**FINAL REPORT**

**DEVELOPMENT INTERVENTIONS**

**PURPOSE**

The final report is the Danish organisation’s report to the Civil Society Fund. Therefore, the intention is that the Danish organisation fills in the report in cooperation with the local partner and uses it as an opportunity to reflect on the impact of the intervention.

The final report can be used as a tool in your partnership to enhance transparency and joint responsibility as described in CISU’s thematic paper on *partnerships*, which is available at CISU’s website: <https://cisu.dk/temapapirer>

The final report will be added to the Danish organisation’s track record and will be taken into account in future assessments of applications from the Danish organisation involving the same or other partners in line with the Guidelines for the Civil Society Fund.

**External evaluation**: in the case of interventions with a total budget over DKK 2 million, the external evaluation report must be attached, unless it has already been forwarded to CISU.

The report can be supplemented by images, videos, documents, screen dumps from social media or other materials produced during the implementation that can be uploaded through ´Vores CISU´ together with the final report.

CISU aims to send feedback on the report to the Danish organisation no later than two months after receiving the report.

**The report must not exceed 8 pages (this cover page is not included).**

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| Danish applicant organisation | IGF Danmark | | |
| Intervention title | Combating Malnutrition in children –  Sustainable Health Through Advocacy in The Sunderbans, India | | |
| Contact person’s name | Lene Kieler Jensen | | |
| Contact person’s email address | lenekieler@gmail.com | | |
| Reference number | 15-1640-SP-apr | | |
| Country(-ies) | India | | |
| Period of the intervention | 010915-300621 | | |
| Total budget | 2.944.367kr | Actual expenditure | 2.944.367kr |



03-04-2022

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| Date |  | Person responsible (signature)  Lene Kieler Jensen |
|  |  | Person responsible (in capital letters) |

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| **1. Outcomes and strategy** |

* 1. Describe whether each of the objectives have been achieved and assess the extent to which the strategy has led to the expected outcomes and objectives as originally set out in the application.

**First objective:** On April 1st 2019 the civil society in 5 GPs will understand the impact of malnutrition, rights and entitlements of children regarding the ICDS program and are able to conduct advocacy towards duty bearers.

Indicators:

* Donation of land from private land owners for construction of ICDS centers has increased in public surveys.
* Local newspapers have covered the project initiative and presented project findings in writing, and JGVK journal publishes in own journal.
* 40 Advanced Community Members from the 5 GPs have showed interest in the project, and initiative to become Link Workers recorded in monthly status report (MIS).
* Children attending the preschool education of the ICDS program will eat the food at the center and not take it home to share with the family

The civil society has understood the impact of malnutrition since 26 new ICDS centers have been constructed on land donated by private owners. 9 more centers will be constructed. Donation of private land is crucial for establishing an ICDS center. The impact of the malnutrition in Indian rural areas as Sunderbans was spread to the society by local newspapers covering the project initiative. JGVK published in own journal.

JGVK has mobilized and capacitated 40 Link Workers from the 5 GPs. It was not difficult to find local community members who wanted to become Link Workers and actively participate in the project. Their local membership ensured integration in the local community. The LWs recorded monthly status of the indicators, one on their individual work.

Mothers were successful to motivate, mobilize and advocate for better service at the ICDS centers including food delivery. At the end of the intervention more than 70% of the centers provided food at the center and the children did not take it home to share with the family.

There are more signs to indicate the fact that the community and specially the mothers have understood the impact of malnutrition, the need of the ICDS centers and advocacy for this service.

The family members are now more responsible as care-givers in relation to health and nutrition. As migration of the men is very high and the mothers are working out of the house, it is the grandmother of the child who usually is the primary care-giver and her attitude has changed too. The fathers still working in Sunderbans have started realizing their responsibility in child care. All of this mentioned during community meetings with the extern evaluation team. They also experienced in discussion with the mothers, that instead of just surfing the net they researched available sources online to combat malnutrition in their family.

The JGVK staff was trained in different aspects of how to prevent malnutrition (breastfeeding, complimentary feeding, farming of seasonal foods, prevention of junk food, immunization, growth monitoring, advocacy for entitles services and schemes ao) The staff counselled mothers through dedicated sessions, use of IEC materials and repeated home visits. The mother’s participation in all these activities was very high and active. The extern evaluation found that the effort from the project staff was very much appreciated.

The aspect of how to prevent malnutrition have been clearly understood by most mothers. “Mothers stated that without the help of the JGVK field team, they would not understand concepts surrounding malnutrition and appropriate practices. They have gained the trust of the community through their actions and mothers stated that it would be a huge loss, especially for new mothers, once the project ended. But mothers also stated that they would continue to induct and counsel new mothers into their groups and disseminate appropriate information in the community.

As for the entitlements of children regarding the ICDS program the project staff counselled mothers regarding their rights and motivated the community to avail services. By facilitating mothers meeting with panchayat members, the mothers succeeded in for example repairment of a broken pipe of a septic tank and unclean drains at the Nutrition Rehabilitation Center.

The achievement of objective 1 are concluded to be very high

**Second objective:** On April 1st 2019 the local government at block level in 5 GPs has gained knowledge on the impact of malnutrition in children below 5 years, and has recognized the need to prioritize the ICDS program.

