 5 years of age in the target communities (in the selected 7 GNDs). It was proposed that the achievement of this outcome would be assessed through three indicators namely; Percentage of children 0-5 years within appropriate weight for age (WA); Percentage of children with improved age appropriate developmental milestones; and Percentage of reduction (compared to baseline) in frequent illness (Diarrhoea, Fever, ARI) among 0-5 children within the period

A comparison between the present situation in relation to these three indicators with the baseline shows that there is marked improvement in the 8 GNDs where the project was implemented.

Table 3: Evaluation Findings on the Outcome of Children under 5 Years of age in target communities have improved nutritional status

Indicator	Base Line Situation (2017/18)	Present Situation (Sept. 2019)	Change / Remarks
Percentage of children 0-5 years within appropriate weight for age (WA)	36.61%	91.7% (101 out of 1,222 children, as revealed by the MOH records did not fall within the appropriate weight (WA) category)	There is a notable improvement over the past twelve months. Some children who were identified as malnourished in 2017/18 have shown noticeable improvement in their weight.
Percentage of children with improved age appropriate developmental milestones	37.25%	91.7% There are eleven children identified with prolong sicknesses from the 5 GNDs visited. One of such cases was due to 3 CKD patients (children) in the same family.	There is an improvement in this area as well. The change reported is affected as there are three children with CKD is still included in the category of those not

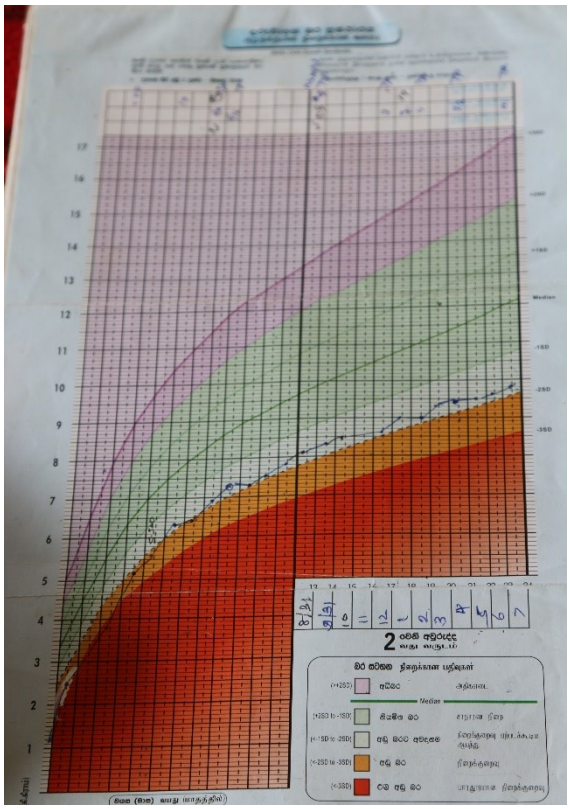
			reaching appropriate development milestones.
Percentage of reduction (compared to baseline) in frequent illness (Diarrhoea, Fever, ARI) among 0-5 children within the period	71.79% (Diarrhoea, Fever, ARI, Warms, Gastroenteritis, Allergies & Asthma)	Diarrhoea - Nil Fever Nil ARI Nil None of the parents who responded at the evaluation indicated that their children were sick (three sicknesses) during past two weeks. Public Health Midwives (PHM) in the GNDs also confirmed this.	Marked improvement in this indicator as well. Based on the data collected by the Evaluation, the tendency of children falling sick has been significantly reduced in the 7 GNDs.

The discussions with the Public Health Midwives of the five GNDs covered by the evaluation confirm that there are not many cases of children not reaching age appropriate development milestones in the GNDs after the project interventions. The identified numbers in the previous year have reduced as the Project has implemented targeted interventions for those families. Some children have been referred to the clinics and are now under treatment. They also state that there are 125 cases (out of 922 children) of underweight children in the five GNDs at present. This represents 13.5% of children under 5 years. They further confirmed that the cases of children falling sick especially conditions such as fever, diarrhoea and ARI have reduced substantially. They attributed these changes to the factors such as improved awareness on sanitation and hygienic practices, child health and change in their dilatory patterns.

The evaluation reveals the following three factors as the main contributory factors for the above change.

i. Enhanced knowledge on child care, development and nutrition among the mothers and parents

Figure 4: Health Record of one of child who has began to gain weight



ii. Increased availability of nutritious food at home as a result of backyard operations at selected households and change of attitudes among the parents on junk food and hygiene.
iii. Increased knowledge on and practice of good hygienic and sanitation practices.

At least two of the above reasons were stated by all parents (mothers) who participated at evaluation.

Figure 5 Backyard operations by parents in the villages

Outcome 1: Parents and caregivers of children aged 0 - 5 in target communities constantly applying knowledge and skills on proper child care and development

The Evaluation reveals high level of achievement of results in relation to parents and caregivers of children aged 0 – 5 target communities constantly applying knowledge and skills on proper child care and development. Before the project was implemented, the target communities did not have adequate knowledge and parents applying proper knowledge on child care and development was not visible.

The Project identified four KPIs for the above outcome. The comparison of data pertaining to these seven indicators at present and those at the baseline shows that there had been a significant improvement in all indicators in all GNDs covered by the Project.

Table 4: Evaluation Findings on the Outcome of Children under 5 Years of age in target communities have improved nutritional status

Indicator	Base Line Situation (2017/18)	Present Situation (Sept. 2019)	Change / Remarks
Percentage homes with age appropriate toys and learning spaces that are effectively utilised for children aged 0-5	25% There was no proper knowledge among the parents on age appropriate toys to be given to children. Also, there were no model play houses in the houses.	76.0% 76% of children in the GNDs do enjoy age appropriate toys and learning spaces. This is also confirmed by Public Health Midwives of MOH	There is a notable improvement over the past twelve months. Some children are provided model play houses as well. Where there are no individual play houses, there are common play areas for children in the close by houses.

Indicator	Base Line Situation (2017/18)	Present Situation (Sept. 2019)	Change / Remarks
Percentage of parents and caregivers using daily routine activities for stimulation	13%	95.0% The lead mothers and midwives confirmed that about 95% mothers and caregivers /(parents) use daily routine activities for stimulation.	There is an improvement in this area as well. This is also evidenced by the fact that there are common play areas developed and maintained by the parents and that there is a habit of children coming to play there every evening. The parents are supporting this activity.
Percentage of parents and caregivers performing positive nutrition, hygiene and sanitation practices	38.66%	95.0% The lead mothers and Public Health Midwives confirmed that about 95% mothers and caregivers /(parents) perform positive nutrition, hygiene and sanitation practices.	There is an improvement in parents and caregivers performing positive nutrition, hygiene and sanitation practices. This is also evidenced by the reduction in children falling sick.
Percentage of children aged 0-5 performing positive hygienic and sanitation practices	36.5%	95.0% The lead mothers and midwives confirmed that about 95% mothers and caregivers perform positive hygienic and sanitation practices.	There is an improvement in children following positive hygienic and sanitation practices. This is also evidenced by the fact that there are no children falling to common sicknesses now (Diarrhoea, Fever, ARI) as confirmed by midwives.
Percentage of children ages 6 – 23 months are fed at least 4 food groups	30.77%	95.0% The lead mothers and midwives confirmed that about 95% mothers who have children ages 6 23 months fed at least 4 food groups.	The mothers provide appropriate food and balanced diet as they are knowledgeable on child nutrition now.

One of the mothers stated that her child insists that he wants to the play common play area to play every evening. school to play. So, she has to make up time to come to the play area with him. Also, the mother who has provided space for common play area in her home garden stated that her boy was very shy at the beginning but now he likes to go and play with his friends in the evening every day and he is not much shy now. She also stated that this is the most enjoyable and happy time he gets in his daily routine. Other children also enjoy coming here and play in the evening. One of the Midwives in the area stated that due to the model home concept the children have learnt and experienced group work, team work, playing together, forwardness and sharing. Shyness of the children has also reduced.

> *My son is insisting every day that he wants go to the common play area at the adjoining house. So I have to make-up my time to ensure that he goes to the play area to play. He really enjoys playing there with other children. A Parent*

The Lead Mothers state that the parents have now identified the need and value of early child development and therefore they are voluntarily putting up the model homes for their children and some of them are still in the process of putting them up.

Figure 6: The common play area where the children in the vicinity come to play every evening

Figure 7: Two children playing in the above common play area situated at one of the HH

The mothers and the lead mothers described about the nutrition, health, water and sanitation practices that they are following at their homes and also about the main aspects on nutrition, health, water and sanitation practices. It was also stated that following these practices at homes have now resulted in reduction of diarrhoea, fever and ARI. The Supervising Public Health Midwife too confirmed that these habits in the households in these GNDs have now been well inculcated, resulting in reduction in children falling sick particularly fever, diarrhoea and ARI.

