The Civil Society Fund

**FINAL REPORT**

**partnership Intervention, small-scale development project and major development project**

The total report may not exceed 8 pages.

**Aim**

The final report is the Danish organisation’s report to the Civil Society Fund. Your reflections are important in terms of documentation and learning. It is therefore not the aim that the partner organisation completes the report on its own.

The final report can be used as a tool in your partnership to strengthen transparency and joint responsibility as described in “Position Paper No. 4. Partnership and Strengthening of Civil Society”.

The final report is also an element in the Danish organisation’s ”track record” and can be taken into account in future assessments of applications from the Danish organisation with the same or other partners, as described in the guidelines for the Civil Society Fund.

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| Danish applicant organisation | IGF-Danmark | | |
| Intervention titel | ”Forbedring af helbredstilstanden blandt de fattige i Sunderbans, Indien gennem etablering af lokalt baserede sundhedsforanstaltninger og styrkelse af civilsamfundets kapacitet med henblik på fortalervirksomhed” | | |
| Journalnumber | 09-718-MP-sep | | |
| Country(-ies) | India | | |
| Period | 01.01.10 – 15.05.14 | | |
| Total budget | 1.946.588 kr | Actual expenditure | 1.946.588 kr |

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| **1. Objectives and results achieved**  Explain in point form how the intervention has reached each objective and indicators and/or expected changes which have been described in the original application.   * Describe how the strategy has led to the results/effects which were described in the original application. * Did implementation progress as planned? If there were activities which were planned but not implemented, describe in point form and give a short explanation (only for the period since the last status report). * Describe significant problems, opportunities and/or contextual changes which have influenced the intervention in a positive or negative direction. * Describe any changes and adjustments in the intervention’s strategy taken underway and what effect they had. * For phased projects: Describe how the experiences for this current phase can be used to improve/adjust the strategy for any future phases. |

Immidiate objectives:

* 1. On February 1st 2012 at least 50% of pregnant women in 20 villages in Sunderbans will get a home visit at least 3 times during their pregnancy by a FHW (Field Health Worker) who will inform them and their family about the pregnancy.

The objective has been more than fulfilled. In many villages more than 50% of pregnant women have had more than 3 visits during pregnancy.

The strategy was to train and educate ca 40 women from the villages partly by a local NGO partly by a local doctor. The training was finished by an examination. After that the FHWs were introduced to the 20 villages and started their work guided by the supervisors, the project coordinator and the doctor. An IGF member (medical student and Bengali-speaking) followed the FHWs for a couple of months, giving feedback and supervision. All the activities in the villages (home visits, mothers meetings, mother’s camps) were gradually carried out according to the project plan and recorded as planned.

The indicators have been fulfilled:

* The pregnant women express their gratitude towards the help and support from the FHWs.This statement was heard many times during project inspection by the IGF project staff, it was also mentioned many times in relation with meetings with JGVK and during village meetings
* The families of the pregnant women have achieved greater understanding of the importance of taking care of their pregnant daughters in law. The FHWs very often experienced that the in laws of the pregnant woman followed her to Mothers camp for checkup. Many of the young pregnant women could also tell that many traditional routines in the family had changed f ex they were not the last in the family to eat and they were relieved of heavy work in the house. In many families they now plan in advance what to do f ex regarding transport to the hospital when the delivery is near.
* FHW’s can show reports about their activities. The coordinator regularly collected the reports from the FHWs and checked the correctness.

The effort of the FHWs has resulted in many other different hygiene/healthy improvements

* Almost all pregnant women in the area are early registered under the government health centre
* The tetanus vaccination is followed almost 100%
* The pregnant women are taking iron tablet
* Household cores are divided among the members, like fetching water from hand pumps from distant place, not lifting heavy weights during pregnancy. These are now done by mother-in-law or sister-in law
* The village people use water from hand pump instead of damwater for bath, washing utensils and making food.
* The number of household latrines has increased significantly
* Home delivery now takes place in a clean, well ventilated & sufficient light place in the house.
* The babies are not left unprotected in the sun greased in oil.
* Kohl (black color around the eye) are not used any longer for new borne and infants.
* The new mothers are now allowed to take bath and drink free

Opportunities which has improved the intervention and the cooperation with the governmental system

* The FHWs always join the Outreach camps (Ante Natal Check and vaccination) which are held by the ANM (governmental health worker). She consider the FHW as her assistant, whom without she will not be able to fulfil her duties.
* FHWs and Government functionaries are working in collaboration in the field for regular and single activities like Pulse Polio drive, Malnutrition screening etc.

