

Evaluation Report of Project
A VOICE FOR THE DISABLED & THEIR CARERS
September, 2017 to August, 2020

Implemented by
WORD Odisha, Ekta Koraput & SPREAD



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During 12th July to 10th August, 2020

Technical Support
Carers Worldwide, UK
Mumbai

Resource Support
Rangoonwala Foundation (India) Trust,

ACKNOWLEDGEMENT

We express our sincere thanks to Mr. Jagannath Mishra, Dr. Rachael Raykumari and Mr. Bidyut Mohanty, the leaders of NGOs Ekta, WORD and SPREAD respectively who have been implementing the project – A Voice for the Disabled and their Carers, in Koraput District of Odisha. We are thankful to them for affirming trust on our abilities to evaluate the project and reflect upon their good work so far. A word of appreciation to them for their unstinted support in carrying out this stupendous task during the most challenging Covid times. It was the peak of monsoon at Koraput with the Covid restrictions all around and despite that the organizations had to take calculated risks to facilitate this interesting conceptually rich evaluation study, we express our gratitude to the organization leaders for that.

We cannot but express our thanks and gratitude to the three energetic and enthusiastic Project Coordinators Ms. Gouri Prasadini Sahu (WORD), Ms. Namita Nayak (Ekta) and Mr. Jyoti Ranjan Behera (SPREAD) for their unconditional support in conducting the field observations and presenting the journey of the project so far. The team members (community mobilisers) without whom the meetings with the Carer groups at different levels, case visits, interaction with individual carers would not have been possible on time and within stipulated time are worthy of appreciations.

We express our gratitude to distinguished authorities and officers in relevant departments at the block and district level without whose support the evaluation study would have remained incomplete and would have been less analytical. We are thankful to the Sarapanchs, Panchayat functionaries and local leaders for their time, reflections and promises to contribute in their official capacity for holistic accomplishment of the project across dimensions.

Our heartfelt thanks go to Mr. Anil Patil, Executive Director & Founder of Carers Worldwide, UK for preparing the ToR for our study and for guiding us with important information related to the technical support and guidance extended to the three organizations for meaningful translation of concepts to practice that has been quite exemplary. We owe a lot to Mr. Patil and Mr. Natesha of CWW for their valuable inputs over zoom discussion spanning more than 3 hours.

We express our gratitude and thanks to Rangoonwala Foundation (India) Trust, Mumbai for extending resource support to this unique intervention. We thank Ms. Nisreen Ibrahim, CEO, RF(I)T for approving our participation in this evaluation study.

Last but not the least; we will fail in our duty if I we do not extend gratitude to the many members of carer groups, group leaders, federation leaders at various levels, and the many unknown community members who contributed immensely, both directly and indirectly, for sharing their concerns, achievements, insights and foresights that constituted the main body of observations in this report..

It was indeed a great learning experience for us. Thanks to all concerned.

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Abbreviations

AAY	:	Antodaya Anna Yojana
BDO	:	Block Development Officer
BSSO	:	Block Social Security Officer
BSSA	:	Bhimo Bhoi Bhinnakhyama Samarthya Abhiyan
CBO	:	Community-Based Organization
CDMO	:	Chief District Medical Officer
CHC	:	Community Health Center
CP	:	Cerebral Palsy
CRC	:	Community Rehabilitation Center
CW	:	Carers Worldwide
CwD	:	Children with Disability
DLI	:	District Level initiative
DDRC	:	District Disability Rehabilitation Center
DMHP	:	District Mental Health Program
DMO	:	District Medical Officer
DSSO	:	District Social Security Officer
GP	:	Gram Panchayat
HDI	:	Human Development Index
HI	:	Hearing Impaired
IHHL	:	Individual Household Latrine
JSS	:	Jana Sikhyan Sansthan
MD	:	Multiple Disabilities
MI	:	Mental Illness
MR	:	Mental Retardation
NIMAHANS	:	National Institute of Mental Health & Neuro Sciences
OLM	:	Odisha Livelihood Mission
O TELP	:	Odisha Tribal Empowerment and Livelihood Program
PDS	:	Public Distribution System
PHC	:	Primary Health Center
PMAY	:	Prime Minister Awas Yojana
PRI	:	Panchayat Raj Institutions
PwD	:	Persons with Disability
PWMI	:	Persons with Mental Illness
RF(I)T	:	Rangoonwala Foundation (India) Trust
TLM	:	Teaching Learning Material
TOR	:	Terms of Reference
UDID	:	Unique Disability ID
ULB	:	Urban Local Body
VI	:	Visually Impaired
ZP	:	Zilla Parishad

EXECUTIVE SUMMARY

The carer's project is founded on a noble philosophy of caring. In general understanding, a carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. Carers are an invisible force who cares day in, day out with no payment and little chance of respite. Working with carers of the sick and disabled is an area that has been neglected by Governments, NGOs and other agencies in low- and middle-income countries (LMIC). In LMIC, there is no government recognition and no organisation strategically addressing the needs of carers, most of whom are female family members. In Indian society, there is no recognition of the vital role played by carers.

The project - A Voice for Disabled and their Carers' (VDC) brought about a functional meaning to the understanding as above and focused on achieving recognition and inclusion of family carers of the disabled and mentally ill from Adivasi communities of Odisha. The project, sponsored by Rangoonwala Foundation (India) Trust in short RF(I)T, is being implemented in four blocks and one Urban Local Body of Koraput district since September, 2017 by three partner NGOs namely, Ekta, SPREAD and WORD. Carers Worldwide provided technical support to three partner organisations to initiate a process of engagement with carers.

An evaluation of the project was commissioned in order to reflect upon the relevance and contextuality; objective achievements and subjective accomplishments; assess the responses to challenges; review the strategies against issues; and internalize the learning outcomes and understand the emerging perspectives. The evaluation was guided by a Terms of Reference (ToR) and the framework addressed to study the project cycle, effectiveness, efficiency, impact, and sustainability with the Carers Worldwide (CW) model of intervention in the background.

The evaluation methodology, by and large, followed the ToR but was not limited to that and thus used the flexibility provided in the methodology to cover various aspects of the project from different dimensions. Field visits, discussion with carer groups, individual interviews, discussion with project staff and leaders of organizations, government officials, local self-government functionaries, direct observations, and web meeting with Carer Worldwide top officials constituted methodological processes and practices in the evaluation study.

The results of the evaluation with reference to the ToR was shared with the project staff and leaders of partner organizations for their reflections. Confusions were avoided, facts and figures were validated critical observations were noted, emerging dimensions were analysed during the sharing session prior to finalization of the report.

Key observations on the project

- The project has put larger emphasis on empowerment process of carers for which the carer groups form the foundation. The carer groups are functioning as collectives towards objective achievement of the project. The regularity of their meetings, issue-based decision making, timely implementations of decisions and the documentation practices shows that they are well guided by the project staff members. The leaders of

the groups have gathered enormous self-confidence through the project processes that have enabled them to express their concerns justifying the project title – ‘A Voice for the Disabled & their Carers’. They have taken forward the process beyond the project targets.

- Major part of the mobilisation of entitlements for the disabled people in the project areas are due to the active advocacy of the Panchayat Level Cluster Associations. This is done through their regular quarterly meetings and timely follow-up of the advocacy issues.
- The Block Level Federations of the carers are the appropriate forum for strengthening the ongoing empowerment process of carers. They have been doing excellent advocacy with the relevant block and district level authorities on all important issues. They have made their role and identity visible to people and government. They are keen on mobilising more livelihood resources for the carers.
- The Block Level Federations are in a movement mode. They are ready for taking the Carers Movement to a higher level in alliance with the local people’s organisations. They have built good rapport with the block level administration and have mobilised public opinion in their favour through different advocacy measures. Their effort has led to increasing the number of BBSA camps from 14 to 54 in the district for disability identification, certification & delivery of need based services.
- The District Level Federation of the carers is an emerging institution and it needs reasonably more time to develop its systems and procedures based on clarity and perspective.
- The active participation of carers in the Bhima Bhoi Bhinnakhyama Samarthya Abhiyan organised at the cluster levels by SSEPD Department was helpful in resource mobilisation process. The resources leveraged when put in monetary value, amounts to about Rs. 56, 22, 27,288/-. This is a huge amount mobilised in two and half years through strategic advocacy efforts.
- All partners have mobilised good support for carers from other projects of their organisations. This shows their deep concern for the carers. They have facilitated internal convergence of services for addressing carers issues that is highly appreciated.
- The livelihood activities have been very helpful for the carers. Persons with MI could take active part in these livelihood activities after good recovery. Livelihood training for Carers has been one of the most result-oriented income generation activities. The training programs have helped in strengthening traditional economies and for introducing innovative livelihood initiatives and activities.
- The health camps had a huge impact on the life of the persons with mental illness and epilepsy, and their carers. Majority of the cases had good recovery. There is a new found awareness in the community now on mental illness and epilepsy. People have started believing that these are like any other diseases and can be cured with proper treatment.
- Team members of Community Rehabilitation Center (CRC), Ekta have been doing an excellent job by reaching out to children with disabilities through Mobile Therapy Camps for all projects.

- All the 14 cases referred for surgery were successful and all are making good improvements.
- Mobilisation of aids and appliances through BBSA camps and through the support of UETS, Kakinada has added more value to the projects.
- Inclusion of children/youth with disabilities in Anganwadi Center, Primary School, High School & College has been a very significant achievement of the projects.
- Establishment of Community Day Care Centers has justified to be appropriate interventions for the physical, intellectual and socio-emotional development of the children attending the three centers. It has also helped the carers of these children with a meaningful respite.
- Capacity building training, exposures and special conventions for the project teams and the carers has helped in building their perspective on the Carers Model. These events have linked them to the larger carers' movement in India and the neighbouring countries.
- The IEC materials prepared and used by each project has helped in knowledge management and issue-based interactions for carers. It has also helped the external stake holders in understanding the project approach.
- Celebration of the Carers' Day was instrumental in achieving recognition of the contributions of unpaid family carers. These events made the block and district administration act proactively to the issues and concerns of the carers and they have started collaborating with the project functionaries.
- The social audit process in Boipariguda, mobilisation of NABARD support for carers in Koraput, and ORMAS support for carers in Laxmipur has been very unique initiatives by the three projects. Facilitating the marketing of Sal Seeds for 215 carers in Boipariguda, MGNREGS linkage of 59 carers in Laxmipur are the best time bound livelihood support for carers during the pandemic crisis.
- Team members of all the three projects did excellent work for Covid 19 Response in reaching out to the carers with basic food and hygiene materials support. Each project did their best in providing quality materials to carers with due support from RF(I)T and also by mobilising support from agencies known or related to them. They also ensured the Government relief to the carers.
- The **Carers Model** of building social networks of carers, ensuring their health services, providing them with respite, facilitating their meaningful employment and strengthening their collective voice to advocate for their needs has very strongly been grounded in Koraput. Govt. of Odisha has taken note of this unique carers empowerment model. This model could be a District Level Initiative (DLI) for Govt. of Odisha for empowerment of carers.

Critical Reflections

- **Relevance**

The relevance of the project is justified from the point of view of the utter neglects the Carers have suffered although there have been provisions contained in specific legal instruments to cover them adequately. The carers, who were mere individuals having no bargaining ability,

no voice to access entitlements needed to be organized into groups, federated, empowered and enabled to fight for their right. Further, the identity crisis as carers needed to be addressed. The project is highly relevant in these considerations.

From a comprehensive assessment it is evident that the project made a deliberate effort to reach out to the most marginalised and highly vulnerable communities across the project locations with larger emphasis on the empowerment of carers that is a crucial need in larger development context. In the context of Odisha, the project is first of its kind, and having championed a cause in tribal dominated district like Koraput it has the potential to guide any other project in this line anywhere in the state.

- **Effectiveness**

It has been a great journey for the carers of Koraput from their village level groups to the State Level Carers Forum. The project title – “A Voice for the Disabled & their Carers” is very effectively realized within the project period. Their individual struggle has turned in to a collective action and advocacy-based movement for rights, recognition and due legal status.

The learning through training, annual review, exposure visit and celebration of Carers Day were highly useful for the staff members and carers. These learning are reflected in the results of their activities. The base line survey made all members aware on the issues of the carers and the PwDs, the knowledge inputs from different experts built their capacity to address the issues & on the job guidance from Carers Worldwide enhanced their functional effectiveness.

The project produced almost all the outputs foreseen in the project document and in many cases it surpassed the component wise initial plan. It resulted multidimensional benefits to the project’s end beneficiaries, as evidenced from the livelihoods training and the number of carers trained that could reach out to more beneficiaries as compared to the original plan.

Project has strengthened relationship with government, government has recognised the importance of partner organisations in acting as a catalyst to mobilize citizens to attend mental health camps in local locations. Adding to that, the institutionalization of the carers has created pressure fronts with advocacy initiatives that may contribute to effective mobilization of programs like District Mental Health Program and such other programs in the near future.

Right selection of partners was the key to the success of the projects. The self-motivation of the team members was the driving force in the timely implementation of all activities in spite of the large geographical spread over of the operation area of three projects in the forest pockets and hilly terrain of Eastern Ghats. **This work has become a model for replication in other tribal pockets of the state.**

- **Efficiency**

The Program Implementation Plan was seriously followed by all the three projects. The staff members could reach-out to most remote villages. Staff members of each project worked as a team and the organizations put together and worked as a collaborative district level network towards achieving the project goals and objectives. They could deal with the socio-cultural

and attitudinal barriers, both from the communities and the service providers in the early stage of the projects. They all talk with a sense of deep satisfaction now for working with this project. They see meaning in their work.

The staff members could facilitate doorstep delivery of medicines for the persons with MI & Epilepsy during the ongoing lockdown due to the pandemic. They could timely deliver the relief support from RF(I)T and other support agencies to all the 1500 Carers. Through awareness raising materials and demonstrations they promoted awareness in the remote villages on preventive measures for Covid – 19. They ensured timely pension and PDS supply to all eligible members and monitored the financial support from State and Central Government to reach the right beneficiaries.

Timely implementation of planned activities by the implementing partners and solid reporting procedures have been the hallmarks of the project. To the evaluators it appeared that the restrictions due to Covid – 19 could not substantially influence the outcomes of the project. Although certain shortcomings were encountered due to Covid – 19 restrictions, yet through the adaptive management of the partner organizations many crucial needs could be addressed successfully. During the phases of Covid crisis and prior to that, as result of advocacy efforts, MH camps, trainings etc. could be brought to the door steps of the direct stakeholders which reduced the cost and time burdens on attendees and thereby increased their participation in project activities and rights based initiatives.

As a matter of fact, the project had to cope with a lean budget, considering the outcome it has delivered.

- **Sustainability**

Creating collaborative solutions through the communities will be the sustainable measure for the ongoing process. The Cluster Associations will play a lead role in this process in all the 38 Clusters. The proposed **Community Care Centers** will become the focus point to facilitate the required support services to the carers and the PwDs/CwDs. The project teams need to strengthen the Cluster Associations and their associated groups to sustain the process.

The project teams with due help from the Block Level Federations need to facilitate a process of “Self-Assessment” for all the Clusters and their associated groups during the lockdown period. They have to develop right tools for the assessment. The Clusters level groups could be guided to take remedial measures for strengthening their organisations as per the results of the assessment process.

Appropriate livelihood scoping for carers would help in sustaining the process. Housing and Antodaya linkage for the PwDs will go a long way in sustaining the motivation of the Carers.

Continuity of the resource mobilisation, livelihood actions, therapy services, and timely treatment and supply of medicines for the persons with MI and Epilepsy will make the process sustainable.

- **Impact**

The DSSO of Koraput talking about the issues of carers in his official meeting with BSSOs

speaks about the clear impact of the process. The entitlements & services mobilised has made a good impact in the lives of 1500 carers families. The number of pensions mobilised for the old age people, single women, widows & destitute indicates the leadership quality of the Carers. The respect the team members of the project get at the Panchayat & Block offices show how they are growing through their work.

The statement of the State Commissioner of Rights of Persons with Disabilities, Odisha – “it is for the first time I am seeing the Carers from a tribal district like Koraput showing a model to the people in the state capital” sums up the impact the project has made on the key people of the sector in the state.

During the field visits, evaluators met more than 60 families or carers groups in the communities to gather their experiences in the form of experiences, anecdotes, achievements and feel-good factors. The field visits helped the evaluators to pragmatically assess the extent to which success stories exist in different contexts and situations, and to realize the visible changes achieved through the work of individual carer plans in their communities.

Various stakeholders including government, and the partner organisations, have been brought together and relations have been strengthened which will lead the way to future cooperation and streamlined efforts to support carers and vulnerable persons in the region.

Way forward

- **Strengthening the Carers Organisations**

1. It would be good to facilitate a process of “Self-Assessment” for the Carers Groups during the lockdown period. The groups not performing well need to be strengthened by the Cluster Association keeping in view the findings of the assessment. The same process of “Self-Assessment” is to be followed for the Cluster Associations during the next three months. The clusters not performing well need to be strengthened by the Block Level Federations, keeping in view the findings of the assessment.
2. The projects should guide all the Cluster Associations for best Covid – 19 Response as required from time to time. The Block Level Federations should review & do the monitoring of the work of their Cluster Associations.
3. Carers Groups need to take up adequate measures to ensure justice for women with disabilities when they face violence in the family or outside.
4. Organisation Development exercises for the Block Level Federations will build their strategy to address the issues of Carers and to face the emerging challenges due to the pandemic. Good documentation of activities is required at all levels for their record, reference & follow-up.
5. The perspective of the District Level Federation needs to be widely discussed in all clusters and carers groups. This organisation could be registered after one year of maturing process. Every meeting of this federation should have a specific agenda leading to time bound actions. Each carers group should feel that the functions of the district level federation are relevant to their growth process.