> *are playing together and they have experienced about team/group work and sharing and developed qualities such as forwardness (no shy). Training of lead mothers and mothers was also very good. They have gained knowledge on ECD and nutrition and the mothers are questioning many ECD related problems with us know. It is easier to work with the villagers now and they are a*
>
> *A Midwife, PKI*

The performance in relation to the outputs delivered to achieve the above outcome are discussed below.

Output 1: Parents and caregivers have improved knowledge on proper nutrition, hygiene and sanitation practices through a peer education approach

Increased knowledge among parents and caregivers on proper nutrition, hygiene & sanitation is also an essential condition to achieve expected outcomes of the Project. Therefore, the project has identified the initiative of increasing the knowledge among parents and caregivers on proper nutrition, hygiene & sanitation as one of its important initiative. This initiative has been

conducted in two stages, first by training the lead mothers and secondly by conducting the sessions for parents in the GNDs by the lead mothers. Evaluation findings reveal that the knowledge of the parents and caregivers on proper nutrition, hygiene & sanitation had improved significantly after the training sessions conducted by the Project.

A comparison between the present situation in relation to the two indicators with Pre-Project situation is presented below.

Table 5: Summary of Evaluation findings on Output of Increased knowledge and skills among parents on proper nutrition, hygiene and sanitation

Indicator	Base Line Situation (2017/18)	Present Situation (Sept. 2019)	Change / Remarks
Number of lead mothers, mothers and caregivers who can verbalize at least 3 important aspects of nutrition, hygiene and sanitation practices	41.0%	95.0% 95% of lead mothers and caregivers who responded at the evaluation were able to correctly verbalise at least three important aspects of nutrition, hygiene and sanitation practices	There is a notable improvement in the knowledge on nutrition, hygiene and sanitation among the lead mothers, mothers and caregivers in the GNDs covered by the Project.
Number of training sessions conducted by Lead Parents	N/A	All lead mother groups have conducted at least 10 sessions in each of the GNDs. Cooking demonstrations have been held more than 2 times in a few GNDs.	All lead mother groups have conducted more than planned number of training sessions. Cost of some session have been borne by the mothers as well.
Number of females and males who participated in discussion groups	N/A	About 98.0% of the mothers with the children have participated at the discussion groups in the GNDs. However, there are not many fathers have participated in the discussion groups and only about 5% have participated.	

The knowledge of the lead mothers, mothers and parents on child nutrition, hygiene and sanitation has increased substantially due to many training sessions that have been conducted by the lead mothers and ToT sessions conducted by the Project. Also, there had been additional cooking demonstrations held by the lead mothers with assistance of the villagers and parents in the GNDs. Cost of these demonstrations have been borne by the villagers. This indicates their eagerness to gain this knowledge and importance place by the villagers on child nutrition and ECD.

We conducted more than two cooking sessions in some GNDs though the ChildFund Project was not been able to support the event. The cost of cooking materials etc. for the additional cooking demonstrations were borne by the parents themselves. A Lead Mother

Figure 8: Lead Mothers and Mothers at a discussion with the Evaluation Team

There were 27 lead mothers and 29 mothers responded at the Evaluation. 53 (95%) of them were able to verbalize the at least three important aspects of child nutrition, hygiene and sanitation. They also confirmed that they practice these at home and children are also aware of good hygiene and sanitation practices. The midwives also confirmed that the mothers in the villages have good knowledge on nutrition, hygiene and sanitation and these are being practiced by them.

Output 2: Parents and caregivers have improved knowledge on early stimulation and age appropriate development through a peer education approach

The parents and caregivers also have improved knowledge of early stimulation and age appropriate development. They mothers and lead mothers stated that the new knowledge was gained at the discussion sessions and ToT sessions. They also stated that this knowledge is valuable and are being practiced by them now. Since they have this knowledge it is also interesting to see how the children respond and react to stimulation activities and it is encouraged to witness the growth and development of their children.

> *children and parents in our village have realised it*
> *A Lead Mother*

All parents who have children under 5 years of age are aware about the daily routine activities and use daily routine stimulation activities. All parents and caregivers know about ECD and they support children's learning through stimulation activities. The parents state that the stimulation activities that were proposed at the awareness sessions and the increased awareness among parents and care givers on need of practicing them at home has resulted in the change of improved ECD in villages.

A comparison between the present situation in relation to the two indicators with Pre-Project situation is presented below.

Table 6: Summary of Evaluation findings on Output of Parents and caregivers have improved knowledge on early stimulation and age appropriate development

Indicator	Base Line Situation (2017/18)	Present Situation (Sept. 2019)	Change / Remarks
Number of mothers, fathers, and family caregivers who can verbalize at least 3 important aspects of early stimulation and age appropriate development.	25.0%	95.0% 95% of lead mothers and caregivers who responded at the evaluation were able to correctly verbalise at least three important aspects of early stimulation and age appropriate development	There is a notable improvement in the knowledge on early stimulation and age appropriate development among the lead mothers, mothers and caregivers in the GNDs covered by the Project.
Number of training sessions conducted by Lead Mothers	N/A	All lead mother groups have conducted at least 10 sessions in each of the GNDs. Sessions on early stimulation and age appropriate development	All lead mother groups have conducted more than planned number of training sessions. Cost of some

Indicator	Base Line Situation (2017/18)	Present Situation (Sept. 2019)	Change / Remarks
		is one of the areas covered at these sessions.	session have been borne by the mothers as well.

The Public Health Midwives of the GNDs stated that the mothers are vigilant on their childrens' growth and development after the interventions of the ChildFund Project. This is evident by the factors such as regular attendance at the clinics, attending to clinics at short notice, follow-up on vaccinations and regular monitoring of child's weight on regular intervals. The midwives also stated that the mothers are now vigilant about the stimulation activities and child's reactions to those. If they notice difference behaviour in her child they are now enquiring about those different behaviours at the clinics. (e.g. late reactions).

Figure 9: A group of Lead Mothers responded at the Evaluation

The evaluation also noted that there are many houses with children under the age of 5 years in 7 GNDs have a model home for the children to play. It is commendable that the project has managed to make this change in the villages where the parents put up model home for their children without any support from the Project but making the parents to understand the importance of stimulation activities and early child development as well as the aspects of early stimulation and age appropriate development. The important aspects of early stimulation that were mentioned by the parents at the discussions are: creating time and space for the children to play, providing appropriate toys to them (age appropriate resources), getting them involved / participating in the routine activities at home, talking to them in loving manner (baby talk/singing), paying more attention in communicating (listening).

> *noted that one of the mothers did not come to the clinic and a lead*
>
> *the clinic. She had to go out of the village but she managed to her child to the clinic through someone else immediately. This shows how much these mothers have internalised the importance and*
>
> *- A Midwife*

Figure 10: Model play houses put up by parents for children

There are many other evidences for the outcome of parents and caregivers with children under 5 years apply positive home-based care practices with improved knowledge on ECD and stimulation. Some of the salient evidences are listed below.

i. The parents do not sell home grown vegetables and fruits etc. unless there is an excess production. What parents do first is to reserve what they need for consumption

for themselves. The practice that followed earlier was to sell vegetables and fruits to the shops and buy other type of food from the market.

ii. Parents do not sell the eggs produced at the household, but reserve to own consumption, especially for children. Only the excess eggs are sold.

iii. Parents do not buy or encourage children to consume short-eats and food items sold at shops and by mobile vendors as they are unhealthy and that there is no assurance that they are safer to consume.

iv. Many parents also stated that they do not buy bread and buns etc. as too much consumption of these food is not good for the health of their children. Instead they now provide pulse, root, leafy greens to the children.

v. The parents have started cultivating various vegetables in their gardens so that they feed the children with home grown vegetables which are fresh and free of chemicals etc. The picture above depicts one such home-grown vegetables.

vi. Getting the children engaged in routine daily activities such as cooking and gardening. While the parents perform the activities, they get children engaged in activities which stimulate their thinking. E.g. Bring "ONE POTATO", or "TWO ONIONS" and We are cutting this Potato into "TWO"

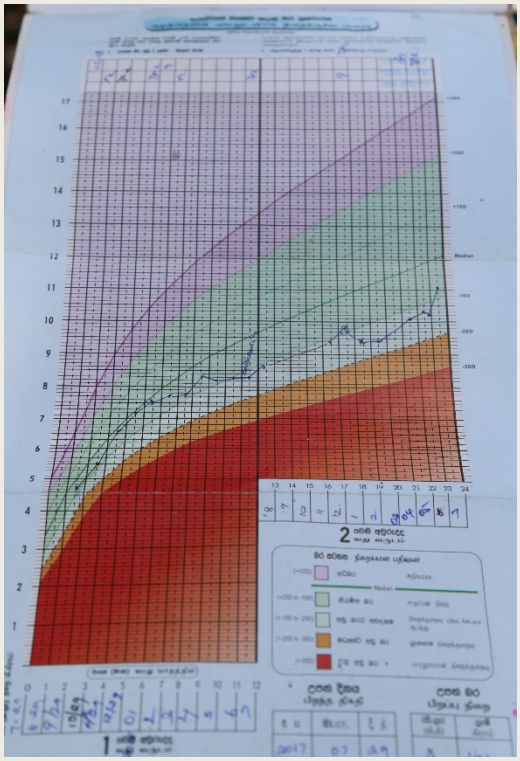
Figure 11: Home Gardening at Villages

Home Garden at Vallipunam Village

Home Garden at Thevipuram Village

Common Play Area for Children has resulted in positive outcomes

I am a mother with a son who is 2 years old. I am 24 years of age. My son was very shy and late starter. With the inputs from the Project we created a common play area at our home plot. The Project also provided toys and learning materials for the children play home, vegetable seed and Fruits plant for home garden, awareness through a lead mother and 12-days nutrition program. I am engaged with the Project for a past 7-8 months now and I see the benefits of the Project now. My son is getting engaged with other children now and playing with them. He looks healthy and gaining weight as well.



