

<b>Form 2: Evidence Review for Anemia Prevention and Treatment</b>						
<b>Name of Intervention: UMANG</b>						
<b>Date of Review: July 2007</b>						
<b>1. Location and Scale</b>						
<b>Number of villages by block, district and state names</b>	<b>Population covered</b>		<b>Comments</b>		<b>Time Period</b>	
All development Blocks of Lucknow and Gorakhpur.	Five lakh adolescent girls through 3762 AWC and 1028 schools				Phase 1: (2000-01) Reaching out of school adolescent girls in one block  Phase 2: (2002-04) Reaching out of school adolescent girls and school girls in two block  Phase 3: (2005-07) Reaching out of school adolescent girls in entire two districts	
<b>2. Agencies</b>						
<b>Lead agency(ies)</b>	<b>Other Key Agencies (Partners)</b>		<b>Implementing agencies</b>		<b>Sponsor/Donor</b>	<b>Comments</b>
			<b>List</b>	<b>Category of agency</b>		
UNICEF	ICDS, Dept of Health education, Govt.of UP		Vatsalya	NGO	UNICEF	The programme has been implemented by 2 NGO partners. Assessment report by VATSALYA and changing behavior; nutrition & health (best practices and success stories) is, available
<b>3. Intervention Description</b>						
<b>Goal /Objectives</b>	<b>Key Strategies (5-10)</b>	<b>Key Components (3-5)</b>		<b>Primary target group</b>	<b>Secondary target group</b>	
1. Reduce the prevalence of nutritional anemia among adolescent girls (11 – 18 yrs) covered under the project by 50 per cent by the end of the phase I of the project (2002) in one block 2. Institute community based, supervised weekly IFA supplementation for adolescent girls with an inbuilt compliance and monitoring system 3. Ensure that 50 per cent adolescent girls are administered three doses of TT Vaccine and six monthly de-worming tablets 4. Ensure that 70 per cent out of school adolescent girls participate in weekly consumption of IFA tablets under supervision 5. Provide nutrition education to the adolescent girls, so as to effectively influence their dietary behavior, especially with reference to regular consumption of iron 6. Improve dietary practices in at least 25 per cent out of school adolescent girls covered under the project	1. Need Assessment 2. Community mobilization and communication 3. Capacity Building 4. Strengthening IFA Supply chain 5. Creating awareness generation 6. Development of IEC material 7. Coordination 8. Girl to Girl Approach	1. Weekly supplementation of IFA tablets in school 2. Six-monthly Deworming tablets 3. Family life education and formation of adolescent Kitty Groups called UMANG groups/nodal school girls 4. TT injection		Girls (11 to 18 years) in school and community	Parents, community, Teachers, school going adolescent boys	
<b>4. Information Sources</b>						
<b>Publication Name</b>	<b>Website's/on-line</b>	<b>Unpublished project documents</b>			<b>Comments</b>	
UMANG project report Sep2001-Dec2006 by Vatsalya, Lucknow		The first document has been made available by Vatsalya			Major findings are based on qualitative assessment of key strategies and implementation processes.	

Changing behavior; nutrition & health (best practices and success stories ) future analysis and review		Review conducted at the request of govt. of UP and state office of UNICEF	
UMANG; empowering adolescent girls for a better		Published by ICDS	

### 5. Results and Data

Methodology		Key measures/variables	Key lessons learnt (share challenges or negative results, if possible)
<b>Designed</b>	<b>Implemented</b>	Baseline for need and nutrition status of assessment of the beneficiaries in first month of each phase through a detailed questionnaire  End line to map changes the KAP and HB status	
	Need assessment  baseline and end line		

### 6. Program Cost

Total per year	Estimated cost per component	Estimated cost per beneficiary/unit	Comments
Not Available			

## **FORM 3a - Data sheet for Effectiveness-Anemia Prevention and Treatment**

**Name of Intervention: UMANG**

List of "impact" indicators with achievements(1)	List of "outcome" indicators with achievements(1)	List of "output" indicators with achievements(1)	List sources of impact, outcome & output data	Quality of data(2)	Specify if the intervention targeted and reached women and/or vulnerable(3)
No quantitative indicator data available	No quantitative indicator data available	No quantitative indicator data available	No quantitative indicator data available	How the sample size of 273 girls was arrived at is not stated in the report  Findings are based on qualitative assessment of key strategies and implementation processes and hence no quantitative results data available	

(1) Achievements as compared to baseline and/or control group

(2)Comments should include factors such as rigor of evaluation design, independence and multiple sources

(3)Comment as to whether the intervention reached and/or had impact, outcome and output results on women and/or vulnerable. List the results.