- **Integrated approach through Community Care Centers**

6. The leaders of the Cluster/Block/District Level structures should make all possible efforts for mobilising **5% of the budget** from each Gram Panchayat for the development activities of the persons & children with disabilities & their Carers. They need to sensitise all elected representatives of the Panchayat Raj Institutions in the district on the RPD Act – 2016. This would be the best mobilisation of their entitlements. They need to make the best use of this budget for strengthening the functions of the proposed **Community Care Centers** at their respective Gram Panchayats. All the development actions of the Clusters could be integrated through the Community Care Centers.
7. The best livelihood practitioners of each Block could be nurtured as Community Resource Persons and linked with the proposed Community Care Centers to guide carers with theme-based inputs on livelihood issues. These CRPs could conduct livelihood training for carers at the Community Care Centers with due support from respective project teams.
8. Livelihood actions of the groups who have received special support from OLM, NABARD and ORMAS need timely follow-up and monitoring for the best utilisation of the financial resources. All carers groups should be guided to develop linkages with OLM & Mission Khyamata for mobilisation of livelihood support.
9. Each Cluster Association should have a Bank Account and develop a revolving loan fund for supporting carers who need financial support for new livelihood activities. The livelihood profile of each carer could be kept at the Community Care Center. The profiles should be reviewed time to time to facilitate their growth. Persons who have good recovery from mental illness and epilepsy could be supported with livelihood assistance for their socio-economic rehabilitation. This could to be a priority. Campaign for issue of Antodaya Card for all PwDs is to be taken up by the Community Care Centers.
10. Referral service for new cases of mental illness & epilepsy is to be ensured by the leaders of the Cluster Associations while ensuring timely medicine to old cases. The project leaders need to collaboration with DMHP of Koraput to ensure sustainability of this activity through the Community Care Centers
11. Community Rehabilitation Center (CRC) of Ekta Koraput could train the people who would take the responsibility of the Community Care Centers in the second project cycle. Team members of CRC should reach out to all the 37 Community Care Centers for on the job guidance.
12. Each project should prepare IEC and teaching learning materials for the Community Care Centers. Each center should have all applications required for the Govt. schemes & particularly for schemes of SSEPD Department. They should be information centers for the development of PwDs & carers.
- **Enhancing the effectiveness of BBSA**
13. Community Care Centers and the Cluster Associations should work together to make all the forthcoming BBSA Camps successful for the persons and children with disabilities in their area. They should ensure the mobilisation of entitlements. They need to guide people for health referral & surgery, when required.

14. The District Level Federation of carers should explore the possibility of organizing special BBSA camps to ensure disability certificates, ID Cards and entitlements to the PwDs/CwDs who are left out, including persons with mental illness & epilepsy. There is a provision for such camps in SSEPD Department to cater to the needs of the PwDs who are deprived of their entitlements.

- **Issues of Solidarity**

15. Celebration of Carers Day and International Day of the Persons with Disabilities needs to continue & this could be planned & implemented by all Block Level Federations at Block level. These events need to be planned keeping in mind the Govt. guidelines as issued from time to time. These events are required to highlight the issues of the PwDs and their carers. This process needs to be consolidated at the district level through the celebration of a Carers Day with the participation of carers and DPO leaders from all the 37 clusters.

The ongoing processes could be institutionalized through Community Care Centers in all 37 Gram Panchayats of the operation area. Each block could promote one Model Community Care Center for standardizing the activities. This Model Center could be the point of reference for all other centers in the block. Project leaders need to ensure the exposure of the Govt. officials/PRI leaders to the Model Centers to ensure convergence of services for the PwDs and carers.

Concluding Remarks

The project is innovative, pragmatic touching upon the crucial needs and concerns of carers, founded on realistic, philanthropic, and value-based considerations in development context. Over the three years of implementation the project has achieved significant tangible and non-tangible results that should be furthered with extension of the project incorporating unfinished tasks, evolving issues in broader dimensions. The project has high potential for replicability and scope for horizontal and vertical scaling. The project should continue in the larger interest of the carers and also to disseminate learning and good practices for feeding to policy initiatives, development schemes and programs across states.

INTRODUCTION

1.1 The Carers: Concept and Issues

Providing care or 'caregiving' involves assisting another person to perform activities which are necessary for survival, human functioning or social participation, or performing such activities for a person who is unable to do them (WHO 2001). Depending on the extent of assistance required and resources available, caregiving will involve variable amounts of physical work.

Carers are an invisible force who cares day in, day out with no payment and little chance of respite. Working with carers of the sick and disabled is an area that has been neglected by Governments, NGOs and other agencies in low- and middle-income countries (LMIC). In LMIC, there is no government recognition and no organisation strategically addressing the needs of carers, most of whom are female family members. In Indian society, there is no recognition of the vital role played by carers.

The functional definition that sets the cornerstone for working on the Carers issues is that - "A caregiver is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support" (Angothu & Chaturvedi, 2016)¹.

"Appraisal of caregiving" is understood as a construct existing in the "stress-appraisal-coping" framework, and implies that the experience of caregiving results from an interaction between the relative's illness and factors in the carer's external and internal world. According to the "stress-appraisal-coping" framework, patient's illness, associated behaviours, disabilities and perceived disruptions of the carers' life are appraised as stressors by the caregiver. The caregiver's personality, quality of family relationships and degree of social support are considered as the mediating factors (Szmukler et al., 1996)².

Many studies from India evaluated the burden experienced by the caregivers of patients with schizophrenia. However, there is dearth of data in relation to caregiving experience, especially assessment of positive caregiving experience. In India, traditionally the family is very much involved in the care of the mentally ill patients and is involved in all treatment decisions, stays with the patient during the inpatient stay, supervises the medications and provides rehabilitation (Avasthi, 2010). Further, another reason for caring for ill relatives is economic. Most families are unable to pay for full-time hospital care, and expect that the patient, when well, will contribute to family income. This level of involvement of Indian families is quite different from Western families (Jagannathan, Thirthalli, Hamza, Nagendra, & Gangadhar, 2014).

The health of a carer is a key factor which can affect the well-being of the child with disabilities for whom they care (Brehaut et al., 2004; Raina et al., 2005). In low-income countries, many carers of children with disabilities contend with poverty, limited public services and lack

¹ Baseline Study Report: A Voice for Carers: Achieving recognition and inclusion of family of the disabled and mentally ill from Adivasi communities of Odisha. Carer Worldwide & RF(I)T

² Quoted from the Baseline Study Report

assistive devices. In these situations, caregiving may require more physical work than in high income countries and so carry greater risk of physical injury or health problems. There is some evidence that poverty and limited access to health care and equipment may affect the physical health of those who care for children with disabilities (Geere et al., 2013).

The role of carers must not only be identified, but also be recognized and their efforts supported with resources, and organizing them to play the role of advocacy force to meet their rightful needs is also important. The state and national bodies need to recognize and identify the needs and concerns of the caregivers and support their initiatives, because carers have relieved the workforce of governments in providing continuous care for the people with chronic illness and disabilities.

A person with illness/condition impacts not only his/her life but also affects the functioning at the family level and their contribution in the community. Thus, caregivers act as bridge between the person with chronic illnesses/disabilities and the community by facing the brunt of caring. However, most of the intervention programs have looked at caregivers as potential resources, which can be tapped, and expect caregivers to continue to care for their ill family members.

In India, National Health programs aim at reaching people in the community using a public health approach and initiating community-based approaches, which are based on the premise that the locus of care should remain with the caregivers. Families receive limited support and guidance from professionals and are often looked on as plentiful resources available in the community who are compensating the poorly funded health system in India. If the caregivers are providing sustainable care, it is both ethical and imperative that their wellbeing also needs to be addressed in a systematic manner.

When caring is a full-time occupation and more, the opportunity to earn a living is lost for the carer, just as much as it is for the person being cared for. The ensuing poverty can be compounded by exhaustion, psychological and physical health problems, and a keenly-felt sense of isolation. Carers therefore may be said to be an often unheard and unseen army of people who voluntarily meet the needs of others at the expense of their own.

2. The Project

Under the backdrop of the issues as above, the project – A Voice for the Disabled and their Carers was conceived. The project by and large addressed to the issues and concerns of the Carers in relation to specific disable people whom they are taking care of. The three-year project, seen as the initial phase of a larger program, was funded by the Rangoonwala Foundation India Trust and started in September, 2017. The central aim of this innovative project, operating with three partner organisations across Koraput district of Odisha state in India, is to achieve recognition of the contributions of unpaid family carers in Adivasi communities and to ensure carer-specific services are developed to lessen the burden of caring and improve the quality of life of carers and those for whom they care. This three-year project, funded, started in September 2017 and will work with 1,500 carers of people with disabilities and mental illness from marginalised tribal communities in Koraput district, one of the poorest districts in India, in Odisha state.

The project approach was based on the Carers Worldwide holistic model creating systemic changes for carers. The model is comprised of five elements: 1) Carers' support groups – creating social networks and supporting emotional wellbeing; 2) Health services –providing access to physical and mental health services; 3) Respite – offering a break from caring responsibilities along with the development of alternative high quality care options 4) Employment, facilitating access to jobs, training or education, tailored to co-exist with caring responsibilities; 5) Advocacy –strengthening the collective voice of carers to advocate for their needs. leading to changes in policy and practice at local, regional and national level.

2.1 The Partners in Action

The project is implemented in a collaborative approach by five partners with different strength and capacities contributing to different aspects of the agreed objectives and their wider dimensions. The project partners may be further categorized as Resource Partner, Strategic and Technical Support Partner, and Implementing Partners as hereunder.

2.1.1 Resource partner

The Rangoonwala Foundation (India) Trust [RF(I)T] is the development and grant making organization having positioned itself at the interface between government and civil society. The Foundation develops the capacity of civil societies in the program specific thematic aspects to act together and learn from each other to engage with the institutions that shape people's lives. It strives for more effective, responsive, and accountable governance with civil society participation, which contributes to improved development outcomes. RF(I)T is Mumbai based, where its direct intervention programs are on city wide on health and youth development. It works with the marginalized in Mumbai's slums through its six Community Centres reaching out to approximately 6 lakh people on the issues of health and capacity building.

2.1.2 Strategic and technical support Partner

Carers Worldwide, a United Kingdom based organization set up eight years ago to highlight and tackle the issues faced by carers in low- and middle-income countries is positioned as the Strategic and Technical Support Partner in the project. Carers Worldwide believes that carers require recognition, support, and opportunities in order to improve the quality of their lives and those for whom they care. The organization, through its years of operation has realized that working with carers of the sick and disabled is an area that has been neglected by Governments, NGOs and other agencies in low- and middle-income countries. In contrast, in high income countries, there is a dynamic network of agencies working with carers and there is government provision to ensure social protection of carers. Carers Worldwide remains the only international NGO focusing exclusively and strategically on the issue of unpaid family carers in low- and middle-income countries. The organization is currently active in India, Nepal and Bangladesh, working through local organisations and transforming the lives of over 73,000 carers, cared for individuals and their family members. The organization understands that there are many organisations working with people with long term illness or disability but the needs of carers – most of whom are family members – are widely neglected. The effects of caring on physical and mental health and emotional wellbeing can be devastating.

2.1.3 Implementing partners:

- A. **Ekta**, which means “Unity is Strength”, has been a registered NGO since 2nd October 1994 in the district of Koraput, Odisha, India. Later, it expanded and extended its activities to other districts of Rayagada, Bolangir and Ganjam. Its vision is a just, equitable and sustainable society where the vulnerable can lead a healthy and dignified living free of discriminations. Its mission is to play the role of a catalyst and to adopt a participatory approach for advancing the cause of the vulnerable, creating opportunity and building up their capacity. The organization has a long experience of working on disability issues.
- B. **SPREAD (Society for Promoting Rural Education and Development)** was started by a group of likeminded individuals with a commitment to work for the betterment of the underprivileged of the society. Its vision is a region / society free from any kind of exploitation and discriminations with access to basic necessities of life and ability to assert their rights for dignified living. Its mission is to work with the underprivileged in order to build up their capacity and to facilitate the process of participatory development. Key focus of SPREAD is the tribal population of Odisha with intensive operations in Koraput district, Odisha. SPREAD is known for its advocacy in favour of the rights of development-induced displaced tribal communities such as in major hydroelectric projects, and those deprived of their livelihoods due to the loss of their land and common property resources.
- C. **WORD (Women Organisation for Rural Development)** was initiated by a group of grass root women from Koraput district in 1991 driven by a purpose of building a collective of women to address the issues of poverty and discrimination in Laxmipur Block of Koraput district. WORD visualizes itself as a People’s Initiative for addressing these issues without discriminating on the basis of caste, colour, creed, gender, religion or region and ensuring justice, peace, equality and fraternity. The organisation addresses the most vulnerable population in the district with special emphasis on women and children. The guiding principle of WORD is community empowerment by the people for their own development with gender as the transversal through all its process and projects.

2.1.4 Project Purpose and Relevance

Poverty in low income tribal areas where people live in a subsistence setting with food insecurities exacerbates the difficulties carers face in their day-to-day lives. They live in a setting where family carers and caring are simply not acknowledged, and their entitlement issues are hardly considered. The tribal population in remote tribal districts are most vulnerable with low human development index (HDI) with poverty and illiteracy that puts them at a lower stratum in development context. As such, the tribal population elsewhere in India and specifically in Odisha suffers from relative lack of basic facilities and infrastructure set-up. Rates of disability and mental illness in the tribal areas are high but there is no systematic coverage of assessment, diagnosis, treatment and rehabilitation in the project villages. Appropriate identification and management of conditions would alleviate the burden currently faced by the carers of these affected individuals and improve the quality of life of all concerned. Currently, these carers are left invisible and unrecognized. Surveys conducted by Carers Worldwide in other parts of India have shown that 83% of carers experience physical ill-health as a result of their caring role and 86% report symptoms of anxiety and depression.

Those with a disability or mental illness and their carers (usually a family member, typically a woman or girl) in the tribal villages are unreached by existing services. In addition, there is poor awareness amongst the community, local officials and other NGOs of the plight of these individuals. There is thus a clear need to work along the plight of these unknown soldiers who provide relentless and selfless services to the disabled but have remained unnoticed, unknown, unorganized and away from the development attention, although quite recently, the Carers have been brought under legal provisions.

The project addresses to the plights and issues of the Carers, their health, empowerment and livelihood issues among other things, and hence is quite need based. The project addressing the issues of Carers in Odisha is first of its kind, innovative and inclusive to the concerns of carers and hence has tremendous potential for learning and dissemination. In order to bring the Carers to recognition, facilitate their empowerment, address their concerns and handle advocacy for their entitlements are the stepping stones to bring about their holistic development. The project therefore targets to reduce social isolation, promote physical and emotional wellbeing, facilitate livelihoods simultaneously with caring responsibilities, and provide a platform to raise their voices. The outcome of the project is directed towards having a direct impact on the cared-for individuals and their carers in the areas of health, wellbeing and economic status, so as to contribute to a higher quality of care and household security. To ensure the specific needs of the disabled and mentally ill are met, technical expertise will need to be extended to ensure that accurate assessment and diagnosis is made and the necessary treatment and therapy plans are drawn up.

2.1.5 The Project Goal

The project has set the goal to empower the carers towards improving their physical and mental health, promote social inclusion, increase household income through rights-based advocacy and established relevant linkages for sustainability.

2.1.6 The Project Objectives

Setting and driven by the goal of improving physical and mental health, promote social inclusion and increase household income of carers; empowerment of groups of carers to advocate for their needs and rights; and established links and provisions to ensure the assessment, diagnosis, treatment and therapeutic needs of the disabled and mentally ill individuals being cared for are met; the project has been working on specific objectives as below:

- Continue their caregiving responsibilities;
- Address their own health and emotional needs;
- Find ways to financially support their family;
- Advocate as a group for their rights and needs and link with carers across the local area and nationally;

- Have available to them the services and provisions necessary for the appropriate assessment and management of their disabled or mentally ill relative's health and therapy needs

2.1.7 The Project Coverage

The project in Koraput worked with 1500 (500 for each implementing partner) carers of people with a disability or mental illness or epilepsy and their families. No doubt, there are hundreds of carers who are identified with People with Disabilities. However, for the purpose of the project the vulnerable carers, especially in relation to people with multiple disabilities and mental illness who require round the clock services of the carers, were chosen as project

participants. The geographical focus of the project covers four Tribal dominated blocks of Koraput district such as Laxmipur, Dasmantpur, Koraput and Boipariguda with one Urban Local Body (ULB) – Koraput. While WORD operates in Laxmipur block, EKTA covers the Dasmantpur and Koraput blocks along with Koraput ULB. SPREAD covers the Boipariguda block. Thematically, each partner organization

The Project Area			
Organizations	WORD	EKTA	SPREAD
Number of block(s)	1 Laxmipur	1 Koraput	
2 Dasmantpur	1 Boipariguda		
Number of GPs	13 GPs	11 GPs and Koraput NAC	13 GPs
Number of Villages	187 Villages	217 Villages	220 Villages
Number of Carers	500	500	500
Number of persons & children with physical & intellectual disabilities, mental illness & epilepsy	509	507	500

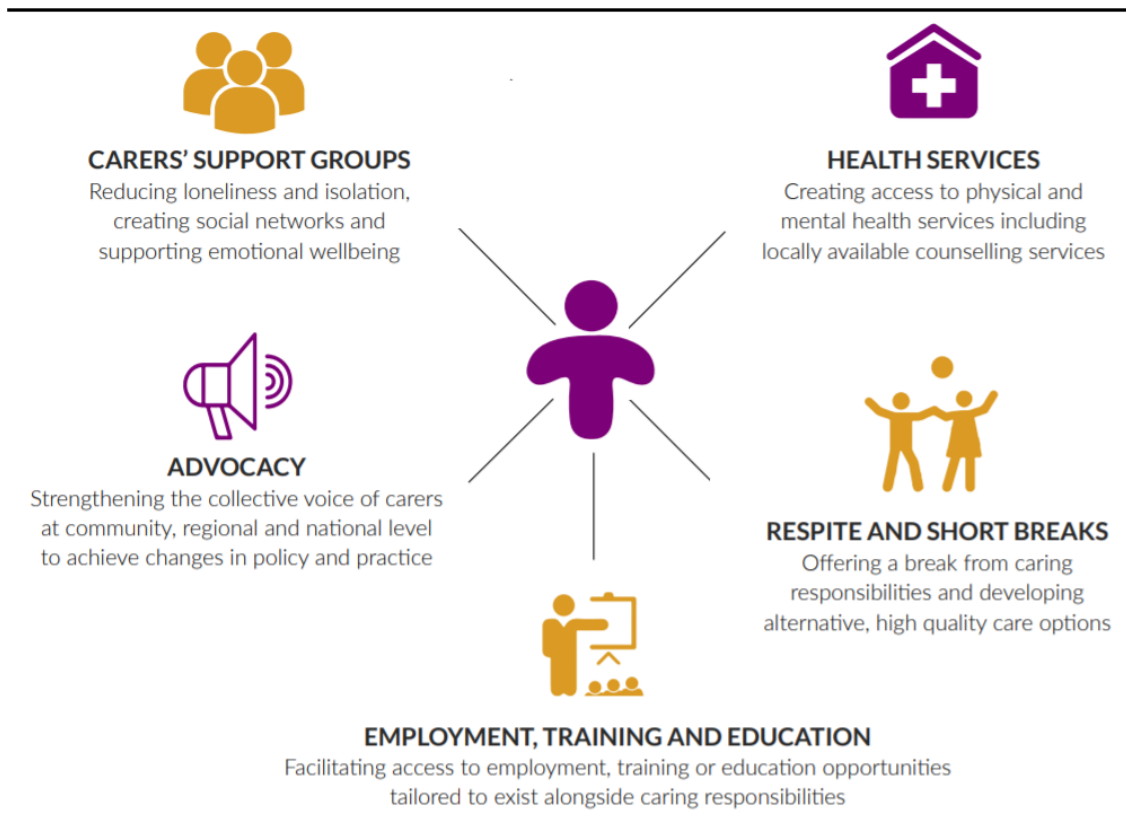
have focused on the broader dimensions of the project objectives.