Also, another 8 children are joining daily to play for nearly 2hrs with others. The children making a good use of the paly home (one of the Winners of the competition) which we put up with inputs from the Project. Parents are also supporting and contributing for this now. This had created a very good opportunity for the children to improve their learning and creativity. It is good for their physical development as well. Parents also come and join them to play and make nutritious food for the children. They play and feed them have enjoyable session every day. Also, the children are safe here at the play garden. I think this is a good initiative implemented by the Project.

Assessment of five main criteria of the Evaluation is presented below.

This chapter describes findings from the evaluation and is broken down into the following evaluation areas: relevance, efficiency, effectiveness, impact and sustainability.

Relevance

This section examines the relevance of the ChildFund Project, its strategies and approaches applied to address the eminent challenges of child malnutrition and early child development in the Puthukkudiyiruppu DS division and summarizes the information derived from the evaluation. The evaluation findings presented below are structured in a way to provide answers to the questions outlined for the given criterion in the Evaluation Framework in the text box on the right.

Relevance refers to the alignment importance or significance of the Project strategies and initiatives in contributing or influencing to address the needs and problems that were faced by the beneficiaries. The two problems faced by the households in these GNDs were malnutrition and children not attaining the age appropriate development and parents not applying proper child care knowledge and skills on child care and development.

Evaluation Questions

F re

b) To what extent did the project respond to nutritional, health and education gaps in the Project area?

c) To what extent did the project help to address parents, care givers and specific concerns of beneficiaries during the project implementation period?

The ChildFund promoted and disseminated knowledge among the mothers as well as elders in the Project area on the child nutrition, nutritious food and dietary habits, sanitation & hygiene best practices, water safety, food safety etc. which are highly relevant to the needs of the beneficiaries for elimination of malnutrition and improve early child growth. The stakeholders Midwives and MOH officials have also been engaged in promotion and dissemination programmes conducted by the ChildFund as well as ensuring improved service delivery at the Mother and Child Clinics. This also ensured improved access to health, nutrition and early child development.

The Project provided educational gaps of the parents and elders through trained lead mothers and cooking demonstrations conducted at the villages. The Project trained and provided exposure to 98 lead mothers in the Project areas and built essential capacity among the community. These lead mothers provided much needed grass-root level awareness and bridged the knowledge gap among the parents in the 7 DS divisions. The lead mothers as volunteers provided awareness and guidance to the parents as well as pregnant mothers in the Project areas.

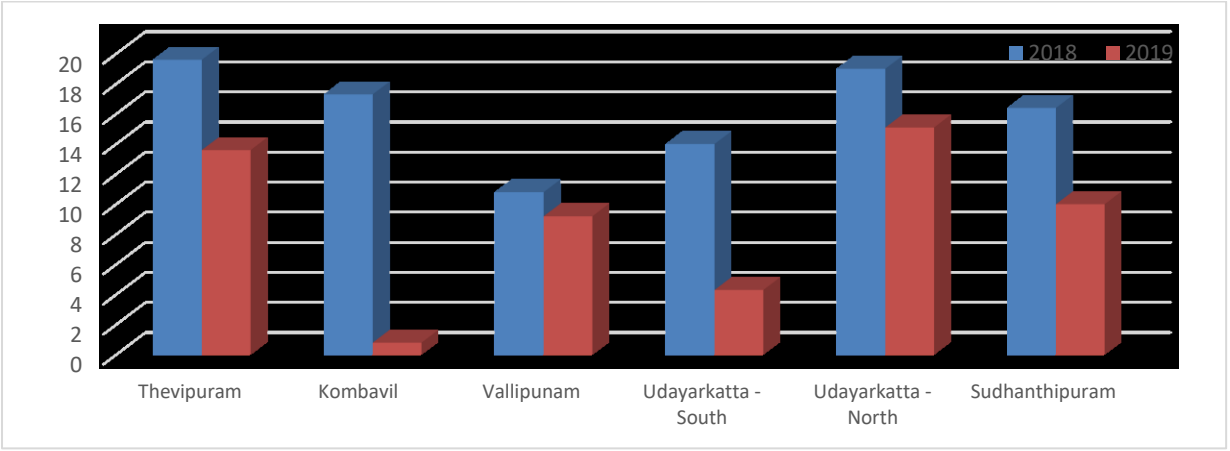
The project interventions of training of lead mothers and providing awareness on child nutrition to parents and influencing their behaviour in relation to the feeding their children have brought about the expected outcome of children 0-5 years within appropriate weight for age in the

Project GNDs, in a very short period of one and half years. This is evidenced by the data of under-weight children in the respective GNDs provided by the midwives of the respective GNDs. The data are provided in the Table below.

GND	Av: No. of Children under 5	No. of Malnourished children		Malnourished children as a % of Av: children in the GND		Change %
		2018	2019	2018	2019	
Thevipuram*	214	42	29	19.6	13.6	6.0
Kombavil*	243	42	2	17.3	0.8	16.5
Vallipunam*	130	14	12	10.8	9.2	1.6
Udayarkatta – South*	209	29	9	14.0	4.3	9.7
Udayarkatta – North*	126	24	19	19.0	15.1	3.9
Sudhanthipuram**	300	50	30	16.4	10.0	6.4
Total in 5 GNDs	**1,222**	**201**	**101**	**16.4**	**8.3**	**8.1**

Source of data *Midwives in the GNDs / **Lead Mothers*

Figure 12: Level of Malnourished children in GNDs



Effectiveness

This section focuses on the evaluation of ChildFund Project's effectiveness by examining the ECNAAD projects contribution towards achieving the intended results; its effectiveness in facilitation of parents' behavioural changes; improvements in service in relation to improved knowledge on child nutrition among the parents. Findings are presented to provide answers to the questions outlined for the given criterion in the text box on the right.

Effectiveness is measured as the Projects contribution to the achievement of intended results. Hence, the effectiveness analysis will be made basically on the project targets and performance of achievements. The effectiveness analysis provides the level of achievement at the completion of the project.

The level achievement of the outcomes and outputs by the Project is tabulated below.

Effectiveness is measured as the ECD/ECE Programs' contribution to the achievement of intended results.

Evaluation questions:

I. To what extent did the project achieve its intended outcomes & outputs?

II. Identify and asses which project activities have strongly contributed to achieve project outcomes?

III. Does each major area of intervention employ methodologies and approaches of technical support, management and facilitation that is appropriate and adequate to realize the expected results?

IV. Is there adequate monitoring design of project implementation by the ChildFund for effective follow-up and informed decision making?