2 ) On February 1st 2012 at least 50 % deliveries in 20 villages in Sunderbans will be assisted by a TBA, using her acquired knowledge

Because of the Indian governments recommendation for institutional deliveries the training program for TBA (traditional birth attendant) were taken out of the project. The objective were changed to

“On February 1st 2012 at least 50% of home deliveries in the 20 villages will be conducted by a TBA or a quack doctor, who have received education about the normal delivery”

As mentioned in previous status reports we decided not to give the quacks a systematic training, because there was a great risk, they would use this as an approval of their activities - a kind of certificate so to speak. Instead it was decided to invite them to Information Meetings. These meetings have been highly appreciated by the quacks.

Fortunately a FHW is often called to home deliveries to support the TBA and the quack doctor. She contributes with her knowledge about, when a delivery should be transferred to the hospital.

The FHWs advocate for institutional deliveries as recommended by the Indian government. In many cases it is unrealistic because of the distance to the only hospital and Community Delivery Clinic. Never the less this has put pressure on these institutions and has caused improvements of their services.

1. On February 1st 2012 50% of the people in 20 villages in Sunderbans will be aware of their legal rights in health topics and will together with JGVK have made plans for advocacy towards the local government.

This objective has been fulfilled for Health Rights within pregnancy, childbirth and newborn

Children. The people in the villages are now also informed about other Health Programs within other health topics:

* Leprosy program , TB DOT program, Malaria control program
* Program for Vektorborne diseases
* Program for Permanent and temporary methods for child spacing
* Eye testing camps (Cataract, Refraction)
* Pathological/Laboratory testing camps
* Screening of Undernourished children and accessing services from government Nutrition Rehabilitation centre operated from Basanti Rural Hospital
* Sterilization

Some of the indicators are fulfilled:

* Awareness meetings about rights have been held
* Establishing working groups in the villages was not realistic as it is an unknown practice for people living there. Instead, the different topics have been discussed during village meetings. The FHWs participating have been of utmost importance as mediators.
* JGVK has not only worked with strategies for advocacy, but has actively together with the FHWs and the beneficiaries carried out different advocacy activities which have led to contribution from the local duty bearers.

It has been difficult to make the SHGs and the Village Committees to see Health and specially women’s health as an important issue. The FHWs had to emphasize that one health topic had to be on the agenda for every SHG/Village Meeting. The village people were more interested to talk about microcredit and problems with farming.

The general impression is now, that the understanding and capacity of the civil society in relation to health issues and advocacy has increased significantly. And so has the capacity in JGVK. The third objective only deals with awareness of legal rights. It does not expect results of advocacy. The thing is that several results of advocacy have been obtained.

It is our experience that advocacy and the achievements within rights are not always carried out as a result of an intended plan. Often it is an offshoot of another activity. Also the synergy and cooperation between different projects have to be mentioned. More of the advocacy activities done by the FHWs have occurred in cooperation either with the IEC3 or the Sanitation projects. The local people have achieved several rights in the area of health and social matters. It has happened either due to advocacy or accountibility activities

* Pressure from the civil society has been used in several cases; an example is a demonstration of 80 women for better service for pregnant women in some remote areas of Sunderbans - the service was established.
* The FHWs advocacy for institutional deliveries has persuaded the pregnant woman and her family to attend the only hospital or clinic on the island if possible. This continuous demand resulted in much better service at the hospital and the clinic and the women get the “Birth Packet” from the government consisting of a saree, clothe for the woman, two sets of baby’s dress, mosquito net and plastic sheet.
* Some medicines are free of charge (vitamins, iron tablets, pain-killers, medicine for simple diarrhea and others) and supposed to be delivered by the ANMs. The supply has been very irregular until the FHWs on the behalf of the society asked for a regular delivery.
* The FHWs have now, fixed by law, permanent seat at the 2nd and 4th Saturday Meetings, meetings organized by the Panchayat (local self-governance system) with government health department. They discuss health issues and decide possible solutions.
* Through decision in these meetings a 3rd Public Health Center is under construction.
* Through accountibility the FHWs have helped the poor families to achieve access to different social insurance programmes like the National Health Insurance Scheme and 100 Days Work a Year programme.
* FHWs also advocate with the Basanti Block Rural Hospital on the free medicines to be distributed indoor patients, this is based on the government order issued in this regard in three consecutive years 2010,2012, 2013

The activities in relation to advocacy were very much inspired by other projects f ex IEC3, a pure advocacy project. By help from the IEC3 staff the FHWs were introduced to different Governmental Health Programs most relevant for Sunderbans. Also the Sanitation project has contributed. In the light of this it could be useful, in JGVKs strategy for advocacy, to point out the possibilities for synergy among different projects especially in this matter. It might be compulsory because it might be more efficient.