2.1.8 Approach and strategy

The project approach is based on the Carers Worldwide holistic model creating systemic changes for carers. This operates at two levels:

- 1) Facilitating the provision of support for carers and their families improving their health, wellbeing and economic security and
- 2) Bringing about systemic change in response to the needs of carers among government and other agencies locally and nationally.
- 3) The model comprises of the following elements:
 - Carers' support groups – creating social networks and supporting emotional wellbeing;
 - Health services – providing access to physical and mental health services, including counselling services;

- Respite – offering a break from caring responsibilities along with the development of alternative high-quality care options
- Employment, training and education - facilitating access to jobs, training or education, tailored to co-exist with caring responsibilities;
- Advocacy – strengthening the collective voice of carers to advocate for their needs, leading to changes in policy and practice at local, regional and national level.



The project is designed on participatory approach for empowerment and sustainability with specific strategies to accomplish the objectives. The participatory approach involves package of self-help and peer support, community involvement and advocacy work, in order to bring about sustainable and systemic change from grassroots level upwards. The project targets to build on the successful programs Carers Worldwide has run with five partner NGOs elsewhere in India and in Nepal involving over 5,000 carers. One of the key strategies has been to implement the learning of Carers Worldwide. However, strategies planned during project inception and adaptive management that was required during the implementation of the project in consideration to people, culture, climate, government; the existing and evolving issues, related barriers in uptake of the project deliverables have been employed during the project implementation.

2.2 Purpose of the Evaluation Study

The project has been implemented over three years, since September 2017. In order to understand how the project unfolded; whether and to what extent the project has met the

deliverables or produced desired outputs in both the tangible and intangible terms; to understand the strength of the project in relation to the targets, their social, economic, political environments, specific development contexts, governance mechanisms; to understand the impacts the project has made; and to identify the potentials for replicability and scaling-up an independent evaluation of the project was felt essential and hence commissioned by the project partners. Studying the project cycle, effectiveness, efficiency, impact, and sustainability are part of the evaluation study in order to adequately cover various dimensions of the project and reflect the same in the report. Since, the project is founded on the Carers Worldwide (CW) model of intervention the purpose of the evaluation also intends to look at the impact of caring role of support groups, their networks and district level associations. The report of the evaluation would help in furthering the project, if at all agreed among partners, in desired dimensions and scaling up in vertical and horizontal lines.

Specifically, it is intended that the evaluation results will be used to

- i. design future direction specifically in these projects and for RF(I)T and CW as organizations
- ii. strengthen the case for increased recognition and support for carers, and
- iii. influence development policy and the case for inclusion of carers.

2.2.1 Objectives of Evaluation Study

As per the ToR the following were the key objectives of the evaluation study:

1. To independently refer (and supplement where necessary), the grantees' record of achievement as reported through its Half yearly Reports and defined in the proposal
2. To assess the extent to which the project:
 - met its objectives,
 - achieved results
3. To suggest way forward for the project in next phase

2.2.2 Methodology of Evaluation Study

The evaluation methodology, by and large, followed the ToR but was not limited to that and thus used the flexibility provided in the methodology to cover various aspects of the project from different dimensions. However, the specific methodology suggested in the ToR is as follows.

- Review of the Baseline Survey Report, Project Proposals, Annual Review Reports
- Interview with the Project Leaders
- Field Visits to interact with Carers Groups, Cluster Associations & the Block Level Federations of Carers
- Home Visits
- Interaction with PRI Representatives and Block Level Officials

Time Plan
12th July – Review of documents
13th to 15th July – Field Visit for WORD Odisha
16th to 18th July – Field Visit for Ekta Koraput

- Verifications of documents available with the Carers Groups
- Structured Presentations by the Project Teams

The following methodologies were adopted for each partner for the field visit:

- Visit to two Carers groups to understand the issues discussed and the level of participation of the Carers in responding to the issues
- Meeting with one Cluster Association of Carers
- Meeting with selected leaders of Block Level Federation of Carers
- Meeting with selected leaders of the District Level Federation of Carers
- Visit to 2 to 3 families who have been involved in the project activities
- Meeting with 2 to 3 other stakeholders e.g. BDO, BSSO, and Panchayat Leader
- Meeting with all the staff members and Project heads of the three partner organizations, assess the development from the organizational presentations reflecting the project with reference to the project implementation plan, summary of facts and figures, relevant and contextual cases and testimonials, key achievements and challenges in futuristic perspective.
- Web meeting with Carer Worldwide leaders

20th to 22nd July – Field Visit for SPREAD
 23rd July – Interaction with selected leaders of District Level Federation of Carers
 26th July – Web interaction with CW leaders
 27th & 28th July – Data consolidation by the Project Coordinators
 6th August – Presentation of the Draft Report to the Project Teams
 11th August – Submission of the Final Report to Partners for Reflections
 22nd August – Submission of Final Report with incorporations

2.2.3 Challenges faced during Evaluation Study

The evaluation study was completed without facing any significant obstacle hindering the time plan. However, certain challenges met during the evaluation is worth mentioning here.

Climate challenges: The unpredictable heavy downpour during the rainy season posed a challenge in visiting villages having geographical challenges and movements through the project area, that could be met through responsive and adaptive management by respective partners.

Language and cultural context: Understanding language and the cultural contexts of the tribal communities during direct interactions was a challenge but it could be well facilitated by the staff members and also the acquaintance of the evaluators with the area and culture did not pose any problem to overcome.

Covid restrictions: Reasonable restrictions were imposed by the Government authorities in adherence to the Covid guidelines. It posed a challenge in conducting group meetings, movements and meeting government officials. The partner organization had taken due permissions and made necessary arrangements fitting to Covid guidelines that could make the evaluation study possible with reference to the time plan.

Time management: The evaluation study required efficient time management. Under conditions of the climatic challenges, Covid restrictions and required movement through the project area, some assumptions were raised in the beginning. However, the professional and meticulous planning by the partner organizations helped meeting the challenge.

3. OBSERVATIONS AND OBJECTIVE ASSESSMENT OF THE PROJECT

3.1. The Program Architecture: Institutions

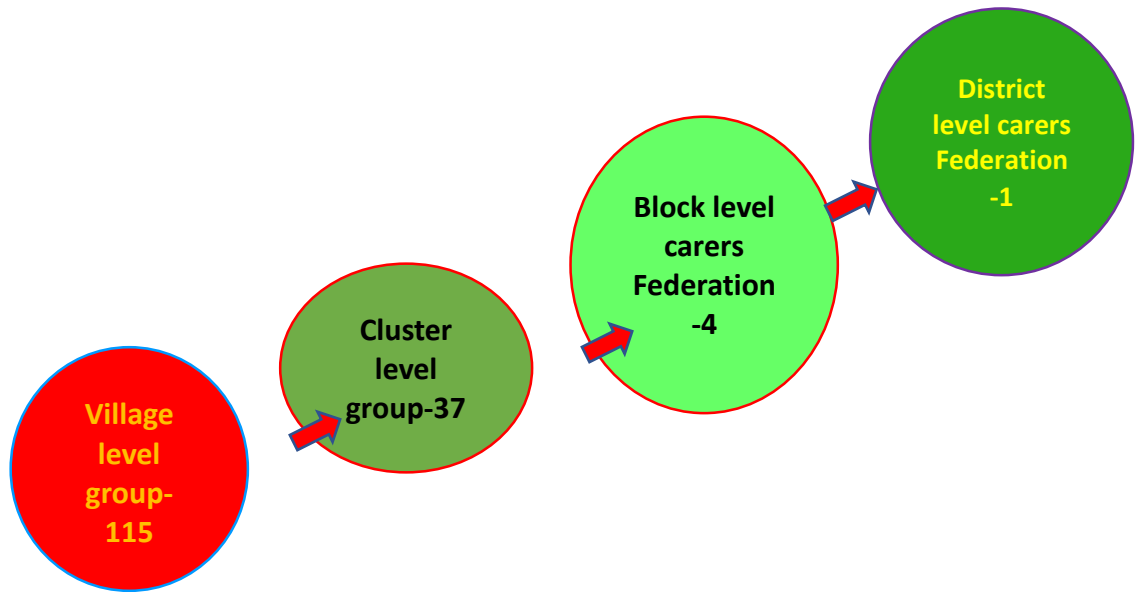
Organizing the target carers under groups, empowering them and federating them at different levels is seen as the core of the program architecture towards meeting the project deliverables. The carers continued care giving as individual unorganized lots and for that were constrained for accessing resources, opportunities and entitlements. They did not have minimum bargaining power, no courage to negotiate with the entitlement issues, no strength to handle advocacy for legitimate claims and gains, and because of that there was a feeling of helplessness and haplessness. Under such situations, getting them organized under groups, empower them with awareness and knowledge, strengthen them with collective bargaining power and negotiating for their rights against the plights, and above all to inculcate the spirit of group behaviour, inward and outward advocacy for claiming rights, democratic processes for strengthening, sustaining and taking stewardship in the process has been realized as the most important aspects the project could address and deliver to. The project therefore invested adequately on the institution building aspects and formed carers' groups and federations at different levels starting from village level and inter-village level groups to federations at different levels – cluster level, block level, district level. The project in its current phase has been able to form and relatively empower these institutions from village to district level. The institutions thus formed have been building their social capital and are in process of strengthening to claim and ascertain their legitimate rights and recognition. The carers' institutions, locally called Jatnakari Dal are being given due exposure within the scope and limits of resources in the project. The hierarchy of the carers' groups and federations is depicted in the following diagram.

The project has targeted and steered formation of State level federation of carers. However, considering the size of the project, the partner organizations have started to raise the thematic ideals of the carers' project, within the purview of legal provisions and provisions under various development schemes and programs in relevant forums at state level through appropriate networks and by creating alliances.

The project is in an unfolding state and the different carers' groups and federations are at different stages of institution development and at different degrees of empowerment. The implementing partners as individual organizations have formed and empowered Jatnakari Dala to the block level and the partners have collaborated at the district and state level.

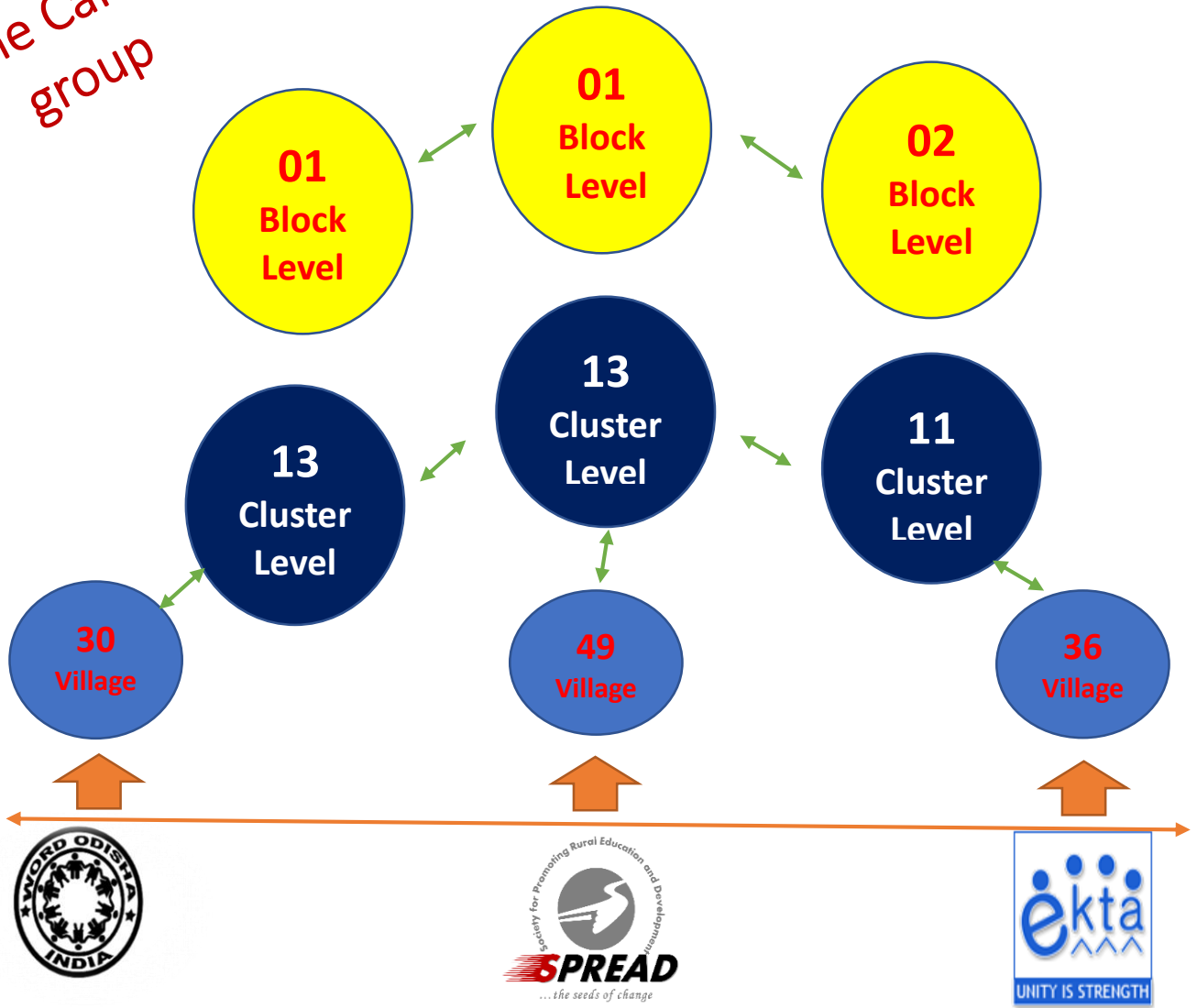
The Carer Worldwide has been involved at every stage with every organization and collaborates the technical activities, knowledge and development.

Structure of Carer Group ...



Structure of
the Carer
group

01 District level Federation



3.1.1 The profile of Carers

The project in the current phase targeted to cover 1500 carers with reference to the project objectives. Out of the many carers who have been providing care to disables, the vulnerable carers have been

identified in justifiable criteria consideration as direct project participants and covered under the project. The 1500 carers covered under the project are providing care to 1516 persons with disabilities or such situations. The Carers who are direct participants in the project have been providing care to their kin members having disabilities or lying under such situations falling under 13 categories such as cerebral palsy, mental retardation, multiple disabilities, locomotor disability, visual impairment, mental illness, accidental disability, old age, paralysis, epilepsy, leprosy (cured), hearing impairment and bedded. Out of these disability categories, the top five disabilities cared for are locomotor disability, mental retardation, mental illness,

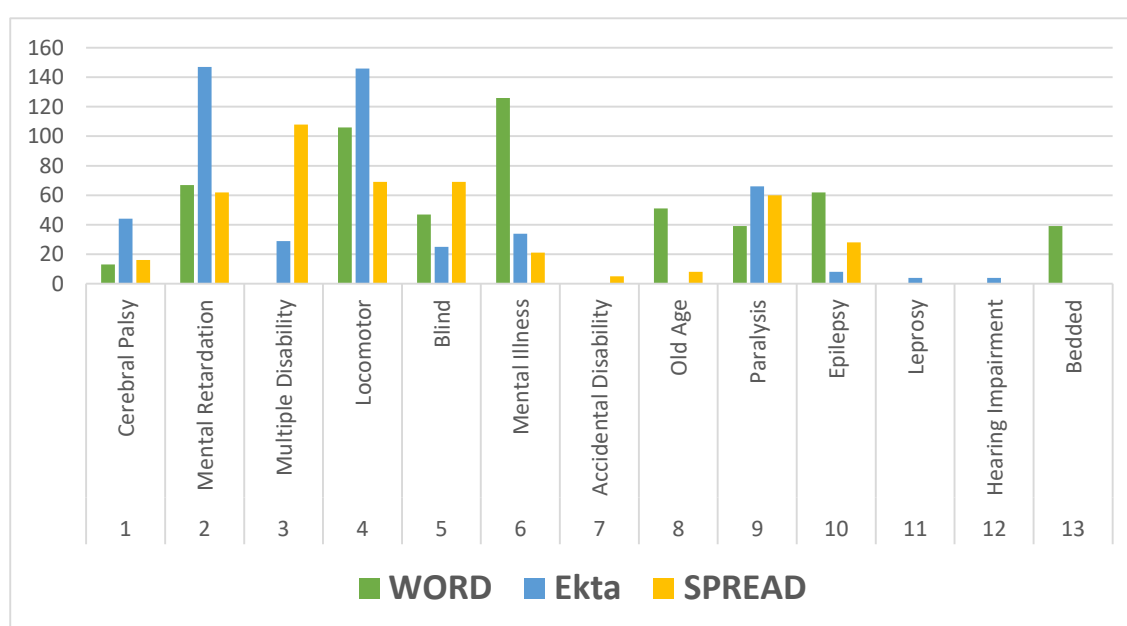
paralysis and visual impairment respectively that makes 74.5% of the total differently-ables cared by the carers.