Result	Indicator	Baseline situation	End-line situation
Outcome: Children ages 0 - 5 years old in target communities have attained the growth and development milestones appropriate to their age	Percentage of children 0 -5 years within appropriate weight for age (WA)	36.61%	91.7%
	Percentage of children with improved age appropriate developmental milestones	37.25%	98.8%
	Percentage of reduction (compared to baseline) in frequent illness among 0 - 5 children within the period	71.79%	Diarrhoea, Fever and ARI - Nil
Outcome 1: Parents and caregivers of children aged 0 - 5 in target communities constantly applying knowledge and skills on proper child care and development	Percentage homes with age appropriate toys and learning spaces that are effectively utilised for children aged 0-5	25%	76.0%
	Percentage of parents and caregivers using daily routine activities for stimulation	13%	95.0%
	Percentage of children aged 0-5 performing positive hygienic and	36.5%	95.0%

Result	Indicator	Baseline situation	End-line situation
	sanitation practices		
	Percentage of parents and caregivers performing positive nutrition, hygiene and sanitation practices	38.66%	There were 29 mothers and 27 lead mothers participated at the KIIs and FGDs. 95% of parents and caregivers performing positive nutrition, hygiene and sanitation practices
	Percentage of children ages 6 – 23 months are fed at least 4 food groups	30.77%	There were 29 mothers and 27 lead mothers participated at the KIIs and FGDs. 95% parents who have children ages 6 – 23 months are fed at least 4 food groups
Output 1: Mothers and caregivers have improved knowledge on proper nutrition, hygiene and sanitation practices through a peer education approach	Number of mothers, fathers, and family caregivers who can verbalize at least 3 important aspects of nutrition, hygiene and sanitation practices	41% of parents and caregivers in the villages who can correctly verbalize at least three important aspects on nutrition, hygiene and sanitation practices	There were 29 mothers and 27 lead mothers participated at the KIIs and FGDs. It revealed that 95% of mothers and lead mothers have been able to correctly verbalise at least 3 aspects of nutrition, hygiene and sanitation practices.
Output 2: Mothers and caregivers have improved knowledge on early stimulation and age appropriate development through a peer education approach	Number of mothers, and caregivers who can verbalize at least 3 important aspects of early stimulation and age appropriate development	25% of parents and caregivers in the villages who can correctly verbalize at least three important aspects on early stimulation and age appropriate development	There were 29 mothers and 27 lead mothers participated at the KIIs and FGDs. It revealed that 95% of mothers and lead mothers have been able to correctly verbalise at least 3 aspects of early stimulation and age appropriate development.

The parents in this house has put up a two-story model play house to their children. Inside the house is neat and tidy and decorated with flower pots. The entrance too has been placed with two flower pots. The tricycle is parked inside and toys and play materials are kept in a bucket.

The parents have placed high emphasis on child development and importance of having appropriate toys and space. This too is one of the evidences that the Project is a success.

Figure 13: Two Storied play house has been put up at a household in one of the GNDs (both pictures)

Efficiency

This section examines efficiency of the ChildFund strategies, interventions and resources to achieve project outcomes and outputs. Findings are presented to provide answers to the questions outlined for the given criterion in the text box below.

Efficiency is understood as the extent to which the cost of the interventions is justified by its results (outcomes and outputs and timeliness of interventions.

Evaluation questions

I. How responsive has the project been to supporting in given areas?
II. Whether the design of the project supports meeting the needs and problems which are identified to be addressed by the Project?
III. How efficient was the implementation of the project and how significant were the transaction costs?
IV. Overall, did the investments provide value for money? To what extent has the project been cost-efficient? Assess the project on cost saving construction practices.
V. Whether project has used resources efficiently? How efficiently have the project inputs (human, technical and financial) been used?
VI. How well the risks and problems are managed?
VII. What were the factors contributing to and detracting from efficiency?
VIII. What issues and gaps that still exists at the village level?
IX. How and where could improvements have been made to improve efficiency without compromising the quality?
X. What are the tools you used for measuring effectiveness of the project components?
XI. To what extent the project able to improve the child nutrition and development?

Efficiencies are observed in implementing the project interventions and strategies. As major outputs by the Project, it increased the knowledge of the lead mothers and then the mothers and elders. The Project spent for the resource personal and conducted training and cooking demonstrations locally. The lead mothers participated at the training on a voluntary basis and also continue to serve the parents voluntarily. They also assist the midwives at the clinics which are held on monthly basis. The printing of training materials, purchase of cooking materials, cost of exposure visits to Batticaloa have been borne by the Project. The lead mothers have been trained on aspects such as child nutrition, child safety & first-aid, water safety, sanitation and hygiene practices, child rights, child abuse & protection, early child development (milestones and stimulation activities), how to communicate with the child, child personality and self-confidence and good health habits etc. Considering the number of lead mothers trained, exposure provided, aspects covered at numerous training sessions and time-period in which the project initiatives have been implemented (only about 15 months period), the evaluation finds that the project has been implemented on an economical and efficient manner.

The lead mothers are also very enthusiastic and continue to provide services to the parents in the villages on a voluntary basis.

Sustainability

This section examines the prospects of the sustainability of the service of lead mothers to eliminate malnutrition from their villages. The services of lead mothers include provision of awareness and guidance to the pregnant women, mothers, caregivers and elders in the villages on child nutrition and early child nutrition. In essence, this section assesses the prospects of wider replication or adaption of ChildFund strategy to achieve the outcome of elimination of child malnutrition and continuation of better quality of services of lead mothers. Findings are presented to provide answers to the questions outlined for the given criterion in the text box below.

The Evaluation finds that the Project benefits will continue to be accrued to the beneficiaries due to the following reasons.

Sustainability is understood as the extent to which the benefits from the intervention are likely to continue, after the end of the project and the extent to which measures have been put in place with a view to ensuring the medium to long-term ownership of beneficiaries and commitment by duty-bearers and the stakeholders.

Evaluation questions

I. To what extent did the project build ownership of the beneficiaries? In contributing to sustainability, also assess the levels of awareness amongst beneficiaries regarding the contribution of the funding partner, visibility materials in the field and other communication material.
II. What systems established by the project to operate and maintain facilities created by the project on a continuous basis?
III. What risk factors had been considered as those affecting the sustainability of the results of the project, what migratory actions have been taken and effectiveness of the same.
IV. What conditions to be fulfilled to maintain the sustainability of project results?

Continuation of services of Lead Mothers

The lead mothers have been trained and are providing a better service to the parents, particularly the mothers in the area at present. They also assist the midwifes to provide services at the clinics. Both the mothers and parents value and recognize their services and they are eager to serve to protect the children and to ensure they are safe, healthy and progressing well. They are also serving on voluntary basis and no remuneration is expected from the beneficiaries.

No infrastructure or monthly overheads/costs to be incurred

Unlike in other rural interventions, this Project by ChildFund does not have any infrastructures or other overheads or costs to be incurred by the beneficiaries. Therefore, the project is not a burden to the beneficiaries even in the long-run. The lead mothers are also willing to serve the people in their GNDs on a voluntary basis.

Strong net-work and bond between the health officials, lead-mothers and mothers in the GNDs

It was also revealed that there is strong bond and working relationship between the health officials and lead mothers. Also, the lead mothers maintain a good rapport with the mothers (and parents) in the GNDs. It was also stated by the project officials that the Project will take steps to officially connect the lead mothers to the Provisional and Regional Health Services offices. This will provide more recognition and acceptance of the lead mothers and they will be motivated and encouraged to continue with their voluntarily services in the future.

In-depth understanding and already enjoyed benefits by the beneficiaries

The mothers and the parents in the GNDs have already enjoyed benefits such as improved health and nutrition of their children and benefits of home gardening. Also, the parents now have the in-depth knowledge on child nutrition, early child development and child safety etc. Due to this in-depth knowledge and the experiencing the benefits of adopting proper nutrition practices, it is evident that the parents in the villages are eager to continue and improve on what is already being practiced in terms of ECD and child nutrition.

Impact Outlook

The Impact evaluation is one of the critical aspects of the evaluation. It is required to assess positive and negative consequences as well as those intended and unintended. For impact evaluation, the consultants will collect the data from the respective beneficiary families (households) through KIIs and FGDs.

Intended Outcomes

As discussed in earlier sections, the Project has been able to achieve the following intended outcomes.

i. Children ages 0 - 5 years old in target communities have attained the growth and development milestones appropriate to their age.
ii. Parents and caregivers of children aged 0 - 5 in target communities constantly applying knowledge and skills on proper child care and development

In addition to the above, the Project has achieved the following outcomes as well.

i. Increased practice of good nutrition, hygiene and sanitation practise by the parents and children;
ii. Putting-up of more model play houses for the children (e.g. Sudhathirapuram - 14, Thevipuram – 62, Kaiveli – 12). Some model play houses has won the best model play house competition as well; and
iii. Child vaccination has increased to 96% by August 2019.

Unintended Outcomes

In addition to the above outcomes, the Project has also been able to contribute for the following unintended outcomes.

i. High level of demand for Child Nutrition and ECD interventions from adjoining GNDs;
ii. Positive behavioural changes in mothers / parents. These include increased love and care, being attentive and concerned, engage in home-based productive activities, concern towards the environment and nature etc.;
iii. High level of recognition for women in the family, by the other family members, particularly the male members/husband (E.g. Husband keeping records for lead mothers who cannot write and encouraging them to engaged in the voluntary work)
iv. Increased confidence among the mothers in relation to improving the nutritional levels of their children;
v. Positive behavioural changes of their children such as talking appropriate/decent words, respecting elders, practice of good hygienic and sanitation habits, improved cleanliness, improved child-health seeking behaviour among mothers and reduction in sicknesses among children;
vi. Positive behavioural changes in mothers / parents. These include increased love and care, being attentive and concerned, engage in home-based productive activities, concern towards the environment and nature etc.;
vii. Positive changes with regard to the dilatory habits among the households in the GNDs (E.g. Very less demand for junk food, selling their own produces and buying other food items from the market (fresh milk & milk powder);
viii. Improved health seeking behaviour in relation to child health;
ix. Though it could not be directly attributed to the Project interventions, the lead mothers, Senior Public Health Nursing Officer, Public Health Nurses and ECD officer mentioned that there is an improvement in the areas of teenage pregnancies, unwanted pregnancies, teenage/child marriages, child labour, sexual abuse, mental abuse, negligence of child, safety of children, physical harassment, domestic violence and family planning; and

> *ween my staff and the lead mothers, I notice an overall improvement in child nutrition and family health in the Project Areas. Age appropriate development of children too is*
> *Senior Public Health Nursing Officer -PKI.*

x. In one of the villages, it was stated that the mothers (and lead mothers of Sudhathirapuram) have been able to eliminate brewing and selling of illicit liquor from the village.