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| 1. **Adjustments of the intervention in response to the original letter of approbation from the Assessment Committee.**   (Fill out only if “good advice” was given in the letter of approbation)   * Describe actions taken as a result of any “good advice” or suggestions concerning adjustments which were raised in the original letter of approbation from the Assessment Committee. * If you have chosen not to follow the advice, state the reasons why. |

No “good advice” was given in the letter of approbation.

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| 1. **Monitoring and learning:**  * How has important learning been gathered, systematised and shared? * How will it be used in the future by the Danish partner, the South partners and in the partnership? * Has the Danish organisation participated in a Civil Society Fund Workshop? Ýes \_X\_\_ No\_\_\_ |

The FHWs was trained to collect relevent information about their activities and the results. These information’s were gathered in log books and shared through regular meetings between the FHWs, supervisors, coordinators and JGVK (partner NGO). IGF-Denmark received regularly reports.

All the information’s are included in the evaluation report (se attached) and have been used in preparation of a new health project about the state of nutrition among the 0-5 year old children in the Sunderbans.

Even if the project did not include advocacy activities strictly speaking but awareness and planning of advocacy activities, we have experienced that advocacy activities have to be planned in details with description of the responsibilities of the partner and the society. It was also obvious that the partner (JGVK) has to be very active in the advocacy activities as an important and strong civil society actor.

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| 1. **Partnership**  * Give a specific account of how the intervention has contributed to strengthening the partners and your partnership. * For projects over 2 million: Describe how the intervention has sharpened the partners’ profile and role as civil society actors (as described in A.4. in the original application). |

The project and its interventions have further improved the good relationship between IGF-Denmark and JGVK, partly based on reports partly on project visits. During the project period we have been able to know each other for god and for bad. Moreover, capacity building of the partner organization staff on regular basis improved the efficiency of the organization and now they are able to play a more effective role as a civil society organization.

The need for regular information’s from the project has improved the reports. The positive results from the work with advocacy have encouraged us (IGF-Danmark and JGVK) to work together with this issue in the future. We are now much more experienced in how to work with advocacy and accountibility. Now we know that there are so many so many

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| 1. **Principal reflections – general considerations**  * Looking back on the entire project implementation process, what are the most significant changes which have occurred? |

In India:

40 young women (the FHWs) have got a self-confidence which is indescribable. Their work in the villages has given a status, serving as an example for other women.

The health of a woman has become important. She is now a very important part of the family, not only as a worker, but necessary for the coming generations. Her wellbeing is the responsibility of the whole family and the society.

The civil society has experienced that it is possible to change things by putting pressure on the duty bearers or demonstrate against the duty holders.

In Denmark:

We have to be more realistic regarding the capacity of the civil society. We have to define and describe the various subjects in advocacy and accountibility more precisely also who is responsible for the different activity.

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| 1. **Information in Denmark.**   (Fill out only if there is a budget line for ”Information in Denmark”.)   * Describe in point form the implemented activities. * Explain how the information work has reached the objectives described in the application. |

* Talk on the project in the church council of Hesselager, Fyn
* Talk on the project in Inner Wings Club, Svendborg, Fyn
* Talk on the project in Gynecologic Department, Svendborg Hospital, Fyn
* Regularly News letters to the IGF-Denmark members in DK.
* Reports on our homepage [www.igfdanmark.dk](http://www.igfdanmark.dk)

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| 1. **Summary of the accounts** |

Total budget: 1.946.588d.kr

Actual expenditure: 1.946.588d.kr

Unused funds: 0d.kr

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| 1. **Budget adjustments and changes**  * State any budget adjustments made or any funds transferred from the budget margin during the period since the last status report and made without prior approbation from CISU (as described in the “Guide to the administration of grants from the Civil Society Fund” sections 5.1. and 2.). * All adjustments must be justified and a revised budget submitted. |

There has been no Budget adjustment since the last status report.

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| 1. **Additional comments** |