About 84% of the carers are women and most of them are either illiterates or having minimal functional literacy. That adds to their vulnerability. On the livelihoods front a large chunk of carers are having marginal land holding with farming occupation that is not

Persons & children with disabilities covered under the projects					
Sl. No	Disability Category	WORD	Ekta	SPREAD	Total
1	Cerebral Palsy	13	44	16	73
2	Mental Retardation	62	147	67	276
3	Multiple Disabilities	0	29	108	137
4	Loco motor Disability	106	146	118	370
5	Visual Impairment	47	25	69	141
6	Mental Illness	126	34	21	181
7	Accidental Disability	0	0	5	5
8	Old Age	0	0	8	8
9	Paralysis	39	66	60	165
10	Epilepsy	74	08	28	110
11	Leprosy Cured	0	04	0	4
12	Hearing Impairment	0	04	0	4
13	Bedded	39	0	0	39
14	Autism	3			3
	Total	509	507	500	1516

sufficient for household level subsistence and food security. With some carers there is minimum horticulture options, mini animal husbandry units and some other ancillary livelihood options. Forest collections, daily wage are therefore very critical livelihoods options for them. However, under situations when they are required to be around the cared round the clock, the available livelihoods options are hardly optimized in their favour. Some carers have taken to extension works under development programs for little remunerations, some have been resorting to skill-based occupations, some have been in positions in local self-government, and most of the carers remain dependent to the outputs by other family members and government entitlements in favour of the disabled. By and large the carers are a marginalized and vulnerable group.

Partner organization wise and disability wise distribution of Carers



There are some carers who are indirect participants in the carers' project. They have been volunteering themselves for participating in the carer group meetings, group agenda and adding strength to the advocacy efforts. Clearly, there is an inherent tendency among the care-givers to come to limelight and claim their rightful entitlements. They see the project as an enabling situation to come forward, be part of the collective concern and be recognized. These indirect participants are thereby adding strength to the project.

3.2 Unfolding the Project

3.2.1 Technical Support from Carers Worldwide

Carers Worldwide provided continuous strategic support, technical expertise, and guidance to partners Ekta, SPREAD and WORD as regards to working with carers and their families. Strategic support to the partner organisations was built into the project plan and was a focus and key responsibility of Carers Worldwide. Carers Worldwide facilitated the entire project for its duration as part of their commitment to the donor RF(I)T.

Carers Worldwide worked with the partners to develop detailed baseline data-gathering tools which enabled staff to analyse specific carers' needs and to devise 'Individual Carer Plans' for each beneficiary in the project which were maintained and updated throughout the project. Staff members were trained on how to collect and analyse the data. This research was conducted with 1500 disabled/mentally ill persons and 1,500 carers in tribal settings.

The baseline report, with observations on 1500 carers, reflected on the real-time situation both qualitatively and quantitatively on different paradigms and parameters. The overall

Summary observations on the three partner organizations in the baseline report

- Majority of the caregivers were females with no or insignificant formal education falling mainly in the age group of middle and late adulthood, also there were aged caregivers providing care to all age groups (more females) with a majority as children, adolescent and young adults covering all forms of disabilities ranging from developmental disabilities, mental illness, speech and hearing impairments, and multiple disabilities. Majority of the individuals had problems from their birth and had duration of condition for more than 10 years.
- Most of the caregivers were married; hailing from nuclear families; majority of them mostly employed and involved in daily wage labour, agriculture and other available works with key skills in agriculture; earning less than Rs.10000 per month. Social security measures complemented to their earning from different sources.
- Those who reported not working was because of non-availability of other people to take care of the dependent in the family and health issues
- Majority of the caregivers hold relevant identity cards
- Majority of the caregiver reported health problems, however not many of them sought treatment because of accessibility and financial issues.
- Majority of the caregivers were not members of any SHGs or community member groups, few of them had sought loans
- Majority of the carers reported that they do not have enough time for themselves and poor importance to their self-care. With regard to the impact of caregiving on their personal, familial and social relationships, majority of them reported strains in their relationship due to caring responsibilities; not being able to give time to friends and peer group, and thereby feeling isolated, treated differently by others and losing close contacts.
- It is also reported by a majority that caregiving role is worsening their physical health condition and also impacting their mental health through constant worries and anxieties, stress and sleeplessness related to caring.
- The concerns regarding the financial situation looms large for caregivers along with worries about extra costs related to commuting for treatment, medication and other unforeseen. They do not seem to have been much benefited by government development programs.

study summary was used as the base reference that provided insights to draw comparisons during the evaluation process.

The Carers Worldwide maintained its relevant support towards ameliorating the ground situations as reflected in the baseline report. Towards that the CW provided intellectual and technical resource support, lobbying and networking, monitoring and evaluation, handling donor relation and further linkages towards effective implementation of key activities of the project.

Key activities of support which have been provided include:

- Introducing the vital role that carers play and the need/concept of 'caring for carers'
- Designing and developing the programme and its activities
- Mobilising the funds for the project from RF(I)T
- Acting as the main contact point for RF(I)T
- Provide consultation and initial training to appropriate resource persons
- Building the capacity of the partner organisation staff through training and mentoring
- Managing knowledge
- Monitoring, evaluating and annual reporting
- Networking and sharing learning experiences

At the start of the project, it was necessary to conduct extensive training with partners and project staff to initiate them on issues including mental health, disability, the role of caring, and the needs of carers. National body NIMHANS were responsible for provided training on issues surrounding mental health and barefoot counseling. As well as training project staff, training of doctors and frontline health workers was also conducted so that they understood the needs and constraints of carers.

As part of the project initiation, project staff took part in an exposure visit to another of Carers Worldwide's existing partners, SAMUHA, based in the state of Karnataka to understand the Carers Worldwide method, and to learn about any challenges SAMUHA faced and overcame during their implementation of the approach. A key area of training provided at the start of the project was the training of project staff about the 'Carers Worldwide' model.

Monitoring and evaluation was conducted regularly throughout the project, with Carers Worldwide conducting thorough annual reviews and reflections on project activities. As well as regular monitoring and feedback sessions with the partners, Carers Worldwide brought all their partners in India together at least once a year for targeted learning workshops around planning, strategy and operations.

Carers Worldwide helped the partners in organising training on how to:

- Promote carers' advocacy activities which included the forming and promoting of community-based self-help groups that give opportunities for friendship and mutual support, and linking those groups through block-level committees, district Associations, and a state-level Forum

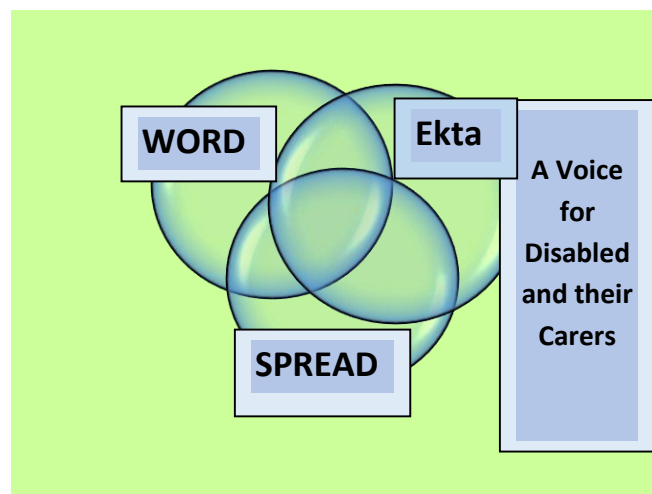
- Facilitate a range of livelihood/training/education options that enable carers to address their income needs in a way that accommodates caring responsibilities
- Facilitate access to Counselling and medical services for carers;
- Assist carers and their families in accessing existing Government benefits that they are eligible for yet weren't currently claiming e.g. disability certificates, pensions etc.

Carers Worldwide also helped the partners generate awareness of caring and carers by assisting the partners in holding the first ever annual 'Carers Days' in the region, which included writing Memorandums of the needs of carers to influence policy. In the final year of the project a 'Carers Week' took place. It helped in developing linkage of the three partners with a wider network of partner organisations across India (and further afield) who are supporting carers in order to promote cross-learning, dissemination of information and the growth of a national carers' movement.

Carers Worldwide supported the partners in organising a 'State Level Collaborative Dissemination Workshop' so that the best knowledge on how to support carers could be shared. Carers Worldwide played a supportive role in the formation and strengthening of the block-level carers' committees, the Carers Association, and the 'Odisha State Level Carers Forum' to take forward the carers' movement at the state level. Training on how to form and promote these groups was provided by an external consultant who is an expert in this field.

3.2.2: Network and collaborative approach by Koraput partners

The three implementing partners operating in the project locations have different strengths in consideration to their organizational perspectives, work experiences and thematic expertise. The strength of each organization in respective field adds collective strength to the project. For implementation of the current projects the organizations have followed the shared paradigms from Carer Worldwide, utilized their learning from field presence in



respective locations, and put together their thematic expertise to ensure collective achievement of project deliverables. All the three partners worked in a network approach while implementing this unique project. They worked together for building the capacity of their project teams and shared their core competencies for the success of the projects. While WORD has proved its competence of working on health projects and have earned credible thematic understanding in the thematic area, Ekta has proved its worth in addressing disability issues both socially and technically. SPREAD is well known for its

advocacy related leadership in the region and have rich experience in accessing entitlements and related livelihoods scoping through empowering people's organizations. The experience of each partner organization flows into the other in network approach.

For example, WORD set the example of conducting the health camp for persons with mental illness and epilepsy at Laxmipur. The success of this first health camp led to similar camps in Boipariguda by SPREAD. Similarly, SPREAD has been engaging itself in social audit of development programs and schemes in Boipariguda, and the success of it has encouraged the other partners to include the aspects of social audit in the context of Carer's project in the coming days. Ekta, with its relative expertise in the field of rehabilitation of persons with disabilities leads the knowledge aspects in the project and thereby helps the other organizations with the domain knowledge. Ekta helped in mobilising support from the office of DSSO, Koraput through the District Level Coordination Meetings at Koraput. The CRC Team of Ekta helped the children in developing the skills of the person in-charge of Day Care Centers. This team helped in the health rehabilitation of children from all projects by conducting Mobile Therapy Camps & through their residential therapy support. The community advocacy skills of SPREAD, particularly the advocacy through Social Audits and advocacy through social media (Twitter) has been a good learning for all in this process. The skills of Alliance Building of Carers Block Federation in Boipariguda with the local Bhoomi Adhikar Sangathan (Land Right Federation) and Gupteswari Mahila Mahasangha (Women's Federation) sets the example for working with regional People's Organisation for rights-based advocacy. The support of the PRI leaders and People's Organisations in setting up the Day Care Center at Boipariguda has set an example for how the Community Care Centers could be established in all the 37 Clusters of the three projects. The collaborative style of functioning has benefited the project immensely.

3.3. Observations on achievement of deliverables

3.3.1 Carers Groups – the primary source of support for PwDs & their carers

The three partners have facilitated the formation and strengthening of 115 carers groups covering 1516 carers in 624 villages. These groups are the primary source of support for the PwDs and their carers at the village level. These groups have understood the objectives of their organisations in the following terms –

1. A platform for mutual support
2. Developing linkages with sources of livelihood like Mission Khyamata, Odisha Livelihood Mission, ITDA
3. For undertaking group-based livelihood activities
4. To access livelihood grants from ITDA, to gain credit linkages from local bank, ORMAS and leverage other relevant government schemes and programs
5. For representing their problems in Pallisabha and Gram Sabha
6. To mobilise the social security entitlements for the people they care for
7. To ensure timely health services for themselves and the people they care for

8. To ensure social security entitlements for the most vulnerable people in the village like single woman, widows, old age people and to ensure village development activities for access road, drinking water, proper functions of schools/Anganwadi center, etc.
9. To promote social inclusion and dignity for the persons and children with disability
10. To develop village level networks with other functional groups for need based support
11. To work for inward advocacy at the village level and take up outward advocacy with the help of their Panchayat Level Cluster Organisation and Block/District Level Federation
12. To make their role and identity as carers visible and gain social recognition

The carer groups in different locations seem to have taken up the issues that matter them in terms of priority and towards that they have been taking every step possible through handholding support from partner organizations. During the evaluation process the Carer groups exhibited spirit of solidarity and commitment to the cause as well as the motivation and inspiration to lead the initiative. The regularity of their meetings, issue-based democratic decision making, timely implementations of decisions and the documentations to that effect provided an indication of the guidance and handholding supports provided to them by the project staff members, that is remarkable over a period of three years. The evaluators realized that even in the remote villages, in the coverage of the three partner NGOs, the group members are well versed about the project, able to communicate the project achievements, articulate well the processes of empowerment, and foresee the agenda ahead. The leaders of the groups are found to have earned confidence to express their concerns and raise their voice in appropriate forums, thereby justifying the project title.

Case Study -1

Samari Rana: An inspiring and evolving leader

'I shall continue to raise my voice, and lead the struggle for recognition on behalf of we the Carers fearlessly in whatever platform, before any authority, at any level.' 16th July, during interaction with Maa Bhabani Carers Group at Majhiguda village.

Samari Rana, about 35 years, daughter of Manik Rana of Majhiguda village in Dasamantpur Block has inherited advocacy skills from her mother. Her leadership talent could be spotted in one of the capacity building sessions under carers project, in 2018 when she reacted to a video clip showing her mother advocating for a cause.

She is a primarily a carer – caring her brother with visual impairment, and a known leader in the locality, leading from the front representing her primary group and the hierarchical federations formed by the project. She has represented the carers in block level, district level, state level and national level forums and raised the issues and concerns quite confidently and convincingly.

Since her involvement in this project she has taken lead role in organizing the carers, mentoring their awareness raising, capacity and confidence building, steering their active participation in advocacy matters, encouraging other stakeholders for volunteering the cause, involving the frontline workers like ASHA and Anganwadi Workers.

She has led carer groups in and around her village to submit 164 representations before relevant authorities for social security entitlements and in the meanwhile 133 of the representations have been approved. That speaks volumes of her leadership ability.

She holds the office of President in block level federation of Dasmantpur as well as the district level federation of carers in Koraput by dint of her leadership abilities, talents to handle advocacy and communication skills.

She has made the best representation of carers issues in the State Level Convention at Bhubaneswar held in February, 2020. She has also participated in the carers meeting at Bangalore.



3.3.2 Cluster Level Associations – A platform for leveraging resources

Interactions were held with three Cluster Level Associations, one in each project during the course of evaluation study. There are a total number of 37 Cluster Level Associations in 37 Gram Panchayats. These associations are the key points of leveraging resources for the carers groups. These associations also help in promoting and nurturing leadership of carers for taking up responsibilities at the Block and District level for issue-based advocacy.

The Cluster Level Associations consist of 2 to 4 carers groups from 1 Gram Panchayat. They have been up to representing the problems of disabled people and their carers at Gram Sabha and the Nodal Meetings of the Gram Panchayat.



They are also working as Pressure Groups for mobilising support from their respective Gram Panchayats through the elected Representatives – the Ward Members, the Naib Sarpanch and the Sarpanch.

In two Cluster Meetings we could see the elected Sarpanch of the Gram Panchayat actively taking part in the meetings and activities of the associations. Some of the elected representatives are also carers and they play instrumental in mobilising resources. This indicates meaningful participation of the PRI Representatives in the project activities. They provide space for the associations for conducting their meetings in the meeting hall of the Gram Panchayat Office. This is also a clear example of the recognition of the issues of the disabled people and their carers by the Panchayat authority leading to mobilisation of entitlements, resources and facilities. This is a good example of grass-root advocacy by the Cluster Level Associations.

Major part of the mobilisation of entitlements for the disabled people in the project areas are due to the proactive advocacy of the Panchayat Level Cluster Associations. They have the potential to leverage more resources in the coming years by sensitizing the elected members of Gram Panchayats on the legislations like Rights of the Persons with Disability Act – 2016, Mental Health Act, National Trust Act, UNCRPD, and NFSA.

The Cluster Level Associations are now gearing up to handle advocacy for mobilisation of 5% of the budget of Gram Panchayat to address the issues of the disabled people and their carers, at least for setting up of Community Care Centers for institutionalizing the ongoing process and ensuring its sustainability.

3.3.3 Block Level Federations of carers – Movement Building Forums

We interacted with the selected key leaders of all the four Block Level Federations of carers. We found them to be the best forum for strengthening the ongoing empowerment process

of carers. Each of the Gram Panchayats of the project area is represented in this forum for addressing the concerns of the carers. They are an active group of leaders doing need based and entitlement-based advocacy with the block and district level authority on all important issues. They have made their role and identity visible to people around and Government officials.