LESSONS LEARNED

Introduction

The lessons learned from the Evaluation are presented below.

Proper Project Planning is the key for its success

It reveals that the project has been appropriately and adequately planned before implementation. This is evident by the fact that there is sound results framework and well explained Theory of Change documented at the planning stage of the Project. The results framework and well-articulated Theory of Change would enable the stakeholders to understand the project, expected results as outcomes and outputs, agree on respective indicators and expected level of performance. With the presence of the sound results framework there had been no ambiguity on the type of initiative, why it is to be implemented and the expectations of the stakeholders and it was clear to the implementors as well. This detailed planning has been one of the main contributing factors for the success of the ECNAAD Project.

Therefore, it is recommended that detailed planning with the sound results framework and well-articulated Theory of Change be undertaken for each project irrespective of the size and duration of the Project. Due attention should be placed for problem identification as well as identification of outcomes, outputs and respective indicators.

Project Implementation

A few key areas were observed by the Evaluation in relation to Project implementation. They are presented below.

Figure 14: Lead mothers participating at a FGD

Inclusive and extensive Stakeholder Engagement in Project planning, Project implementation, Project Monitoring and Project closure has been a main factor for Project success

There are a few learnings in the area of stakeholder engagement in implementation of ECNAAD Project. They are; (i) Getting all stakeholders involved at the planning stage (before implementation) for improved buy-in and ownership by the stakeholders, (ii) Getting them involved in project implementation, and (iii) Linking the beneficiaries with the relevant stakeholders at the final

stages of the Project. This is highlighted by the fact that there had been consultations with Medical Officer of Health (MOH) and beneficiaries during the project planning stage.

At the closure of the Project, the beneficiaries have been connected with the relevant authorities for enhanced sustainability and improved performance in the future (e.g. Lead Mothers have been linked with Medical Officer of Health (MOH), SPHM and RDHS).

> *important that we provided this knowledge on ECD and nutrition to mothers and parents. Lead mothers trained the other mothers and they participated at the training voluntarily. We have good network with the lead mothers. Due to the services rendered by them the parental con*
> *ECD Officer, DS Office, PKI*

Due to the increased engagements by the stakeholders discussed above, the Project has been a success and there had been improved performance. Many Government officials felt that they are part of the Project and part of success and also there is eagerness to ensure their continued support and guidance. This is one of the most important factors for sustainability.

Community Engagement

The project has been able to get the community to engage in the Project activities from project designing of initiatives, implementing the initiatives and at the closing phase. Identification of the needy families for livelihood and agriculture operations, identification of lead mothers and participating at their training sessions are examples of community engagement. Seeking their views and ideas, giving the ownership of the initiatives to the villagers/beneficiaries had been one of the unique features in the implementation of this Project. This can also be identified as one of the critical success factors for the improved performance of this Project. It was also observed at the discussions that the villages do not feel left-alone, though they are aware that the project is coming to an end and that there will be no continued support for the lead mothers' interventions from ChildFund in the future.

Figure 15: Mothers participating at a FGD

High level of Commitment and positive attitude of Project Staff

The beneficiaries also stated that the project staff had been highly committed and wanted to achieve highest performance amidst many challenges and limitations. It was also observed that the entire staff had deep understanding about the Project and expected results. The beneficiaries were very appreciative of the services of the implementing staff as they have now experienced the changes in child growth and child nutrition among their children. The beneficiaries have also realised the benefits that they have been able to secure in terms of knowledge on nutrition as well as the improvements in their children's development. This also evidenced by the fact that the Government official's request the ChildFund to expand and continue the Project.

Adequate Support and Guidance by the ChildFund staff

The project staff at the field expressed their views of the support and guidance by the Head-office staff had been commendable that they were available at any given time, attentive and had a better understanding about the ground situation. It was highlighted that this too is an important factor for the success of the Project. Continuous monitoring and timely guidance offered by ChildFund New Zealand was also a great strength.

Effective Project Monitoring System

The Project had implemented a sound monitoring system where the field officers had been collecting data on a monthly basis and reporting to the decision makers while decision makers and top management reviewed these and used them in their decision making. Effective monitoring systems and the availability of updated information for decision making too could be identified as an important factor and a learning for making an initiative a success.

Therefore, it is recommended that the Project Team should ensure that the community and the beneficiaries are participated at every stage of the Project cycle, monitoring of the project with an effective monitoring system and that the monitoring information i.e. used for decision making as they are critical elements for making a project a success.

CONCLUSTIONS AND RECOMENDATIONS

This section summarizes evaluation findings by describing main strengths and remaining challenges and gives policy recommendations on how these challenges can be overcome.

Strengths

National and Provincial Level Policy, Planning and Investment for ECD

ECD and child nutrition are clearly a policy priority in the Province as well as in the national level. Though the Northern Province and the Government of Sri Lanka have made continued efforts to improve and enhance nutrition and early child development (ECD) & early childhood education (ECE) services, there are many areas to be focused and intervened. Therefore, these areas should receive increased attention of policy makers and stakeholders and should ensure that the Child Nutrition, ECD and Centre Based ECD services are included on national and provincial level policy and planning as well as investment frameworks.

Efforts by ChildFund has paid off

The efforts by ChildFund to boost nutrition and ECD services paid off in improved child health, nutrition, development and early learning outcomes. Nutritional status of children under five in the GNDs has gradually improved, showing notable decline of prevalence of malnourished cases and also demonstrates improvements in children achieving early child development milestones. The awareness of child nutrition, health, hygiene and sanitation, stimulation activities as well as ECD has improved with noticeable changes in the behaviour patterns among the households in the GNDs.

Provincial level ECD interventions are gathering momentum

Policy reforms implemented by the Government has also resulted in improving the delivery of Mother and Child Care services and ECD services. In the education sector, establishment of the ECD Section at the provincial Department of Education and ECCD Bureau at the provincial and district levels have been significant system level changes which have started focusing on ECD and assisting improved delivery of ECD services. In relation to health services, interventions are required to ensure improved health seeking behaviour among the rural communities.

Recommendations

The following recommendations are presented based on the findings of the Evaluation.

Integrated approach on ECD at the Provincial Level

There should be an integrated approach for the child nutrition and development of ECD services at the Provincial level. The Project assisted 7 GNDs and had been able to achieve commendable results. The under-weight problem in these GNDs has gradually improved and

proportion under-weight children has reduced. However, there are many children in the province who are malnourished and denied the services of ECD centres or faced with lack of access to quality centre based ECD services. Therefore, the MOH, Provincial Council and the ECCD Bureau should formulate an integrated approach on child nutrition and ECD services to ensure that these children are not left behind.

Continuation and enhancement of Project Interventions

The Project has come to end but the beneficiaries wish that the Project should be continued. As the villagers in the Project area has understood the benefits of this Project, they are requesting that the Project should be continued and extended to other GNDs as well. It was also suggested that the Project should consider providing seeds to the households for home gardening, provide awareness on benefits of home-grown food and type of vegetable to fruits to be grown, using powder form food (E.g. Maize) etc. (It was also reported that there is a grinder installed at the MOH but is hardly being used). This type of interventions too could be included in the next phase of the Project. Given the economic conditions that prevails in the area, providing knowledge and assisting them to be able to get the supplies of nutritious food for the family is extremely important.

> *poor and lack livelihood opportunities. There is high level of abortions and there were 2 deaths due to abortion in the MOH area (9 in the district). There were 13 infant deaths. This type of problems cannot be addressed by the health system alone. Hence, continuation and expansion of this type of Projects here is very*
>
> *Medical Officer of Health, PKI*

Linking Lead Mothers with Regional and Provincial Health Authorities (PDHS and RDHS)

Since the lead mothers already working with the midwives and providing a valuable service to improve the health of children, it is suggested that they be linked to provincial and reginal department of health so that they will have a record as to who they are and continue to seek/obtain their services even if the present officials are there or not. Also this will strengthen the network of lead mothers and enhance their recognition and acceptance by the villagers.

Increased knowledge on ECD among the Policy makers and Planners

The knowledge on the ECD among the planning officials and policy makers should be improved so that they would pay adequate attention to ECD in planning and policy making. The ECD had been somewhat neglected in the past and therefore there are proper planning and development approach that has been formulated and implemented. This need has to be addressed by providing a deep understanding of the need and importance of ECD to the planners and policy makers.

Ensuring increased attention by planners on Child Nutrition and ECD/ECD investments

With the increased understanding, it is envisaged that the planners will translate this knowledge into effective program development and be able to formulate proper development investment plans for child nutrition and ECD, so that the policy makers and authorities would consider child nutrition and ECD as important area and increase the investments and ensure effective implementation of the Plans.

Internalization of the "Purpose" by partners and implementors for enhanced sustainability of the Project Results

It is important that the benefits that the Project has been able to bring about are continued in the long run. In this regard, the Evaluation observes that the sustainability of the benefits generated by the Project could be ensured and improved, if the purpose of the interventions is properly internalized by the lead mothers. E.g. What the Purpose of one being a lead mother? If the purpose is properly internalised, these individuals would perform their duties with passion and the delivery of results and their performance would be improved and sustained.

ANNEX I: LIST OF PARTICIPANTS IN THE FINAL EVALUATION

Government Officials

Mrs. Rubauuathy Ketheeswaran, District Secretary, District Secretariat, Mulativu
Dr. M. Gangadeeshwaran – MOH, Puthukkudiyiruppu
Ms. T Sriranjini, Child and Women Development officer, District Secretariat, Mulativu
Mrs. S Sashikala, Senior Public Health Nursing Officer, Puthukkudiyiruppu
Ms. Chandra Mohan Sivamani – Early Childhood Development Officer, DS Office, Puthukkudiyiruppu
Ms. Suganthini, PHM, Thevipuram area, Puthukkudiyiruppu
Ms. Thurkka, PHM, Kervely area, Puthukkudiyiruppu
Ms. S Santhanaluxmy, PHM, Vallipuram area, Puthukkudiyiruppu
Ms. Trency Lucia, PHM, Udayarkaddu North area, Puthukkudiyiruppu
Ms.S. Periyani, PHM, Udayarkaddu South area, Puthukkudiyiruppu

ChildFund Officials

Mr. Vimal Kanagalingam
Mr. R. Vithiyananthan

Lead Mothers, Mothers and Caregivers

	Name	Age	Education	Occupation	No. of Children	Lead Mother/ Mother	Remarks
Vallipunam Village							
1	P Jayalalitha	24	O/L	Housewife	2	Lead Mother	
2	M Sharmily	24	O/L	Housewife	2	Lead Mother	
3	A Muganthan	38	O/L	Housewife	3	Lead Mother	
4	L Arunakrishathan	41	Grade 5	Housewife	3	Lead Mother	
5	V. Uthayakumar	32	O/L	Housewife	1	Lead Mother	
6	C. V. Suganthi	38	O/L	Housewife	2	Lead Mother	
7	R. Pushpakumar	38	O/L	Housewife	3	Mother	
8	Thushara Mayooran	27	O/L	Housewife	1	Mother	
9	R. Rajeswary	34	O/L	Housewife	4	Mother	
10	V. Yoganathini	33	O/L	Housewife	1	Mother	
11	S. Caroline Romeo	32	O/L	Housewife	3	Mother	
12	Sayanithara Saroja	25	A/L	Housewife	1	Mother	
13	Thayaruban Uruthra	34	O/L	Housewife	3	Mother	
14	Thayapara Thiyeepa	25	O/L	Housewife	1	Mother	
Thevipuram Village							
1	J. Malanidevi	64	Grade 8	Housewife	N/A	Lead Mother	
2	R. Thusananthiri	24	A/L	Housewife	1	Lead Mother	
3	K. Bavani	32	A/L	Housewife	2	Lead Mother	
4	T. Amutha	39	O/L	Housewife	2	Lead Mother	

	Name	Age	Education	Occupation	No. of Children	Lead Mother/ Mother	Remarks
5	Nagulendran Seya	29	A/L	Housewife	2	Lead Mother	
6	Velmurugan Vanaja	47	O/L	Housewife	2	Lead Mother	
7	Mayooran Jayamalini	31	O/L	Housewife	2	Lead Mother	
8	Vaseekaran Pirasanna	24	O/L	Housewife	1	Lead Mother	
9	Yogarasa Anandakumar	32	O/L	Health Volunteer	3	Lead Mother	
10	Prasanthan Sarania	23	O/L	Housewife	2	Lead Mother	
11	M. Madiwadani		O/L	Housewife	2	Mother	One child was under-weight, but now gained weight.
12	K. Kamalini		O/L	Housewife	2	Mother	
13	U Kalidevi		O/L	Housewife	2	Mother	
14	P. Baranika		O/L	Housewife	1	Mother	
15	K. Shanthamalar		O/L	Housewife	2	Mother	
16	L. Vinoja		O/L	Housewife	1	Mother	
17	Elango Yohini		Grade 5	Housewife	2	Mother	
18	Vigneswaran Jayanthi		O/L	Housewife	1	Mother	
Suthanthirapuram Village							
1	Nadarajah Tharani	22	O/L	NGO officer	-	Lead Mother	
2	T Kirishnaverni	32	O/L	Housewife	1	Lead Mother	
3	Poopathyrajah Rathidevi	37	Grade 10	Housewife	2	Lead Mother	
4	Sivatharan Rureka	32	O/L	Housewife	3	Lead Mother	
5	Jagatheeswaran Vanaja	30	O/L	Housewife	3	Lead Mother	
6	Vebert Mohanrajah Kajani	33	O/L	Housewife	2	Lead Mother	
7	K Mathi	32	O/L	Housewife	1	Mother	
8	R. Vimaladevi	34	O/L	Housewife	3	Mother	
9	Thayakaran Thayalini	35	Grade 9	Housewife	1	Mother	
10	Thanusan Vasini		Grade 6	Housewife	2	Mother	
11	Rajeskumar Vilojini	28	O/L	Housewife	1	Mother	
12	Kavikaran Kugenthini	23	O/L	Housewife	1	Mother	
13	Rajeevan Rajeswari	30	O/L	Housewife	1	Mother	

ANNEX II: KEY INFORMANT INTERVIEW GUIDELINE – LEAD MOTHERS / LEAD PARENTS

Pre-Interview Procedure

1. Introduce yourself.
2. Get to know the respondent/staff member
3. Thank the respondent for agreeing to respond and devoting time for the discussion
4. Explain the purpose the discussion as well as the purpose of the evaluation. Also state that the interview would take about 45 minutes to 60 minutes.
5. Begin the interview. Commence the discussion with open mind. Remind yourself that the discussion is for probing but not establish or confirm your own ideas or perceptions about the Project or its processes.

Interview Procedures

i. Personal details, exposure and training

6. Need to get the following personal details:

   a. Name: ……

   b. Gender: ……

   c. Age: ……

   d. Qualifications: ……

   e. No. of Years service as a Lead Mother: ……..

   f. How many years have you been working in this GND?

7. Who is a lead mother? (Define)
8. What is your role in the community?
9. What type of training have you been able to acquire? Those trainings have been gained through the Project or outside the Project. If the training has been received from the Project, the nature of the training, duration, content, validity or benefits of the training, how relevant the training to work as a lead mother, major changes that has been noted by the person due to the training/after the training, was the training offered FOC, if charged, was it affordable etc.
10. Can you describe 3 major functions/activities of Lead Mother?
11. What are three basic qualities of a Lead Mother?

ii. Profile of the Children in the GND

12. How many households with the children 0-5 in this GND?
13. What is Malnutrition?
    a. Children having proper body as per the age
    b. Children who are crying of hunger
    c. Having thin body with tiresome body
    d. None of these

14. Do you have proper knowledge on breast feeding?
    1. Yes 2. No

15. Are there any CwDs in this GND?
16. Are there any malnutrition children in the GND?
17. Are there any differently abled children attending in your GND? If yes, does it have required facilities for such children?
18. When there is special case identified whom will you refer to?
    1. Doctor
    2. Midwife
    3. Project officer
    4. All
    5. None of them
19. Changes in the child population in the centre in the past 2-3 years
20. Have you observed any changes in nutritional food been provided by the parents to children? If yes, what are the reasons for such changes?
21. What are your observations on the children's activities of the following matters:
    a. social & emotional
    b. Language/ communication
    c. Cognitive (learning, thinking, problem-solving)
    d. Movement/ Physical development

iii. Knowledge about Child Nutrition

22. What makes the child healthy?
23. What do you understand by malnutrition? How can we avoid it?
24. What do you understand by age appropriate development of a child?
25. Why some children are healthier than others?
26. What do you believe are the important issues that must be addressed to improve age appropriate development?
27. What are the most common health problems/conditions in your GND? What are the trends?
28. How many malnourished children have you noticed in your GND? Have you referred them for services and rehabilitation process? How many of them have you referred in the past year?