The following are the issues addressed by the Block Level Federations –

- Certification of persons and children with disability
- Pensions for all disabled persons / children and pension enhancement
- Regular health check-up for persons & children with Mental illness and epilepsy
- Provision of Aids and appliances
- Support for disability identification and certification camps – Bhima Bhoi Bhinnakhyama Samarthyaa Abhiyan
- Block Level Health Camps for MI and Epilepsy identification, diagnosis and medicine provision
- Housing and toilet facility for disabled people
- Antodaya linkage – provision for 35 kilograms of rice per month for disabled people
- Education scholarship for disabled children
- Livelihood support for carers



The leaders at Block Level Federations are all set to take the carers issues to a movement mode. They are ready for taking the carers movement to a higher level by developing alliances with the local people's organizations. They have built good rapport with the block level administration and have been able to generate public opinion in their favour through media advocacy. Their effort has led to increasing the number of camps from 14 to 54 in the district for disability identification, certification & delivery of need based services.

Block level federations in Project Area

Block	Federation Name	Members
Laxmipur	Siba Gouri Jatnakari Mahasangha	52
Koraput	Shanti Jatnakari Mahasangha	25
Dasmantpur	Jyoti Jatnakari Mahasangha	25
Boipariguda	Maa Birakhamba Jatnakari Mahasangha	50

Soon after the formation of the Block Level Federation of the carers, the leaders of these organisations are playing a key role in mobilising support and services required for themselves and the persons they care for. They are making regular contacts with the service providers at the Gram Panchayat, Block and District level for this purpose. The

celebration of Carers Day in the first two years of the project implementation has enabled them to make their roles visible to the local administration and the society at large.

3.3.4 District Level Federation of carers – An emerging structure

We had the opportunity of interacting with selected leaders of District Level Federation of Carers on 23rd July, 2020. We found it to be an emerging structure and this organisation needs more time to develop itself as an apex institution at district level and to organize systems and functions based on clarity and perspective. We found a bye-law for the federation already being prepared by the project partners in consultation with the leaders



of the organisation. The bye-law is also translated in the local language for reference of the field staff and the concerned leaders. The key points of this document need to be further discussed at the Block and Cluster Level Associations for developing clarity on its objectives and scope of functioning. This could be done in next three months by the projects.

The District Level Federation was formed in August, 2019 and is a formal but un-registered institution. We do not recommend the registration of this organisation during the next one year. It is imperative that the institutional processes relevant to the District Level Federation be strengthened during the coming year, and after adequate interventions for strengthening institutional processes with norms and governance mechanisms it may be considered for registration. The name of the district federation is Sahid Laxman Naik Zilla Stariya Jatnakari Mahasangha, set up with agenda for influencing the district level organisation in favour of the issues and concerns of the carers.

3.3.5 Mobilisation of entitlements for PwDs and carers

A disability certificate is a basic document without which the PwDs are unable to claim the benefits of government schemes available for them. Secondly, the basic support of therapies, surgery, fitting of aids and appliances and self-employment avenues as required by the PwDs is out of reach for most of them, especially in the remote rural villages of Koraput. The self-advocacy process initiated by the empowered groups of carers and their Cluster/Block Level Organisations played a key role in mobilising the entitlements for the

PwDs and their Carers. Their active participation in the Bhima Bhoi Bhinnakhyama Samarthya Abhiyan organised at the cluster levels paved the way for mobilising the entitlements as applicable to PwDs. The achievement indicators have been very encouraging as compared to the envisaged baseline targets in the following aspects. The details have been presented in Appendix -1.

- **Certificates for persons and children with disabilities:** The achievement level of the three organizations range between 66% to 80% with overall achievement at 76%. Given the fact that the advocacy has been effective in breaking the indifference of relevant government authority in providing certificates for persons and children with disability. Without having an authentic certificate, the persons/children with disabilities were not able to access the relevant entitlements. The availing of certificates is incidental to access various entitlements as applicable to the disabled and their carers.
- **Pension for persons & children with disabilities:** The achievement of the organizations on this aspect is ranging between 67% to 89% and the overall achievement has been an appreciable 82%. There were cases where certificate was provided but there was irregularity in pension, and in other cases granting of certificates led to realize the pensions. The advocacy could result in mobilizing the rightful entitlements.
- **Increment pension:** This has been one of the commendable achievements in the project as there was no baseline target fixed against this criterion. That, the three organizations could facilitate incremental pension for 543 persons/children with disability. This could be possible by persistent advocacy and representations to get the status of disability checked at intervals and accordingly stake the claim for statutory pension in relation to the percentage/degree of disability. While the government machineries were callus about the periodical updation of the level of disability, they had to succumb to the pressure of the collective advocacy as a result of which the said number of persons/children with disability could realize enhanced pension. There are still certain cases pending with the relevant authorities and hopefully they would get due consideration in near future.
- **Bus pass:** As per relevant law and government guidelines the carers have rights to get bus pass to avail concessions while commuting with the person/children with disabilities for treatment. Against the targets set in the baseline, the organizations have been able to perform between 29% to 84% with an overall achievement of 46%. The low percentage may not be attributed to the organizational capacities, rather it is attributable to the least commuting requirements on the part of the disabled and the carers as most of them usually do not take public transport to reach the nearest health center. However, it is to be ascertained that those who require to travel frequently to avail medical facilities have got the bus pass.
- **Train Pass:** The train pass has been provided to the needy. In consideration to the kind of disabilities reported in the three project areas, the most eligible have availed train pass. The achievement against the baseline has been in the range between

14% to 70% with overall achievement of 30%. With the continuation of the advocacy efforts, it is expected, all the eligible can be facilitated to get train pass.

- **Aids & Appliances:** Remarkable achievements have been seen in provisioning of Aids and Appliances for the disabled with overall achievement between 6% to 100%. SPREAD has been lagging behind in achieving the targets with only 6% while the other two organizations such as Ekta and WORD stand at 100% and 99% respectively.
- **UDID Card:** Unique disability ID is an important document to access specific entitlements. The achievement in facilitating provisioning of UDID has been appreciable with the three organizations performing in the range of achieving 53% to 77% of envisaged targets with an overall achievement of 63%.
- **Banishree:** The entitlement applies to school going children with disabilities. The three organizations have been able to achieve remarkable success in achieving the envisaged targets as per baseline. An overall achievement of 95% has been figured in this aspect.
- **Jandhan Yojana:** This aspect has been achieved 100%. With all the beneficiaries covered under financial inclusion, their access to financial services, namely, a basic savings & deposit accounts, remittance, credit, insurance, pension in an affordable manner have been ensured.
- **MGNREGS job cards:** Against the envisaged targets, the organizations have been able to achieve between 27% to 100% with overall achievement at 39% in facilitating registration of MGNREGS job cards that is instrumental for claiming minimum 100 days of employment.

Similarly, in other targets such as in mobilizing new PDS cards, individual household latrines, rural housing for carers and disabled the organizations are at different levels of achievement. In consideration to the baseline targets, the overall achievement in mobilizing new PDS cards has been 86%, mobilizing IHHL has been 67% and mobilizing rural housing scheme has been 26%. It is to be noted here that for granting of these entitlements, coordination between the local self-governance unit (Panchayat) and the relevant government department is highly essential. It is a good realization that the partner organizations have managed to continue the advocacy at both the levels to achieve the result as stated above, although far from the envisaged target in the baseline.

Certain other issues addressed and achievements made which were not envisaged targets with reference to the baseline. Many government schemes and programs could be leveraged in favour of the carers and disabled under this project. They include leveraging DRI loan, Janani Surakshya scheme for carers/PwDs, Escort allowance for carers, Mamata scheme, Kalia scheme, OLM provisions, Marriage incentives, Sunetra Yojana, Grameen Jyoti, Seeds for kitchen garden, agriculture support, Millet Mission, Ujala program and allocation of land patta to landless.

The achievements in various directions and dimensions stand testimony to the fact that the implementing organizations have acted proactively for ensuring saturation of government entitlements and leveraging of other resources in favour of the carers and PwDs going beyond

the targets as envisaged on the basis of baseline. This adds to the strength of the project in facilitating holistic development of the carers and PwDs.

The achievement indicators as above indicates that there are certain issues equally addressed by the three partner organizations while there are certain other opportunities leveraged by respective partners which is not uniform to all. This provides the opportunities for mutual learning to address relevant issues and by that contribute to overall achievement at the district level.

The achievements so far in mobilizing entitlements and opportunities in favour of the families of PwDs and carers has been good enough considering the local challenges and issues. However, challenge for showcasing the strength of the District Level Federation has come with the 5% budget allocation to Gram Panchayats for the development activities of the persons and children with disabilities and their Carers. The District Level Federations need to be strengthened to the extent to mobilize the budget for effective implementation of suitable development activities/assets in favour of the PwDs and their Carers. Thus, emerges the need to sensitise all elected representatives of the Panchayat Raj Institutions in the district on the RPD Act – 2016. This would be the best mobilisation of their entitlements. They need to make the best use of this budget for the establishment of the proposed Community Care Centers at their respective Gram Panchayats. All the development actions of the Clusters could be integrated through these centers.

3.3.6 Services mobilized through other Projects/ own resources of the partner organizations

The current project has its own limitations in facilitating holistic development of the Carers and the PwDs they have been taking care of. It thus requires aligning other interventions of partner organizations towards addressing many other needs of the project targets. The partner organizations have substantiated the output indicators with respect to the committed deliverables under this

Resources mobilized by Ekta	
Nature of resource and units/ beneficiaries	Project/ Agency
Supply of paddy and kitchen garden seeds: 10 carers	SLICE Project
Supply of Arhar seeds: 200 Carers	ICARDA project
Training – Vaccination and immunization: 25 Carers	VHAI
Covid 19 response pension @Rs.1200/- per child per month with intellectual disability: 40	

project with mobilization of goods and services, leveraging resources and capacities from other projects being implemented by them or by meeting certain unforeseen requirements from own resources. Thus, the project achievements have been complemented and supplemented by inputs from other projects held by the partner organizations and their own resources. That adds to the strength of the project. In other words, the project has been the seed to generate ample inflow of resources and capacities to the target population.

Apart from accessing entitlements, the organizations have cashed on

the opportunities in government schemes and programs, dove-tailed projects and aligned inputs from other projects in the interest of the needs of carers. By that many

tangible and non-tangible benefits and achievements have been accrued into this project. This kind of convergence of resources are handled by the individual organizations at their levels in their operational areas. The services, entitlements and resources leveraged by individual organizations, if put in monetary terms, is quite sizeable and is many times more to the budget allocation under this project. The multiplier effect that this project has induced should be considered a unique achievement covering multiple dimensions of the carers' issues and concerns. A glimpse of the resources and supports leveraged by the three partner organizations has been placed for ready reference.

Resources mobilized by WORD	
Nature of resource and units/beneficiaries	Project/ Agency
Back yard poultry training: 38	JSS
Mushroom cultivation: 91	
Broom binding: 40	
Goat rearing: 15	
Food processing: 36	
Tailoring units: 4	
Support @ 5000/- per carer: 19	Give India Project
Turmeric cultivation, NTFP collection	
Training – Prevention of early marriage of adolescent girls: 30	Childline
Training - Prevention of domestic violence to carers/leaders: 8	Oxfam
Concocted training for farmers: 30	CCFD
MI cases in TLLLF health camp: 11	
ANC/PNC support: 6 Carers, 1 Disable	Maa Gruha Project
MR Children enrolled in Model School Project	WORD, Nalco foundation

3.3.7 Livelihood Promotion

The baseline survey indicated that majority of the caregivers were found engaging themselves in wage earning and as agricultural labours to earn their livelihoods. It was also observed that significant numbers of caregivers had not got any wage employment. They acquired skills mainly in agriculture job. Those who were employed were earning less than Rs.10000/- per month. The situation warranted livelihood interventions for most vulnerable carers as one of the major activities under this project.

Resources mobilized by SPREAD	
Nature of resource and units/beneficiaries	Project/ Agency
Collection and procurement of sal seeds: 215 Carers sold 25800 Kg sal seeds for Rs. 5,16,000/-	Gupteswari Mahila Mahasangha and TRIFED

Livelihood scoping for the carers posed a challenge in consideration to the availability of time on the part of carers to go for economic and livelihood interventions. The carers have been spending substantial time attending the PwDs and hence find it difficult to pursus such livelihood activities that are time consuming. The traditional livelihoods, being time consuming affairs, are not found suitable for the carers. The three organizations adopted methods to identify suitable potential livelihood measures that suits to the carers without ignoring the caregiving. The organizations found that certain livelihood vocations that are skill based, local

resource based, government promoted farm, non-farm and off-farm activities would help the cause of the carers.

All three projects had set the target to promote need-based livelihood activities for 201 carers in their respective operational area. As part of the livelihood intervention plan, on the basis of local assessment and choice for suitable livelihood options, carers were identified for various suitable livelihoods activities and were provided with tools, equipment, resources with respect to chosen livelihood activities. The details of the livelihood promotion activities taken up in the three project areas have been presented in the Appendix - 2. It is seen that mainly two kinds of livelihood interventions – one related to their traditional economic pursuits and the other skill based individual and joint enterprises are feasible for the carers which they can manage in flexible time schedules without compromising with their caregiving.

Mini animal husbandry units for goat rearing, sheep rearing, poultry do not require strict time schedules for management and hence are preferred. Further, in the tribal context, livestock are considered as cash because they can be sold at any time, for the market for minor ruminants and country birds is always high and profiting. On the otherhand the country breeds and country birds require less care and attention compared to the hybrids. For a carer, maintaining goats and sheep do not pose a challenge. The goats and sheep are usually released with herds of cattle and small ruminants for grazing at the scheduled time and are tethered when they come back from grazing. Thus, it does not require time to take the animals for grazing. The animals may also be stallfed with fodders from the backyard and kept tethered around all the day. Above all, the goats, sheep and country birds multiply their number soon and thus the cash inflow to the household is ensured.

Under the project, across the villages, 33% of targeted carers have been provided with goats, 3% have been provided with sheep and 29% have been provided with country birds with financial support @Rs. 3000/- per unit. The carers made their choices considering their situation and management requirements. However, provisions for vaccination and insurance have not been made. It is advisable that while considering the livestock as for

A carer with the goats in village Majhiguda



Country-bird rearing by a Carer – village Ranaguda



livelihoods, appropriate linkage should be developed with the veterinary care centers or service providers so that the animals are saved from epidemics. The carers should also be encouraged to contribute for insurance of the animals to not suffer a big loss with the loss of life of the animal for any reason.

Agriculture, vegetable cultivation, bee-keeping and such other traditional economic set up are also preferred by some who have sizeable homestead land or land in the proximity of their house. Those who have opted for agriculture and vegetable farming are inclined towards high value seasonal profitable crops with low risks. The crops are chosen for both subsistence and cash. While the vegetable cultivation, cultivation of tuber crops are mainly to meet cash needs, the maize, millets and such other seasonal crops help their subsistence requirements. Leaving apart the vegetables, other crops do not require much mid-term operations and hence suits to the availability of time on the part of carers. The beneficiaries who have opted for vegetable cultivation sell the products at the farm site; some also take it for vending in nearby areas for better cash income. However, agriculture and vegetable cultivation demand time for cultivation, mid-term operations, irrigation, harvest management for ensuring good output. Above all, having

Carer in her maize field, village Kanjariguda



land is a pre-requisite. Hence, compared to animal husbandry, a smaller number of carers have opted for agriculture and vegetable cultivation with bee keeping as an ancillary livelihoods measure. Under the project 20% carers have chosen vegetable cultivation, whether in own land or leased-in land, as less as 1% carers took to agriculture and only 5% preferred bee-keeping. Bee-keeping is threatened with the increasing use of pesticides and hence, while organizing such interventions, the partner organizations should guide the carers properly.

Market-led livelihood interventions have been preferred by a significant chunk of targeted carers under which options like petty shops, tea stall, bangle shop, mobile vending, grocery shop and chicken meat shops have been initiated. As good as 20% carers have chosen petty shops to deal with miscellaneous items that are required in the day to day life in rural set-up. In areas nearby market, 3% carers have been supported for tea stalls, 2% carers supported for bangle shops, 2% have been supported for grocery shops, 4% carers supported for mobile vending and 1% of carers has been running a chicken meat shop by support from the project. The support from the project has been very limited but was proved enough to kick start a livelihood option. In this context, the livelihood support has been quite meaningful. While interacting with a carer of a mentally retarded adolescent girl in village Ghodadhara, it was quite impressive to hear from the carer that the small livelihood support from the project has changed the status of her household income and outlook also. The couple who have been managing the grocery shop stated that they open the shop for few hours in the morning and then in the evening. The time in-between they spend in their agricultural work. The couple also

shared that they have been making a net profit of about Rs. 2000/- per month part of which they have been investing in the shop to expand it. With the gradual expansion in terms of trading with more items, the couple believes that they will be able to take the profit level up to Rs. 5000/- per month and they are quite optimistic about their targeted achievement in near future. When asked if the input support was enough for them, the couple smiled with satisfaction and stated 'it was enough for a beginning'. Further, because of the profiting grocery shop they visualize financial security for the family and find more time to spend with their daughter, they stated.

The third sector of the livelihood options are skill-based occupations preferred by very less number of carers. However, the skill-based occupations added to the diverse portfolio of livelihood interventions under the project. Under this category, livelihood support has been provided to 1% carers for cycle repairing, one carer started an electrical repairing shop by support from the project, and 2% carers have started their tailoring units. These skill based livelihood options have provided them with more flexibility in

Pottery - mobilising livelihood support for carers, village Jhadiguda



terms of transacting between earning and caregiving, as stated by Dhanurjay Khora in Mahadeiput. He is running a cycle & motor cycle tyre-tube repairing unit and opens his shop when any passer-by required his services. He does not have to sit the whole day in the shop. In his leisure time he maintains caregiving and spending some quality time to strengthen the carers groups. There are also instances of indirect provisioning of livelihood support through mobilizing resources from government departments or such other agencies. In village Jhadiguda, the villagers have a traditional occupation of pottery. The carers in the village who are adept to pottery could be linked with government programs under NABARD for livelihood support.

The evaluation team interacted with various carers (beneficiaries) who have been supported through the project in different villages to understand the extent to which the livelihoods intervention has been able to address their needs and felt that the interventions have been appropriate and meaningful considering the carers context and local contexts. Moreover, the partners have been able to facilitate livelihood support to 247 carers as against target of reaching out to 201 carers is a great achievement proving the efficiency of the organizations.

The livelihood activities have been very helpful for the unpaid carers to meet their food security. They are able to do these activities while looking after their caring responsibilities. Persons who have made significant recovery from mental illness are also taking active part in these livelihood activities. We could see such cases in all the projects. Two sisters with visual impairment are actively supporting their care giving mother in managing the Tea Stall in Boipariguda Block. We could see the Grocery Shops doing very good business in Koraput and Boipariguda Blocks. Poultry farming has been a very successful activity in all the three

projects. Goat rearing and Mobile vending is very successful in Laxmipur and Koraput Blocks. These activities need to be increased in number to cover more carers in the months to come by developing a fund through the proposed **Community Care Centers** at Cluster Levels.

The Community Care Centers need to be promoted as the hubs for promotion of livelihood activities for carers in the second project cycle starting from September, 2020.

3.3.8 Livelihood Training for carers

Livelihood interventions constitutes an important component of the VDC project. The major livelihood trends in the project area is agriculture and forest-based production activities with other ancillary occupations that are by and large natural resources dependent. In order to promote the livelihoods of the target carers, capacity building in various farm, non-farm and off farm activities have been emphasized.

The decisions and designs regarding livelihood training to the carers based on three prime considerations –

- The livelihoods that are suitable for the carers considering the amount of time they devote to care the disabled
- The livelihood opportunities available under government schemes and programs in which the carers' families took interest
- The traditional livelihood portfolio with which the carers and their family members are better used to, especially in a farming system approach.

Under the above considerations the organizations could shortlist the kind of livelihood opportunities that may be brought to the carers and accordingly what kind of training may help them. While priority has been laid upon identifying and rolling such livelihood opportunities that suit to the carers, given the quantum of time that they devote to the disabled they have been caring for, the other options in which the carers family members may count were not ignored. It is understood that, certain livelihood earning opportunities like food processing, managing mini animal husbandry units with goats and fowls, grocery shops, tea-breakfast-tiffin stall, skill based occupations like motor mechanic shop, in-house tailoring units, occupational livelihoods like pottery, petty vending, seasonal profitable crops in homestead lands, etc could be identified as feasible options in which the carers could be directly involved without compromising with caregiving to the disabled. These livelihood options provide them more independence and does not require full day involvement in the business. In these livelihood earning pursuits, they need lesser input of labour and time and thereby feels comfortable to organize the work without ignoring the needs of the cared. These are the kind of livelihood options in which the partner organizations have provided livelihood aid and assistance in terms of cash and capacities for strengthening the household economy of the carers. It is worth sharing the observation that, the partner organizations have carefully chosen the livelihood options and well assessed the training and capacity building requirements which they have directly delivered or developed linkages for knowledge, skill and capacities. During the evaluation process the evaluators could interact directly with the carers supported by partner organizations with livelihoods inputs and realized that the carers have been doing well,

have gathered confidence in the business, and most importantly are happy with the developments.

Apart from direct livelihood support to the carers, the partner organizations were found open to other livelihood options or initiatives under the government programs or livelihood projects leveraged by the concerned organizations from other sources, and have leveraged the opportunities in favour of the carers families to create a multiplier effect in strengthening household economy of the target families. The opportunities under the Odisha Livelihoods Mission (OLM), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), NABARD, schemes under horticulture and animal husbandry, ancillary livelihood options aligning with agriculture and forestry have been leveraged well by the partner organizations to the level possible. This indicates that the project has not remained confined to the 1500 targeted direct stakeholders, rather the project has considered the carers families inclusively. Thus, the livelihood portfolio of the carers families have expanded reasonably.

The traditional economy of the local communities is by and large land and forest based. The partner organizations have also endeavored to optimize the traditional economy through several training and capacity building measures. Apart from strengthening the production base, the value addition to local resources have been done. For example, the jackfruits are cheaply available in the locality. The young unripe jackfruits are sold as vegetables and the ripe jackfruits are a delicacy. Hardly there was any local initiative to process the jackfruits as packaged ready-to-eat brands. Through, interventions under this project the exploration of new technology and institutional mechanisms have been explored to better utilize the local resources for sustainable livelihoods for those involved in the initiative that turned into enterprise. Certain examples have been set under this project igniting further innovative thinking for processes and initiatives to sustain the livelihoods of the carers and their families. Towards that the training and capacity building have been the key instruments the partner organizations have been trying to expedite.

In consideration to the scopes for livelihood interventions and the chosen options the target carers and their family members have been provided training in livelihood options like animal husbandry, mushroom farming, bee-keeping, jackfruit chips making, broom binding, millet growing, agriculture, horticulture, pottery, etc. The details of the livelihood training imparted to the carers have been given in Appendix - 3

A cursory look at the effective interventions in promoting livelihood alternatives for the carers indicates that the carers' choice based suitable livelihoods scoping has been expedited, forward and backward linkages have been facilitated, traditional livelihood mechanisms have been optimized through the livelihood interventions. What is remarkable is that the partner organizations have covered more than double of the planned targets under the livelihood training as is evidenced from the fact that while the target for livelihood training was set for 450 people training has been provided to 1049 people that makes about 233% of the targeted number. This is exemplary and indicative of the fact that the project has triggered ample resource leveraging.

Case Study – 2

Livelihoods with Jack Fruit Chips Enterprise

'The tremendous success of our jack fruit chips enterprise has encouraged us to move forward and find out more local resource-based solutions to our livelihood concerns'

...Draupadi Garada, Secretary, Maa Sarala Carer Group.

The Maa Sarala Carer Group of Doliamba village in Laxmipur block has opened up new vistas of suitable economic enterprise, promoted by WORD, by successfully operating Jack Fruit Chips making enterprise as a sustainable livelihood option that has caught the attention of relevant government department and development agencies. Jackfruit is abundantly and cheaply available in the area and making ready-to-eat-chips out of mature jackfruit is an innovative livelihood intervention.



WORD conducted a three-day workshop in June 2019 for the Carer group and other SHG members with professional support from Kandhamal based 'The Good Samaritan' organization. After the training, the members prepared 35 Kg jackfruit chips and exhibited the same along with other ready-to-eat packaged items in Annual Carers' day that caught sight of and earned appreciations from the dignitaries who visited the event. This encouraged the Carer and SHG members to form Jayaguru Producer Group. The group members since then have not looked back. They showcased their novel product in trade fairs and exhibitions like Parab in Koraput, National Exhibition at Puri.

The producer group, by facilitation of WORD, could mobilize a loan amounting Rs. 2,04,000/- from ORMAS in June 2020. They utilized the amount in purchase of utensils and raw materials and scaled up their production to about 10-15 Kg processed chips per day. The products are sold at fluctuating price levels ranging between Rs. 20 to Rs. 24 per Kg depending upon the availability of raw materials in seasonality considerations. With the end of jackfruit season the group members are looking forward to make potato chips and explore similar options.

The greatest realization by far has been that investing on local resources is a low risk affair and builds the potential for sustainable income; both primary and secondary.

Livelihood training for Carers has been one of the most result-oriented income generating activities. The training programs have helped in strengthening their traditional economies from activities like agriculture, vegetable cultivation, mushroom cultivation, pottery and food processing activities like making of Jack Fruit Chips.

The livelihood activities like mushroom cultivation and production of Jack Fruit Chips by tribal women of this region has been very successful interventions in Laxmipur Block. The team members of WORD facilitated these activities and facilitated linkage with Odisha Livelihoods Mission. These activities were the best livelihood activities for Carers to tide over the pandemic crisis period.

The projects could cover 1049 Carers under livelihood training. These training need to be continued in future through the Community Care Centers at the cluster level to sustain this process.

3.3.9 Health actions for persons with mental illness and epilepsy

Persons with Mental illness and epilepsy were provided with special health care support in the projects. Special Health Camps were conducted for them in the District Hospital on the dates scheduled for their OPD treatment. This was a most important health activity for the projects. The Chief District Medical Officer also agreed to conduct the special camps at Block Level Hospitals to facilitate coverage of all who need the health services.

Details of the health camps for persons with mental illness and epilepsy

The partner organizations have conducted special health camps for mental illness and epilepsy at relevant medical centers such as in Shahid Laxman Naik Medical College and Hospital (SLNMCH), District Headquarters Hospital (DHH), Community Health Centres (CHC). Through these health camps the mentally ill and persons with epilepsy have got treatment and relief. During interaction with the carers at different places during the course of evaluation, it was realized that through these camps the people with mental illness and epilepsy are improving by their conditions. The details of health camps are presented in Appendix – 4.

Sl no	Type of Disease	WORD	EKTA	SPREAD	TOTAL
1	Mental illness	126	34	21	181
2	Epilepsy	74	8	28	110

A carer in village Burja expressed her satisfaction over the miraculous developments that could happen to her child through regular treatment and provisioning of medicine. Her happiness and contentedness was clearly visible when she stated that she has been looking for a match for her boy and would not delay his marriage. In Mahadeiput, a carer, overwhelmed by emotion stated that her son is almost cured now which could be possible through regularly visiting mental doctor through the health camps. She also added an attribute that earlier people used to call her as mother of mad, but now that her son has been cured the same people are talking to her with kind of respect. These cases aptly speaks the results of mental health camps.

SPREAD facilitated 10 camps for 40 persons. WORD facilitated 11 camps for 114 persons & EKTA Facilitated 9 camps for 39 persons. WORD Conducted 2 local Health Camps on 26th and 27th November 2018 for the treatment of carers and others.

These health camps had a huge impact on the life of the persons with mental illness and epilepsy, and their carers. Majority of the cases are experiencing good recovery. We could meet such cases in all our village meetings. They are now actively participating in their family activities due to their good recovery. We could see persons engaged in agriculture activities with their family members. Some of them are engaged in MGNREGA activities. Their carers feel extremely grateful to the staff members of the projects for helping their cared ones with good health services. They had, otherwise given up the hope by using local traditional medicines.

There is a new found awareness in the community now on mental illness and epilepsy. People have started believing that these illnesses are like any other disease and can be cured with proper treatment.

Children with epilepsy got a new lease of life. They could go to school with other children of their villages. The teachers were also sensitised on their health needs. One school teacher came to our meeting in Laxmipur Block and thanked Ms. Racheal for such good support to four of the children from the respective village. She further said the students are now as active as other students in their study and have been engaging themselves in leisure



time extra-curricular activities like drawing & painting, songs and games. She mobilised the students to sing a song in-front of us on the theme of healthy village life. We were deeply moved by many such examples in Koraput and Boipariguda Blocks.

We were very happy to know that now all persons with MI and epilepsy are getting their medicines at the Block Hospital. They want to bring it down to the Gram Panchayat level. This service could be linked with the proposed Community Care Centers at the Panchayat level. Collaboration with District Mental Health Program (DMHP) will ensure sustainability of this program.

3.3.10 Mobile Health Camps

Team members of Community Rehabilitation Center (CRC) organized by Ekta have been doing an excellent job by reaching out to children with disabilities through Mobile Therapy Camps for all projects. They also request parents to visit the main therapy unit with residential facilities located at Duruguda for special support. Many children from Laxmipur and Boipariguda have utilized the specialized therapy and special support. We could hear from parents at Laxmipur and Boipariguda appreciating the work of CRC Team, Ekta.

The best impact of the mobile health camps have been on the carers who get some respite from continuous watch and ward of the disable child. Developments with regular therapy has also encouraged the carers to handle advocacy demanding such therapy cum day care centre at the Panchayat level.



Details of Mobile Health Camps conducted by Partner Organizations

Name of the camps	SPREAD	EKTA	WORD
		06.03.2018: Panaspur: 16 MR/CP children	
Block Level Early Intervention Therapy Camp	03.80.2019: CHC Boipariguda:13 children	22.03.2018: Bageipadar: 16 MR/CP children	13.7.2018: Laxmipur: 38 MR/CP children
		24.04.2018: Bandhaguda: 13 MR/CP children	
		27.06.2018: PHC Podagada: 18 MR/CP children	
		09.09.2018: Jhadiguda: 9 MR/CP children	
		01.12.2018: GP Office Podagada: 12 MR/CP children	
Virtual Therapy Camp PHC Level	30.06.2020: PHC Ramagiri: 9 MR/CP children		

3.3.11. Referral cases

Referral services by the projects have helped certain cases. A girl who was referred for plastic surgery has made good improvement. Her mother is an active leader recognized from village to district level. She strongly presented the issues of the carers in the state level convention.

All cases of club foot surgery have made good improvements. This support has made a big difference to the lives of children in need of surgical intervention.

SI no	Cause for referral	WORD	EKTA	SPREAD	Remarks
1	Surgical operation	1 Post Burn Case referred to Cuttack for Plastic Surgery 1 case referred to Olatpur for Club Foot Surgery	7 Cases referred to SLNMCH, Koraput for Clubfoot Surgery 3 cases were referred to Olatpur for Club Foot Surgery	1 Case referred to SLNMCH, Koraput for Club Foot Surgery	All cases have made good recovery
2	Tumor	1 case referred to MKCG MCH, Berhampur			

3.3.12 Bhimo Bhoi Bhinnakhyama Samarthya Abhiyan (BBSA)

The Bhimo Bhoi Bhinnakhyama Samarthya

Abhiyan camps are organised by the Department of Social Security & Empowerment of Persons with Disabilities. These camps act as a single window for providing multi-sectoral services to PwDs, on a campaign mode within a given time frame.

The Block Level Federations could take initiatives for some special camps to address the issues of people who have not received their disability certificates and related entitlements.

Year	WORD	EKTA	SPREAD
2017	1 BBSA Camp 20.09.2017		1 BBSA Camp 06.12.2017
2018	1 BBSA Camp 26.09.2018	3 BBSA Camps, Koraput Block- 28.09.2018 Dasamantpur Block – 29.08.2018 Boys High School, Koraput – 09.02.2018	2 BBSA Camps 06.02.2018 29.06.2018
2019	2 BBSA Camps 27.12.2019 30.12.2019	3 BBSA Camps, 21.01.2020- Police high school Koraput 17.01.2020- Podagada PHC 18.01.2020- Mathalput	3 BBSA Camps 25.11.2019 27.11.2019 29.11.2019

3.3.13 Persons/ children with disabilities who received appliances

The projects have provisioned appliances like tricycle, hearing aid, crutches, blind sticks, CP chairs, wheel chair, commode, walker and splint for children with disabilities. Apart From the above a modified Scooty was provided to a youth in the operational area of WORD Odisha.

This was a good mobility support for the youth for his business activity. The different aids and support have not only provided to the immediate need of the disable, rather have helped the

carer to take a respite from round the clock engagement with the disable. Particularly with CP chair, we have seen the disable sitting securely and comfortably and the carer feeling at ease to cover the household chores. Similarly, with a commode in the toilet, the carers toil related to toilet is much more relaxed.

3.3.14 Inclusion of children with disabilities in main stream education

It has been a better experience to realize that the efforts of Carers have resulted in providing a quality life to the cared. Through the course of the VDC project many disable children and adolescents have been enrolled for their pre-primary and primary education or resumed their studies after a phase of out-of-school experiences. It is heartening to see that 205 disables have been back to Anganwadi,

schools or colleges after being enabled through therapies and treatments for the kind of disabilities they were suffering from.