29. How do you minimize the malnutrition?
30. What do you do if any action is not happening as expected? (Doesn't respond to loud sounds, Doesn't watch things as they move, Doesn't smile at people, Doesn't bring hands to mouth, Can't hold head up when pushing up when on tummy)
31. What comes to your mind when you hear age appropriate development? What are the main aspects/areas of age appropriate development?
32. Do you perform daily routing activities for stimulation? What kind of daily routing activities do you do? (Examples). Is there any specific number of times that you have to perform them? If yes, how many times?
33. Can you describe three important aspects of early stimulation and age appropriate development?
34. Do you have necessary resources to undertake those activities?
35. What resources do your community have that can be used to improve age appropriate development?
36. What are the age appropriate development activities, list them?
37. What are the areas of sanitation practises?
    1. Proper hand washing
    2. Never be with bare foot
    3. Store the garbage in the proper place
    4. Having water source at the toilets
    5. Washing clothes
    6. None

38. What is proper nutritious food in-take?
    1. Consuming 3 times food
    2. Having 4 group food
    3. Having instant food
39. What is proper nutritious food in-take?
    1. Consuming 3 times food
    2. Having 4 group food
    3. Having instant food

iv. Training provided by the Project

40. Have you received or other staff received training from the Project? How many of the lead mothers have got the training on child nutrition and age appropriate development? Have they been trained by the Project and other sources/own?
41. How many of parents have attended the awareness sessions conducted by the lead mothers on age appropriate child development & nutrition?

42. Have attended the awareness sessions conducted by the lead mothers on nutrition, health, water & sanitation? How many times/ sessions have you attended? Which year was it?
43. Have the training been useful for your functions as a lead mother?

v. Closure

44. Do you have any other things / points to highlight/mention to us, in relation to this Project and its initiatives to improve child health and nutrition?
45. Any other suggestions or recommendations to the Project?
46. Do you have anything to clarify from us?

Interview Closing Procedure

47. We thank you for your participation in this focus group discussion. The information provided by you would definitely assist the Project to improve its services and other similar interventions that they would be undertaking in the future.

ANNEX III: FOCUS GROUP DISCUSSION GUIDELINE – VOLUNTEERS

Pre-Interview Procedure

1. Introduce yourself.
2. Get to know the respondent/staff members
3. Thank the respondents for agreeing to respond and devoting time for the discussion
4. Explain the purpose the discussion as well as the purpose of the evaluation. Also state that the interview would take about 45 to 60 minutes.
5. Begin the interview. Commence the discussion with open mind. Remind yourself that the discussion is for probing but not establish or confirm your own ideas or perceptions about the Project or its processes.

Interview Procedures

i. Personal details, exposure, training and engagement

5. Get the personal details such as name, gender, age and qualifications and exposure on child nutrition/ years of service. How many years have you been working in this field? (Use the spread-sheet provided)
6. What is your role in ensuring child nutrition?
7. What type of training have you been able to acquire? Those trainings have been gained through the Project or outside the Project. If the training has been received from the Project, the nature of the training, duration, content, validity or benefits of the training, how relevant the training to work as child nutrition volunteer, major changes that has been noted by the person due to the training/after the training, was the training offered FOC, if charged, was it affordable etc.

ii. Children 0 – 5 Years within appropriate weight for age & age appropriate developmental milestones

8. How often do the children measured on the height and weight?
9. How do the midwives comment on the children's weight and height?
10. How do they guide them? And do the parents follow up?
11. Are children in the areas identified as malnutrition? Do parents and caregivers take any initiatives on those children's food habit?
12. What do you understand by age appropriate development of a child?
13. How can you improve the children's low growth?
14. What is your role in this scenario? Did you get any guidance from experts?
15. Are you aware of the milestones of child's development?
16. Have you ever focused their activities and engaged in purposively?
17. What are your observations on the children's activities of the following matters:
    a. social & emotional

b. Language/ communication
c. Cognitive (learning, thinking, problem-solving)
d. Movement/ Physical development

18. What do you do if any action is not happening as expected? (Doesn't respond to loud sounds, Doesn't watch things as they move, Doesn't smile at people, Doesn't bring hands to mouth, Can't hold head up when pushing up when on tummy)

iii. Profile of the Children in the GND

19. How many households with the children 0-5 in your respective GNDs?
20. Are there any differently abled children (CwDs) in the GND? If yes, do they have required facilities and attention?
21. How many malnourished children have you noticed in this GND? Have you referred them for services and rehabilitation process? How many of them have you referred in the past year?
22. Major challenges to parents for not being able to provide nutritious food for children?
23. What are the frequent illnesses among 0-5 children fall into during the past 2-3 weeks? (What are they? How often?)
24. Do you get proper preventions from anyone?
25. When the child fall sick what do you do? How do you handle the situation?
26. Homes with age appropriate toys and learning spaces that are effectively utilized for children aged 0-5
27. Do children enjoy in playing with toys?
28. Who generally brings toys for the children?
29. What nature of toys are given to the children?
30. When the parents get the toys for a child, do they have ever discussed with each other or anyone on the basis of relevancy (age, interest and as per their interest)?
31. Are the children use their toys as per their age level? Do you observe that the child's interest varies from time to time? Do they appreciate that or demotivate them? How do they react?
32. What do you believe are the important issues that must be addressed to improve age appropriate development?
33. Can you explain about the mental and physical development patterns that you observed in children and any specific interventions undertaken by the project for those who require special attention and care?

iv. Practices for Age appropriate development

Parents and caregivers using daily routine activities for stimulation

34. Do the parents and caregivers spend their time with the children? How long?
35. How do they engage or interact with them?
36. What are the routine activities they engage with them?
37. Do they stimulate on anything, how and how often?

Performing positive hygiene and sanitation practices

38. What are the positive hygiene and sanitation practises that you are used?
39. What do you do? List out the practises? (Parents)
40. Do spend your time in teaching best practise to the children?
41. Do observe that your children age 0-5 practise them on their own?
42. In your opinion how many parents perform positive nutrition, hygiene and sanitation practices?

v. Training provided by the Project

43. Have you received training from the Project? Have they been trained by the Project and other sources/own?
44. Have the training been useful for your activities as a volunteer in this GND?
45. How many of you have attended the awareness sessions conducted by the Project on age appropriate child development? How many times/ sessions have you attended? Which year was it?
46. How many of you have attended the awareness sessions conducted by the project on nutrition, health, water & sanitation? How many times/ sessions have you attended? Which year was it?

vi. Knowledge & understanding about Health and Nutrition

47. What do you understand by age appropriate development of a child?
48. What do you believe are the important issues that must be addressed to improve age appropriate development?
49. Do you believe that the nutritious food is another important factor for your child development?
50. What do you understand by nutritious food and child nutrition?
51. Can you describe three important aspects of nutrition, health, water and sanitation practices?
52. How and where did you get this knowledge about child nutrition?
53. Do any one of you have children who are underweight or having slow growth patterns?

vii. Closure

54. Do you have any other things / points to highlight/mention to us, in relation to the Project and its initiatives to improve health and nutrition among the children in these GNDs?
55. Any other suggestions or recommendations to the Project?
56. Do you have anything to clarify from us?

Interview Closing Procedure

57. We thank you for your participation in this focus group discussion. The information provided by you would definitely assist the Project to improve its services and other similar interventions that they would be undertaking in the future.

ANNEX IV: FOCUS GROUP DISCUSSION GUIDELINE – PARENTS & CAREGIVERS

Pre-Interview Procedure

1. Introduce yourself.
2. Get to know the respondents/parents
3. Thank the respondents for agreeing to respond and devoting time for the discussion
4. Explain the purpose the discussion as well as the purpose of the evaluation. Also state that the interview would take about 45 to 60 minutes.
5. Begin the interview. Commence the discussion with open mind. Remind yourself that the discussion is for probing but not to establish or confirm your own ideas or perceptions about the Project or its processes.

Interview Procedure

i. Personal details and engagement in Child Nutrition

6. Get the personal details such as name, gender, number of children in the family and for how long they are obtaining services from the Project? (Please Use the spread-sheet provided)

ii. Children 0 – 5 Years within the age appropriate weight & development

7. How often do you measure the height and weight of your children who are in the age of 0-5?
8. Do you know whether your child is within appropriate Weight-Age category?
9. How do the midwives comment on your children's weight and height?
10. How do they guide you? And do they follow up?
11. Are your children identified as malnutrition? Do parents and caregivers take any initiative on your children's food habit?
12. How can you improve your children's slow growth? Did you get any guidance from experts?
13. Does any parent have CwDs?
14. If yes, have you been able to provide them with required facilities? What guidance have you received from the Project in this regard?
15. How many of you have provided appropriate toys for the children at home?
16. How many of you have provided appropriate learning space for the children at home?
17. Are you aware of the milestones of your child's development?
18. Have you ever focused their activities and engaged in purposively?
19. What are your observations on the children's activities of the following matters:
    a. social & emotional
    b. Language/ communication
    c. Cognitive (learning, thinking, problem-solving)

d. Movement/ Physical development

20. What do you do if any action is not happening as expected? (Doesn't respond to loud sounds, Don't watch things as they move, Doesn't smile at people, Doesn't bring hands to mouth, Can't hold head up when pushing up when on tummy)

iii. Knowledge on the importance of Child Nutrition & practices

21. Do you know whether your child has reached age appro: development milestones?
22. What do you understand by age appropriate development of a child?
23. What do you believe are the important issues that must be addressed to improve age appropriate development?
24. Do you believe that the nutritious food is another important factor for your child development?
25. What do you understand by nutritious food and child nutrition?
26. Can you describe three important aspects of nutrition, health, water and sanitation practices?
27. How and where did you get this knowledge about child nutrition?
28. Do any one of you have children who are underweight or having slow growth patterns?
29. What type of advices / guidance that you received from the Project/any other party in relation to addressing those (underweight) conditions?
30. How satisfied are you in relation to other services provided by the Project (E.g. Advice on Nutrition, referring to the clinics etc.)?
31. How satisfied are you in relation to services provided by other Project officers?
32. What are main hygienic and nutrition related steps that you have taken/practice at home?
33. Do you face major challenges for not being able to provide nutritious food for children?
34. Do you perform daily routing activities for stimulation? What kind of daily routing activities do you do? (Examples). Is there any specific number of times that you have to perform them? If yes, how many times?
35. Do you spend your time with your children? How many hours and for long?
36. How do you engage or interact with them?
37. What are the routine activities you engage with them?
38. Do you stimulate on anything, how and how often?
39. Have you been able to provide age appropriate toys and learning spaces for children at home?
40. Do your children enjoy in playing with toys?
41. Who generally brings toys for the children?
42. What type of toys are given to the children?
43. When you get the toys for your child have ever discussed with wife or anyone on the basis of relevancy (age, interest and as per their interest)?
44. Are your children use their toys as per their age level? Do you observe that your child's interest varies time to time? Do appreciate that or demotivate them? How do they react?
45. Did your child fell sick during the past two weeks (Diarrhoea, Fever & ARI)? Any other sicknesses. When/How often?

46. Do you get treatments for these sicknesses? What are the other prevention measures you take?
47. Do your children practice positive hygiene and sanitation practices? What are they? (List them)
48. Do spend your time in teaching best practise to the children?
49. Do observe that your children age 0-5 practise them on their own?
50. Can you describe three important aspects of nutrition and health practices?
51. Do you have any malnourished children in your family? Have they been shown to Midwife or MoH?
52. Have you participated any cooking demonstrations held by the Project? How many such sessions did you attend? In which year did you attend them?

iv. Closure

53. Do you have any other things / points to highlight/mention to us, in relation to the Project and its initiatives to improve health and nutrition of your children?
54. Any other suggestions or recommendations to the Project?
55. Do you have anything to clarify from us?

Interview Closing Procedure

56. We thank you for your participation in this focus group discussion. The information provided by you would definitely assist the Project to improve its services and other similar interventions that they would be undertaking in the future.

ANNEX V: KEY INFORMANT INTERVIEW GUIDELINE – VILLAGE HEALTH WORKER / MIDWIFE

Pre-Interview Procedure

1. Introduce yourself.
2. Get to know the respondent/staff member
3. Thank the respondent for agreeing to respond and devoting time for the discussion
4. Explain the purpose the discussion as well as the purpose of the evaluation. Also state that the interview would take about 30 minutes to 45 minutes.
5. Begin the interview. Commence the discussion with open mind. Remind yourself that the discussion is for probing but not establish or confirm your own ideas or perceptions about the Project or adopted processes.

Interview Procedures

i. Personal details, exposure and training

6. Need to get the following personal details:

   a. Name: ……

   b. No. of Years service in this GND: ……..

ii. Children 0-5 years within appropriate weight for age

7. How often do you measure the height and weight of the children age of 0-5 in the project areas?
8. How do you mentor/guide the parents and caregivers when you find that they have underweight children?
9. How do you propose to improve your children's low growth? Did you get any guidance from experts?
10. Do the parents and caregivers follow your guidance, if not how do you handle them?
11. Are there malnutrition children identified in the GND? Do parents and caregivers take initiatives to change the food habit in these families?

iii. Age appropriate developmental milestones

12. What are your observations on the children's activities of the following matters?
    a. social & emotional
    b. Language/ communication
    c. Cognitive (learning, thinking, problem-solving)
    d. Movement/ Physical development

13. What do you do if any action is not taking place / implementing as expected? (Doesn't respond to loud sounds, Doesn't watch things as they move, Doesn't smile at people, Doesn't bring hands to mouth, Can't hold head up when pushing up when on tummy)
14. Have you observed any changes in nutritional food been provided by the parents to children? If yes, what are the reasons for such changes?
15. As per your knowledge, how many children in the GND who are not within appro: Weight-Age category?
16. How many children in the GND who have not reached age appro: development milestones?
17. What are the most common health problems/conditions in your GND? What are the trends?
18. How many malnourished children have you noticed in this GND? Have you referred them for services and rehabilitation process? How many of them have you referred in the past year?

iv. Frequent illness among 0-5 children within project period

19. Do the children in the GND suffer from any sicknesses? What are they? How often?
20. What are the most common sicknesses that the children fall into in this GND (Diarrhoea, Fever & ARI). How many of them seek medications for these in a week? How many of them adopt other home-based remedies?
21. Do they get proper preventions from anyone?
22. When children fall sick what do you do? How do you handle the situation?
23. How many of them are attending and not attending to clinics?

v. Homes with age appropriate toys and learning spaces that are effectively utilized for children aged 0-5

24. Do you observe children enjoy in playing with toys at their homes?
25. Are the toys used by the children appropriate for their age? Are the parents observe that their child's interest varies from time to time? Do they appreciate that or demotivate them? How do they react? How do you advise the parents in this regard?

vi. Parents and caregivers using daily routine activities for stimulation

26. Do you see parents and caregivers spend more time with their children now? How many hours in a day do they spend with children?
27. What are their challenges?
28. What are the routine activities they engage with them?
29. Do they stimulate on anything, how and how often?

vii. Performing positive hygiene and sanitation practices

30. What are the positive hygiene and sanitation practises that are used at homes?
31. How do they spend time with children? List out the practises? (Parents)
32. Do they spend time in teaching best practise to the children?
33. Do you observe that the children age 0-5 practise them on their own?

viii. Closure

34. Do you have any other things / points to highlight/mention to us, in relation to this Project and its initiatives to improve health and nutrition?
35. Any other suggestions or recommendations to the Project?
36. Do you have anything to clarify from us?

Interview Closing Procedure

37. We thank you for your participation in this focus group discussion. The information provided by you would definitely assist the Project to improve its services and other similar interventions that they would be undertaking in the future.

ANNEX VI: CHCEK-LIST FOR OBSERVATIONS DURING THE FIELD VISITS

Observe and note the following.

1. Review of WA records at the office of the Midwife and record the profile of children (Over-weight, Appropriate weight and Underweight)
2. Observe whether there are any Children with Psychiatric illness in the GND as per the records of the Midwife
3. Observe whether the homes have the age appropriate learning materials?
4. Observe whether there are any CWDs in the GND as per the records of the Midwife
5. Observe whether parents apply good hygiene and sanitation practices at homes
6. Observe whether children apply proper stimulation activities at homes

ANNEX VII: SELECTION OF GNDs – RANDOM NUMBERS

Home Games Numbers Lists & More Drawings Web Tools Statistics Testimonials Learn More Login

RANDOM.ORG

Search RANDOM.ORG Search

True Random Number Service

Do you own an iOS or Android device? Check out our app!

Random Integer Set Generator

You requested 2 sets with 4 unique random integers in each, taken from the [1,7] range. The integers in each set were sorted in ascending order.

Here are your sets:

```
Set 1: 1, 4, 5, 6
Set 2: 1, 3, 5, 6
```

Timestamp: 2019-07-03 13:36:13 UTC

Again! Go Back

ChildFund Sri Lanka
44/3, Narahenpita - Nawala Road,
Colombo 05.
Phone: +94 11 2501238

Management Frontiers (Pvt) Ltd,
No. 20/74 – 1/1,
Fairfield Gardens,
Colombo 08.
Tel: +94 112 674667/8
www.managementfrontiers.com