SI no	Type of Appliances	WORD	EKTA	SPREAD
1	Tricycle	7	61	8
2	Hearing aid	5	4	5
3	Crutches	13	102	1
4	Blind stick	3	22	1
5	CP chair	15	30	0
6	Wheelchair	58	38	0
7	Commode	3	0	0
8	Walker	8	0	0
9	Splint	12	15	0

SI no	Institution	WORD	EKTA	SPREAD	Total
1	AWC	2	14	22	38
2	Pr. School	9	86	34	129
3	High School	2	17	18	37
4	College	2	9	0	11

Team Members of VDC Projects - WORD, Ekta & SPREAD



3.3.15 Day Care Centre

The Day Care Centers have been instrumental in treating and administering therapies for the disabled, in providing respite to the carers and in reducing their drudgery levels. The Day Care Centres have been opened in the three project areas at convenient locations so that the target communities can take benefit of that. Specifically, the day center has been helpful toward providing -

- Respite to carers
- Physiotherapy for the Children
- Daily life-skills for the children
- Alphabetical learning for children
- Colour identification for children
- Inter-personal child to child Communication
- Enhancing song, dance and drawing skills to the children
- Skills for preparation and use of Teaching Learning Materials (TLM)
- Intellectual exercise for the children and raising cognitive skills



Day Care Centers operating in Project locations

Particulars	WORD	EKTA	SPREAD
Number of children	20	20	13
Location of the centre	Khudipadar Kakirigumma GP Laxmipur Block	Duruguda Padmapur GP Koraput Block	Khajuripadar, Ramagiri GP Boipariguda Block
Date Of establishment	20.02.2019	26.01.2019	11.01. 2019

Name of the Center-In-charge	Ms. Gitanjali Sahu	Simanchal Reddy	Janaki Bhumia
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3.3.16 Training conducted for the staff members

SI no	Name of the Training/Workshop	Date	Total Staff (3 Projects)
1	Project Launching and 3days induction training for Staff	11-13 Sept. 2017	18
2	2-day staff training on Livelihood	21- 23 May 2018	15
3	Exposure Visit to SAMARTHYA, Karnataka	27- 30 Oct. 2018	19
4	Staff Training on Mental Health	10-12 Feb. 2018	18
5	District Level Carers Federation Management Training	10 & 11 June 2019	15
6	Staff Training on Mental Health	20 May 2019	18

3.3.17 Training for Block and District Level Federation

Name of the training	WORD	Ekta	SPREAD
Training for the Leaders of Carers Groups	16 -18 May, 2018	12-14 May, 2018	8-10 May, 2018
Training for Leaders of Block Level Federation	22-24 May, 2019	18-20 May, 2019	14-16 May, 2019
Training for Leaders of District Level Federation	10-11 June 2019		
2 nd Block Federation Training (Training Conduct the Project Level at Khajuripadar)			25-26 July, 2019

3.3.18. IEC materials prepared by the projects

WORD	Ekta	SPREAD
Community Mobilization	Community Mobilization	RPWD Act 2016 in Odia
Leaderships Development	Leaderships Development	Pamphlets on Carers Day objectives and Carers Rights in Odia
Schemes Mobilization Pamphlets	Schemes Mobilization Booklet	Mental Illness and Epilepsy in Odia and tribal language
Pamphlets of mental Health	Mental Illness and Epilepsy _Odia	Poultry and Goat Farming Training Materials
Pamphlets on RPD Act 2016	Pamphlets on Carers Day Objective and Carers Rights in Odia	PWD and CWD Schemes and entitlement
Pamphlets on Carers Day Objective and Carers Rights in Odia		

3.3.19 Observation of special days and events

Special Day	WORD	Ekta	SPREAD
Carers Day, 2018	Held on 19.06.2018 with 314 participants including CEO-CWW, DSSO, SSSO, BDO, Chief Secretary WORD, BSSO, MI, WEO, Doctor, Block Chairman, MLA Representative etc.	Held on 20.06.2018 with 250 participants including BSSO.DSSO, PRI Member, DDRC, CWW.MO, MLA, Block Chairman, PRI Member	Held on 18.06.2018 with 301 participants including CWW, BDO, BSSO, PRI Member, Block Chairperson
Carers Day 2019	Held on 07.07.2019, participated by 332 carers along with CEO CWW, DSSO, ORMAS, SSSO, BDO, Chief Secretary WORD, BSSO, MI, WEO, Doctor, Block Chairman, MLA Representative etc.	Held on 08.06.2019, participated by 250 Carers, BSSO, DSSO, PRI Member, DDRC, CWW	Held on 05.08.2019, participated by 184 Carers and ABEO, CRCC, MO, PRI MEMBER, CWW, BDO Block Chairperson.
International Day of Persons with Disability, 2018	Held on 03.12.2018, participated by 49 carers & PwDs with BDO, BSSO, MLA, WEO	Held on 03.12.2018, participated by 49 carers & PwDs with SSSO Koraput, BDO, BSSO, MLA, WEO	Held on 03.12.2018, participated by 40 carers & PwDs with BSSO, BDO, Block Chairperson
International Day of Persons with Disability- 2019	Held on 03.12.2019, participated by 152 carers and PwDs with SSSO Koraput, BDO, BSSO, MLA, WEO	Held on 03.12.2019, participated by 49 carers & PwDs with SSSO Koraput, BDO, BSSO, MLA, WEO	Held on 03.12.2018, participated by 33 carers & PwDs with BSSO, BDO, ABEO, WEO, Block Chairperson
Celebration of World Mental Health day	Held on 10.10.2019, participated by 4 Carers and 3 PwMI, 5 Staff, Magistrate, MO,	Held on 10.10.2019 with participation of 5 Staff members	Held on 10.10.2019 with participation of 5 Staff members with Collector, ADM, BSSO, BEO gracing the occasion
District Level PARA Sports 2019	Held on 23.11.2019, participated by 7 CwD, 7 Carers along with ADM, DSSO, DEO, SSSO, BSSO	Held on 23.11.2019, participated by 11 CwD, 11 Carers, ADM, DSSO, DEO, SSSO, BSSO	Held on 23.11.2019, participated by 4 CwD, 4 Carers, ADM, DSSO, DEO, SSSO, BSSO
District Cultural PARAB at Block Level- 2018	Held on 09.10.2018, participated by 9 carers, 6 Staff, BSSO, BDO, MLA, Block Chairman, BEO	Held on 12.11.2018, participated by 12 carers, 6 staff, BDO, BSSO, Block Chairman	Held on 09.10.2018 & 10.10.2018, participated by 40 Carers, 5 Staff, MLA, BDO, BSSO, Block Chairperson, BEO
District Cultural PARAB at Block Level- 2019	Held on 02.11.2019, participated by 11 carers, 5 Staff, BSSO, BDO, MLA, Block Chairman, BEO, PD(DRDA), ORMAS. Special Food Processing stall by carers opened	Held on 16.11.2019 with 10 carers and 6 Staff. Special stall by carers opened.	Held on 04.12.2019 & 05.12.2019 with participation of 22 carers, 5 Staff, Odisha handloom Minister, MLA, BDO, BSSO, Block Chairperson, BEO

3.3.20 Resource Mobilised

Resource/ entitlements	WORD	Ekta	SPREAD	Monetary value Mobilized
Disable Pension	345	367	137	Rs 1, 01, 88, 000 (@Rs 500/-X 849 Beneficiary X 24 month)
Enhanced Pension (Rs 500 to Rs 700) (60% above Disability)	122	30	143	Rs 7, 08, 000/- (@Rs 200/- X 12 months)
Widow Pension	62	81	54	Rs 23, 64, 000 (@Rs 500/-X 197 Beneficiary X 24 month)
Old age pension	87	160	92	Rs 40, 68, 000 (@Rs 500/-X 339 Beneficiary X 24 month)
Single Woman Pension (unmarried)	9	35	15	Rs 7, 08, 000 (@Rs 500/-X 59 Beneficiary X 24 month)
Single Woman Pension (Separated)	6	28		Rs 4, 08, 000 (@Rs 500/-X 534 Beneficiary X 24 month)
Baneesri Scholarship	11	112	87	Rs 7,08,000 (@Rs 2000/-X 210 Beneficiary X 24 months)
Escort allowance	1	6		Rs 28, 000 (@Rs 2000/-X 7 Beneficiary X 24 months)
DRI Loan	12	82	3	Rs 14, 55, 000 (@Rs 15000/-X 97 Beneficiaries)
Jan dhan Yojana	509	501	500	Rs. 22, 65, 000 (@Rs 1500/-X 1510 Beneficiaries)
Ujala Schemes	381			Rs 19,05,000
Kalia	115	378	150	Rs 64, 30, 000/- (@Rs 10000/-X 643 beneficiaries)
MAMATA	28		19	Rs 235000/- (@Rs 5000/-X 47 Beneficiaries)
PMAY & Toilet	18	289	91	Rs 51,74,00,000/- (@130000/-X 398 Beneficiaries)
IHHL(Toilet)	268	332	136	Rs 88,32,000/- (@Rs 12000/- X 736 Beneficiaries)
MGNREGA Work	184		372	Rs 16,11,288/- (@556 Beneficiaries X 14 days X Rs 207/-)
OLM	75	135		Rs 1,80,000/-
ORMASS	3 Groups			6,12,000/-
Horticulture Supports	84	10		Rs. 73, 000/-
Agriculture Support	58			Rs. 81, 000/-

Millet Mission	24			Rs. 1,92,000/-
NTFP (Sal Seed)			215	Rs. 5,16,000/- (@Rs. 20 x 25800 kg)
NTFP(Tendaka Flower)	19			Rs. 45000/-
Mudra Yojana			11	Rs. 1,65,000/-
Misson Khyamata	18 Groups	35 Groups	15 Group	Rs 10,20, 000/- (@Rs 15000/- X 68 Groups)
PINAKA Schemes One-time livelihood support to persons with visual impairment introduced by District Collector, Koraput		6		Rs 30,000/- (@Rs 5000/- X 6 Beneficiaries)
Total				Rs. 56,22,27,288/-

The resource mobilised by the projects shows the collective efforts of all involved in the process. This would not have been possible without the active participation of the leaders from the village, cluster and block level and the timely follow-up of the actions by the staff members. This mobilisation process has turned the individual struggle of a carer in a remote village to a collective action of carers at the respective blocks and the district level. We admire this huge mobilisation of resources for the PwDs and their carers. We are convinced that advocacy by the carers organisations has made it possible.

3.3.21 COVID-19 Response

Support Organisation	WORD	EKTA	SPREAD
RF(I)T Support	500 dry food & hygiene kits given as support to carer families	500 dry food & hygiene kits given as support to carer families	500 dry food & hygiene kits given as support to carer families
Own initiatives by the partner organisations	19 Carers Supported with Rs 5000/- Each by GIVE INDIA Staff Member of WORD prepared Masks and distributed among carers with soaps Awareness Programs at village level on hand wash and maintaining social distance Distribution of Medicine at doorstep for PwMI Orientation on Preparation of Mask	80 Carers provided with Ration and Hygiene Kit (with the fund raised by two days salary contribution by staff members) Awareness Programs at village level on hand wash and maintaining social distance Distribution of Medicine at doorstep for PwMI. Door step Therapy Support to children with disabilities	136 Carers/Disable Persons provided with Dry Food and Hygiene Kit Supported by APPI Awareness Programs at village level on hand wash and maintaining social distance Distribution of Medicine at doorstep for PwMI. Door step delivery of Disability Certificates and UDID Cards Door step Therapy Support to CwD

	Door step delivery of Disability Certificates and UDID Cards	Door step delivery of Disability Certificates and UDID Cards	Virtual Therapy Camp at Ramgiri PHC By RBSK and SPREAD
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3.3.22 Unique initiatives by Koraput partners

WORD	EKTA	SPREAD
<p>32 carers of 3 carers groups were supported by ORMAS for livelihood loan. Each group Received an amount of Rs 204000/- for group Based livelihood enterprise/ interventions. It was a unique intervention by WORD.</p> <p>Government of Odisha came up with the implementation of MGNREGA on a campaign mode as a Covid 19 Response for connecting the rural poor with employment opportunities. WORD actively took part in the campaign and proposed to cover entire Laxmipur Block in which VDC project is also being implemented so that this scheme can support the carer families. WORD mobilised 74 projects for different villages. 59 carers and 35 migrant workers were connected to these projects.</p>	<p>NABARD Supported for 11 carers and 9 village people of Jhadiguda village, Koraput Block for training on traditional pottery. NABARD sanctioned a grant of Rs. 3, 00,000/- for 20 people to implement their learning from the training.</p> <p>Special Program on (Pradhan Mantri Awas Yojana), Abas Mela/ Khadya surakhya mela</p> <p>Ration card distribution & PMAY distribution in Dasamantapur block to both carers & disabled person.</p> <p>Exposure visit to Puri & Nandankanan for Children with disabilities with support from an individual donor. 15 disabled children visited with the escort support by 3 carers and 3 staff members.</p> <p>The State level Collaborative Dissemination Workshop program was conducted on 26th February 2020 at Bhubaneswar, Organized by EKTA, Koraput. Ms. Sulochana Das, State Commissioner of person with Disabilities Odisha chaired the session, Basavaraju VS, Commissioner of Disabilities, Karnataka, Dr, Anil</p>	<p>Facilitating Social Audits in all Gram Panchayats of Boipariguda Block by SPREAD was a unique intervention. The focus was on entitlements of persons & children with disabilities. The process had a huge impact on the mobilisation of entitlements.</p> <p>207 PwDs applied for certificate</p> <p>108 PwDs got enhanced pension of Rs. 700/-</p> <p>34 PwDs received PMAY House</p> <p>218 PwDs got IHHL(Toilet)</p> <p>75 Disable Persons Included in Mission Khyamata SHG</p> <p>110 PwDs got new Job Card</p> <p>85 children Included in Banishree Scholarship</p> <p>43 CwDs are receiving RBSK Facility</p>

	Patil, founder of & Executive Director Carers Worldwide, Ms., Nisreen Ibrahim CEO RF(I)T, Mumbai participated	
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4. Overall assessment on the Project

4.1 Relevance

The relevance of the project is justified from the point of view of the utter neglects the carers have suffered although there have been provisions contained in specific legal instruments to cover them adequately. The carers, who were mere individuals having no bargaining ability, no voice to access entitlements needed to be organized into groups, federated, empowered and enabled to fight for their right. Further, the identity crisis as carers needed to be addressed. The project is highly relevant in these considerations.

The project is unique in Odisha, probably in India and Asia, in terms of its conceptual standing. While the carers concerns has not been duly represented in the mainstream development agenda of the government and there is relatively lesser number of actors in this field, the project has higher relevance in rolling out the concept, ideas and ideals, and pioneering in developing a comprehensive framework for wider replicability elsewhere. The project is considered very relevant given the issues and concerns of the carers in rights based perspective.

As many as 1500 carers from 624 villages could be organised into 115 Carers Groups. The sense of solidarity promoted through 37 Cluster Associations and 4 Block Level Federations has empowered them to raise their voice and to assert for the recognition of their role and identity. Together they worked to realize the carers Model in Koraput district and their empowered actions has been noticed by key functionaries of the sector in Odisha and other states. They could influence State/National agencies like OLM, ORMAS & NABARD to assist them in their livelihood issues. Resource support for 247 carers and training support for 1049 carers for livelihood promotion made a difference to their income generation capacity.

The needs of 1516 PwDs/CwDs could be addressed through excellent mobilisation of social security entitlements, therapeutic services through mobile therapy camps, referral and surgery support and special health camps for 279 persons with MI and Epilepsy.

From a comprehensive assessment it is evident that the project made a deliberate effort to reach out to the most marginalised and highly vulnerable communities across the project locations with larger emphasis on the empowerment of carers that is a crucial need in larger development context. In the context of Odisha, the project is first of its kind, and having championed a cause in tribal dominated district like Koraput it has the potential to guide any other project in this line anywhere in the state.

4.2 Effectiveness

It has been a great journey for the carers of Koraput from their village level groups to the

State Level Carers Forum. The project title – “A Voice for the Disabled & their Carers” is very effectively realized within the project period. Their individual struggle has turned in to a collective action and advocacy-based movement for rights, recognition and due legal status.

The learning through training, annual review, exposure visit and celebration of Carers Day were highly useful for the staff members and carers. These learning are reflected in the results of their activities. The base line survey made all members aware on the issues of the carers and the PwDs, the knowledge inputs from different experts built their capacity to address the issues & on the job guidance from Carers Worldwide enhanced their functional effectiveness.

Right selection of partners was the key to the success of the projects. The self-motivation of the team members was the driving force in the timely implementation of all activities in spite of the large geographical SPREAD over of the operation area of three projects in the forest pockets & hilly terrain of Eastern Ghats. This work has become a model for replication in other tribal pockets of the state.

The project produced almost all the outputs foreseen in the project document and in many cases it surpassed the component wise initial plan. It resulted multidimensional benefits to the project’s end beneficiaries, as evidenced from the livelihoods training and the number of carers trained that could reach out to more beneficiaries as compared to the original plan.

Project has strengthened relationship with government, government has recognised the importance of partner organisations in acting as a catalyst to mobilize citizens to attend mental health camps in local locations. Adding to that, the institutionalization of the carers has created pressure fronts with advocacy initiatives that may contribute to effective mobilization of programs like District Mental Health Program and such other programs in the near future.

4.3 Efficiency

The Program Implementation Plan was seriously followed by all the three projects. The staff members could reach-out to most remote villages. Staff members of each project worked as a team and the organizations put together and worked as a collaborative district level network towards achieving the project goals and objectives. They could deal with the socio-cultural and attitudinal barriers, both from the communities and the service providers in the early stage of the projects. They all talk with a sense of deep satisfaction now for working with this project. They see meaning in their work.

The staff members could facilitate doorstep delivery of medicines for the persons with MI & Epilepsy during the ongoing lockdown due to the pandemic. They could timely deliver the relief support from RF(I)T and other support agencies to all the 1500 Carers. Through awareness raising materials and demonstrations they promoted awareness in the remote villages on preventive measures for Covid – 19. They ensured timely pension & PDS supply to all eligible members and monitored the financial support from State and Central Government to reach the right beneficiaries.

Timely implementation of planned activities by the implementing partners and solid reporting procedures have been the hallmarks of the project. To the evaluators it appeared that the

restrictions due to Covid – 19 could not substantially influence the outcomes of the project. Although certain shortcomings were encountered due to Covid – 19 restrictions, yet through the adaptive management of the partner organizations many crucial needs could be addressed successfully. During the phases of Covid crisis and prior to that, as result of advocacy efforts, MH camps, trainings etc. could be brought to the door steps of the direct stakeholders which reduced the cost and time burdens on attendees and thereby increased their participation in project activities and rights based initiatives.

As a matter of fact, the project had to cope with a lean budget, considering the outcome it has delivered.

4.4. Sustainability

Creating collaborative solutions through the communities will be the sustainable measure for the ongoing process. The Cluster Associations will play a lead role in this process in all the 38 Clusters. The proposed **Community Care Centers** will become the focus point to facilitate the required support services to the carers and the PwDs/CwDs. The project teams need to strengthen the Cluster Associations and their associated groups to sustain the process.

The project teams with due help from the Block Level Federations need to facilitate a process of “Self-Assessment” for all the Clusters and their associated groups during the lockdown period. They have to develop right tools for the assessment. The Clusters level groups could be guided to take remedial measures for strengthening their organisations as per the results of the assessment process.

Appropriate livelihood scoping for carers would help in sustaining the process. Housing and Antodaya linkage for the PwDs will go a long way in sustaining the motivation of the Carers.

Continuity of the resource mobilisation, livelihood actions, therapy services, and timely treatment and supply of medicines for the persons with MI and Epilepsy will make the process sustainable.



4.5 Impact

The DSSO of Koraput talking about the issues of carers in his official meeting with BSSOs speaks about the clear impact of the process. The entitlements & services mobilised has made a good impact in the lives of 1500 carers families. The number of pensions mobilised for the old age people, single women, widows & destitute indicates the leadership quality of the Carers. The respect the team members of the project get at the Panchayat & Block offices show how they are growing through their work.

The statement of the State Commissioner of Rights of Persons with Disabilities, Odisha – “it is for the first time I am seeing the Carers from a tribal district like Koraput showing a model to the people in the state capital” sums up the impact the project has made on the key people of the sector in the state.

During their field visit, evaluators met more than 60 families or carers groups in the communities to gather their experiences in the form of experiences, anecdotes, achievements and feel-good factors. The field visits helped the evaluators to pragmatically assess the extent to which success stories exist in different contexts and situations, and to realize the visible changes achieved through the work of individual carer plans in their communities. Various stakeholders including government, and the partner organisations, have been brought together and relations have been strengthened which will lead the way to future cooperation

and streamlined efforts to support carers and vulnerable persons in the region.

Subsequent to the sharing of the evaluation study findings, reactions from the Chief Executives of the three partner organizations was solicited on the project, its unfolding and the deliverables achieved. Below some of the reactions...

Reactions from Chief Functionary of Ekta, Mr. Jagannath Mishra

'We have been working on disability issues for the last several years, but, working with disability and carers together has been a great learning experience for us. Through course of the project, we as a team realized that in order to achieve true empowerment and development the concerns of people with disabilities and the carers should be addressed in unison. The carers project could be a new concept in the development sector, but it has gained acceptance at the government level especially in mainstreaming carer's roles, responsibilities and importance in the society. In addressing the larger cause of the carers, the carers model of Carers Worldwide provided invaluable learning to implement the project in an effective and systematic manner'.

Reactions from Chief Functionary of WORD, Dr. Rachael Raykumari

'Understanding issues of Carers from a Carers perspective gave new insight on how the life of the carer is.... the invisible force without which the families would have disintegrated and chaos would have existed in the family and society.

Although WORD has been working for the PWDs, this is first of the kind for the organisation and also the entire State to address Carers issues. Changes made in the Carers life have added value to the caring responsibilities of the People with Disability which changed from regret to acceptance as they understood that it was not a curse but a reality which he/she could witness in other carers and draw mutual support from one another.

Reactions from Chief Functionary of SPREAD, Mr. Bidyut Mohanty

It has given me new insights and learnings and strong affirmation that voices of invisible forces can be loud and clear if given an opportunity. Much need to be done but the initial journey gives much hope and confidence to move forward...'

It is deeply satisfying & fulfilling in working with 500 PWDs & their carers in remote forest & tribal pockets of the district. It was a wonderful experience for me & SPREAD in last three years with most vulnerable, invisible, silent section of the society. The journey with all these 500 carers was full of thrilling & we encounter many challenges, confront many adversities but the journey was never stopped. Now carers are visible, articulating their rights, raising their voices & most important others have started looking towards them & extending helping hands. The newly born "Carers association" at block level & district level is just like a child & it will take more time get matured & assert their full rights & dignity. The synergy among four organizations (SPREAD, Ekta, Word, & CWW), all project teams & 1500 carers are amazing which helped in overcoming many challenges. We experimented with many combinations revolving around carers rights & dignity & "Koraput carers model" is an exemplary, which has potential for scalability & replicability in the State. The journey with Carers association is continuing but miles to go.

5. Way forward

5.1 Strengthening the Carers Organisations

16. It would be good to facilitate a process of “Self-Assessment” for the Carers Groups during the lockdown period. The groups not performing well need to be strengthened by the Cluster Association keeping in view the findings of the assessment. The same process of “Self-Assessment” is to be followed for the Cluster Associations during the next three months. The clusters not performing well need to be strengthened by the Block Level Federations, keeping in view the findings of the assessment.
17. The projects should guide all the Cluster Associations for best Covid – 19 Response as required from time to time. The Block Level Federations should review & monitoring of the work of their Cluster Associations.
18. Carers Groups need to take up adequate measures to ensure justice for women with disabilities when they face violence in the family or outside.
19. Organisation Development Exercises for the Block Level Federations will build their strategy to address the issues of Carers and to face the emerging challenges due to the pandemic. Good documentation of activities is required at all levels for their record, reference & follow-up.
20. The perspective of the District Level Federation need to be widely discussed in all clusters & carers groups. This organisation could be registered after one year of maturing process. Every meeting of this federation should have a specific agenda leading to time bound actions. Each carers group should feel that the functions of the district level federation are relevant to their growth process.

5.2 Integrated approach through Community Care Centers

21. The leaders of the Cluster/Block/District Level structures should make all possible efforts for mobilising **5% of the budget** from each Gram Panchayat for the development activities of the persons & children with disabilities & their Carers. They need to sensitise all elected representatives of the Panchayat Raj Institutions in the district on the RPD Act – 2016. This would be the best mobilisation of their entitlements. They need to make the best use of this budget for strengthening the functions of the proposed **Community Care Centers** at their respective Gram Panchayats. All the development actions of the Clusters could be integrated through the Community Care Centers.
22. The best livelihood practitioners of each Block could be nurtured as Community Resource Persons and linked with the proposed Community Care Centers to guide carers with theme-based inputs on livelihood issues. These CRPs could conduct livelihood training for carers at the Community Care Centers with due support from respective project teams.
23. Livelihood actions of the groups who have received special support from OLM, NABARD & ORMAS need timely follow-up & monitoring for the best utilisation of the financial resources. All carers groups should be guided to develop linkages with OLM & Mission Khyamata for mobilisation of livelihood support.

24. Each Cluster Association should have a Bank Account & develop a revolving loan fund for supporting carers who need financial support for new livelihood activities. The livelihood profile of each carer could be kept at the Community Care Center. The profiles should be reviewed time to time to facilitate their growth. Persons who have good recovery from mental illness & epilepsy could be supported with livelihood assistance for their socio-economic rehabilitation. This could be a priority. Campaign for issue of Antodaya Card for all PwDs is to be taken up by the Community Care Centers.
25. Referral service for new cases of mental illness & epilepsy is to be ensured by the leaders of the Cluster Associations while ensuring timely medicine to old cases. The project leaders need to collaborate with DMHP of Koraput to ensure sustainability of this activity through the Community Care Centers
26. Community Rehabilitation Center (CRC) of Ekta Koraput could train the people who would take the responsibility of the Community Care Centers in the second project cycle. Team members of CRC should reach out to all the 38 Community Care Centers for on the job guidance.
27. Each project should prepare IEC and teaching learning materials for the Community Care Centers. Each center should have all applications required for the Govt. schemes & particularly for schemes of SSEPD Department. They should be information centers for the development of PwDs & Carers.

5.3 Enhancing the effectiveness of BBSA

28. Community Care Centers & the Cluster Associations should work together to make all the forthcoming BBSA Camps successful for the persons & children with disabilities in their area. They should ensure the mobilisation of entitlements. They need to guide people for health referral & surgery, when required.
29. The District Level Federation of Carers should explore the possibility of organizing special BBSA camps to ensure disability certificates, ID Cards & entitlements to the PwDs/CwDs who are left out, including persons with mental illness & epilepsy. There is a provision for such camps in SSEPD Department to cater to the needs of the PwDs who are deprived of their entitlements.

5.4 Issues of Solidarity

30. Celebration of Carers Day & International Day of the Persons with Disabilities needs to continue & this could be planned & implemented by all Block Level Federations at Block level. These events need to be planned keeping in mind the Govt. guidelines as issued from time to time. These events are required to highlight the issues of the PwDs & their carers. This process needs to be consolidated at the district level through the celebration of a Carers Day with the participation of carers & DPO leaders from all the 37 clusters.

The ongoing processes could be institutionalized through Community Care Centers in all 37 Gram Panchayats of the operation area. Each block could promote one Model Community Care Center for standardizing the activities. This Model Center could be the

point of reference for all other centers in the block. Project leaders need to ensure the exposure of the Govt. officials/PRI leaders to the Model Centers to ensure convergence of services for the PwDs and carers.

5.5 Concluding Remarks

The project is innovative, pragmatic touching upon the crucial needs and concerns of carers, founded on realistic, philanthropic, and value-based considerations in development context. Over the three years of implementation the project has achieved significant tangible and non-tangible results that should be furthered with extension of the project incorporating unfinished tasks, evolving issues in broader dimensions. However, the results so far have been indicative of a progressive journey towards holistically addressing the cause and concerns of the carers but to be reasonable, for sustainability of the results more handholding support is required for capacity building of carers groups (from local to district level) in the lines of advocacy, networking, communications, and accessing government support/benefits. The project has high potential for replicability and scope for horizontal and vertical scaling. The project should continue in the larger interest of the carers and also to disseminate learning and good practices for feeding to policy initiatives, development schemes and programs across states. It is worthwhile to expedite alliances and networks from local to national and international basis to mainstream the agenda of carers and its translation into actions and achievements.

Appendix – 1

Achievement by Organizations in different aspects of the project, especially in ensuring entitlements under government schemes and programs

SI No	Entitlement	Baseline targets	Target for three projects	Overall Achievement	Organization wise achievement		
					WORD	Ekta	SPREAD
1	Certificates for persons & children with disabilities	465 (WORD -72, Ekta-102, SPREAD - 291)	1051 (WORD – 437, Ekta -405, SPREAD -209)	790 (76%)	329 (75%)	323 (80%)	138 (66%)
2	Pension for persons & children with disabilities	475 (WORD-83, Ekta-96, SPREAD - 296)	1041 (WORD-426, Ekta-411, SPREAD -204)	849 (82%)	345 (81%)	367 (89%)	137 (67%)
3	Increment pension			543	129	271	143

4	Bus pass	247 (WORD -16, Ekta-11, SPREAD - 220)	1269 (WORD-493 Ekta-496 SPREAD-280)	579 (46%)	198 (40%)	145 (29%)	236 (84%)
5	Train pass	242 (WORD-13 Ekta-9 SPREAD- 220)	1274 (WORD-496 Ekta-498 SPREAD-280)	385 (30%)	68 (14%)	121 (24%)	196 (70%)
6	Aids & Appliances	104 (WORD-14 Ekta-45 SPREAD-45)	681 WORD-100 Ekta-314 SPREAD-267	428 (63%)	99 (99%)	314 (100%)	15 (6%)
	Aids & Appliances Mobilized Through Special Camp by UETS. Kakinada			125	49	37	39
7	New PDS card (Ration Card)	1073 (WORD- 461, Ekta- 198, SPREAD- 414)	443 (WORD-48, Ekta-309, SPREAD-86)	379 (86%)	48 (100%)	288 (93%)	43 (50%)
8	Toilet (IHHL)	502 (WORD- 121, Ekta- 97, SPREAD- 284)	1014 (WORD-388, Ekta-410, SPREAD-216)	680 (67%)	268 (69%)	332 (81%)	80 (37%)
9	Housing for Carers And Disable Persons	104 (WORD-7, Ekta-59, SPREAD-38)	1412 (WORD-502, Ekta-448, SPREAD- 462)	331 (26%)	50 (10%)	230 (51%)	91 (20%)
10	UDID	251 (WORD-0, Ekta-31, SPREAD-280)	1265 (WORD-509, Ekta-476, SPREAD-280)	800 (63%)	271 (53%)	314 (66%)	215 (77%)

		SPREAD-220)					
11	DRI loan	17 (WORD-2, Ekta-7, SPREAD-8)		95	10	82	3
12	Janani Suraskhya Yojana for Carers/PwD			48	28	0	20
13	Banishree (scholarship for disabled school going children)	32 (WORD-2, Ekta-20, SPREAD-10)	197 (WORD-10, Ekta-97, SPREAD-90)	188 (95%)	9 (90%)	92 (95%)	87 (97%)
14	Escort Allowance (Escort for disabled school children)			6	1	6	0
15	Health Insurance	629 (WORD-311, Ekta-50, SPREAD-268)	887 (WORD-198, Ekta-457, SPREAD-232)	287 (32%)	49 (25%)	230 (50%)	8 (3%)
16	MGNREGA Job card	838 (WORD-407, Ekta-65, SPREAD-366)	678 (WORD-102, Ekta-442, SPREAD-134)	267 (39%)	102 (100%)	120 (27%)	45 (34%)
17	Mamata Yojana			47	28	0	19
18	Kalia Yojana			643	115	378	150
19	MGNREGS job cards/ employment			686	184	120	382
20	Odisha Livelihood Mission Linkage			210	75	135	0

21	ORMAS linkage			3 Groups	3	0	0
22	Marriage Incentive			21	0	21	0
23	Sunetra Yojana Spectacles			12	12	0	0
24	Grameen Jyoti Yojana - 3 Bulbs Per PDS Card			128	128	0	0
25	Seeds for Kitchen garden			94	84	10	0
26	Agriculture support - Maize, paddy & Sugarcane			58	58	0	0
27	Linkage with Millet Mission			74	74	0	0
28	Jandhan Yojana			1516	509 (100%)	507 (100%)	500 (100%)
29	Ujala Scheme: 1 gas Cylinder Per family			381	381	0	0
30	Land patta			14	7	0	7

Appendix – 2

Carers supported for livelihood interventions

SI no	Livelihood Activities	Promotion	WORD	EKTA	SPREAD	Total no of carers covered and target achievement
1	Goat Farming: Support of Rs. 3000/- each		15	29	23	67 (33%)
2	Sheep Rearing: Support of Rs. 3000/- each		0	7	0	7 (3%)
3	Petty Shop: Support ranging from Rs. 1000/- to Rs. 3000/- each based-on need assessment		16	12	11	39 (20%)
4	Poultry farming: Support ranging from Rs. 1000/- to Rs. 3000/- each based-on need assessment		38	7	13	58 (29%)
5	Tea Stall: Support ranging from Rs. 1000/- to Rs. 3000/- each		2	2	2	6 (3%)
6	Bangle Shop: Support ranging from Rs. 1000/- to Rs. 3000/- each		3	0	1	4 (2%)
7	Mobile vending: Support ranging from Rs. 1000/- to Rs. 3000/- each		5	3	0	8 (4%)
8	Tailoring: Support ranging from Rs. 2500/- to Rs. 3000/- each		2	0	1	3 (2%)
9	Grocery Shop: Support of Rs. 3000/- each		2	1	1	4 (2%)
10	Cycle Repairing		0	2	0	2 (1%)
11	Electrical repair shop		1	0	0	1 (0.5%)
12	Chicken meat Shop		0	0	2	2 (1%)
13	Bee keeping		5	0	0	5 (3%)
14	Vegetable Cultivation		18	7	14	39 (20%)
15	Agriculture		2	0	0	2 (1%)
	Plan : 201 carers.					Achieved: 247 carers

Appendix – 3

Details of Livelihood Training provided to the carers

SI no	Name of the activities / training	WORD	EKTA	SPREAD	Total
1	Animal Husbandry (Poultry and Goatary Training)	53	85	97	235 (52%)
2	Mushroom training	91	0	0	91 (20%)
3	Bee keeping training	46			46 (10%)
4	Jack fruit chips training	59			59(13%)
5	Broom binding training	40			40(9%)
6	Millet mission training for Cultivation of Ragi (SRI)	62			62(14%)
7	Food processing	36			36(8%)
8	Tailoring training	04			4(1%)
9	OLM Training for nui try Garden	55			55(12%)
10	Horticulture Training for Vegetable Cultivation	82	100	104	286(64%)
11	Agriculture Training for Sugarcane, maize and paddy (SRI Process)	53			53(12%)
13	Training on pottery Supported by NABARD		50		50(11%)
14	Training on Jackfruit chips Supported by ORMAS	32			32(7%)
TOTAL					1049(233%)

Appendix – 4

Details of Health Camps for Persons with Mental Illness and Epilepsy.

SI no		Place of the camp	Date	Number of Persons	Services
1	SPREAD	SLNMCH, Koraput	24.07.2018	8	Medicine
2		SLNMCH, Koraput	07.08.2018	9	Medicine
3		SLNMCH, Koraput	28.08.2018	7	Medicine
4		DHH, Jeypore	19.07.2019	34	Medicine
5		DHH, Jeypore	19.08.2019	32	Medicine
6		CHC, Boipariguda	27.09.2019	40	Medicine
7		CHC, Boipariguda	21.12.2019	40	Medicine
8		CHC, Boipariguda	13.02.2020	40	Medicine

9		CHC, Boipariguda	09.04.2020	40	Medicine
10		CHC, Boipariguda	09.06.2020	40	Medicine
1	WORD	CHC, Laxmipur	08-06-2018	70	Medicine
2		DHH, Jeypore	19-07-2019	8	Medicine
3		CHC, Laxmipur	24-09-2019	95	Medicine
4		CHC, Laxmipur	20-12-2019	106	Medicine
5		CHC, Laxmipur	14-01-2020	55	Medicine
6		CHC, Laxmipur	06-02-2020	48	Medicine
7		CHC, Laxmipur	06-03-2020	71	Medicine
8		CHC, Laxmipur	04-04-2020	32	Medicine
9		CHC, Laxmipur	04-05-2020	80	Medicine
10		CHC, Laxmipur	05-06-2020	114	Medicine
11		CHC, Laxmipur	03-07-2020	67	Medicine
1	EKta	DHH, Jeypore	18-08-2019	8	Medicine
2		DHH, Jeypore	18-09-2019	11	Medicine
3		DHH, Jeypore	18-10-2019	21	Medicine
4		DHH, Jeypore	18-11-2019	21	Medicine
5		DHH, Jeypore	18-12-2019	21	Medicine
6		SLNMCH, Koraput	15-02-2020	31	Medicine
7		SLNMCH, Koraput	16-03-2020	39	Medicine
8		SLNMCH, Koraput	15-04-2020	39	Medicine
9		SLNMCH, Koraput	15.05.2020	39	Medicine