Indicators:

-SHG members participate in the in 2nd and 4th Saturday Panchayet meetings recorded in monthly status report (MIS

- Local policy makers accept the presence of HAs, LWs and SHG members at the 2nd and 4th Saturday meetings recorded in monthly status report (MIS

- ICDS monitoring committee have monthly meetings on the status of the ICDS recorded in monthly status report (MIS)

- Attendance at Weekly Mothers meetings (Mata committees) of mothers from SHGs have increased from 12 % to 50 % recorded in end line study*.*

- The pilot program has been demonstrated to both policy makers and civil society

A Mothers Meeting were arranged in 28 centers where more than 1300 mothers participated about how to demand services from the ICDS program, with the result that indicator 1 and 2 were reached. It means that SHG members are represented at the monthly meetings (2nd and4th. Saturday meeting) with the local politicians, where health issues are discussed. They succeeded in getting malnutrition on the agenda which include the functioning of the ICDS centers. Their presence is very much accepted and appreciated. JGVK was responsible for facilitating the order from Block Health and Family welfare committee (a rural administrative department) for NGOs participation. Field workers monthly status report recorded regularly participation of the SHG members, LWs and Health ass in 2nd and 4th Saturday meetings. Meetings were recorded in the Panchyats register

Recognizing the need to prioritize the ICDS program unable to operate properly from rented places, Block government officials were instrumental in expediting the approval process and construction of ICDS centers on the donated lands. Inviting the CMC project LW’s , HA’s by the ICDS workers on special days like Nutrition week, Breastfeeding day to deliver speech on consequences of malnutrition with the mothers, time to time hand holding support to the ICDS workers on weighing and Health & Nutrition education sessions were organized from the Block government officials towards improvement of the ICDS program..

The ICDS monitoring committee comprising of the mothers, other grass root operatives like ASHA, ANM, health motivators and JGVK team greatly aided in conducting their duties and improved ICDS operations more effectively and efficiently as observed by the evaluation team. They now have monthly meetings.

Mata committee is a monitoring committee of mothers under the ICDS program where the government health workers in the centers are obliged to meet with the mothers and discuss and prevent malnutrition. The attendance to these weekly mothers meeting from the SHGs has increased from 12% to 50% during the project

The DTP (detection, treatment, prevention) screening programme was introduced in phased manner, first in two planned Gram Panchayets Jharkhali and Bharatgarh and then in remaining three Gram Panchayets.

The pilot program strategy was demonstrated by the HAs, LWs with the local service providers, policy makers (GP Head, Government Health Supervisor, Block Officers) and civil society

HAs, LWs were helped by the Project Coordinator to synthesize the data collected. This was shared with the civil society to prioritize ICDS programme and take up advocacy

The achievement of objective two is concluded to be very high too.

**Third objective:**  On September 1st 2019 an improvement of the ICDS centers have been initiated in the 5 GP

Indicators.

-The ICDS centers are operating daily four hours for six days in a week in end line study.

*-*Attendance of children in the Preschool education in the ICDS program has increased by 30% from the present situation recorded in end line study

- Supplementary nutrition is served all six days a week at ICDS Center recorded in end line study.

- Moderate to severe malnourished children are screened for malnutrition diseases in end line study.

- Timely referral advice for any major sickness is conducted in the existing ICDS centers

-Budget tracking at GP level shows decreases in funds back to national level, within the ICDS program

and 2021

Because of advocacy activities from the mothers (Mata Committees, presence at Saturday meetings with the local politicians, ICDS monitoring committees) almost all the 111 ICDS centers are operating daily for four hours six days a week at the end of the project. Observed by the staff and the extern evaluator. Some of the 111 centers do not live fully up to the standard as they work from rented rooms in someone’s house. Since 2020 and 2021 the centers were closed due to the COVID-19 pandemic situation.

Mothers were motivated to send the children for preschool education after experiencing its increased working hours for six days a week and supplementary nutrition served six days a week at the ICDS centers according to the mothers interviewed during external evaluation

During the project more than 5500 children have been screened for malnutrition as recorded in reports from weighing camps oa. The moderate acute malnourished (MAM) and the severe acute malnourished (SAM) have been identified and treated. Also, the staff was teached how to identify major sickness and gave the instructions to the mothers and ICDS workers. The staff referred the sick children to the nearest health post and provided advice to the families.

It has not been possible to show a decrease in funds going back to national level.

The achievement of objective 3 we estimate to be high – 70% because not all ICDS centers can provide food.

* 1. For each of your objectives, note in the table below how close you are to fulfilling the objectives (in percent).

*Remember that the % must correspond to your description of achievement of objectives in section 1.1.*

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| --- | --- |
|  | Achievement in % |
| Achievement of Objective 1 | 100 |
| Achievement of Objective 2 | 100 |
| Achievement of Objective 3 | 70 |
| Etc. |  |

0-19 %: very low achievement

20-39 %: low achievement

40-59%: medium achievement

60-79%: high achievement

80-100%: very high achievement

* 1. Describe the main challenges faced during the implementation and what adjustments you have made to mitigate these challenges.

As mentioned in previous status reports we had to implement the screening program in all 5 GPs and not only 2 as planned. The staff and the beneficiaries could not accept that the project in the remaining 3 GPs should only cover advocacy. Therefore, in all 5 GPs both the screening program with all its activities and advocacy were gradually introduced. Luckily it was possible to do this within the budget. Another challenge was the revelation of the fact, that the governmental health workers at the ICDS centres not all ways registered the real number of malnourished children. From the staff’s participation at the Saturday’s meetings with the politicians and the policy makers they found out, that instructions to not correctly register the number of malnourished children was coming from higher up in the system. The government system did not accept the existence of malnourished children in West Bengal after introduction of the ICDS program. The coordinators, the staff and our partner worked hard to emphasize, that introduction of the program do not solve the problem of malnutrition. They had to advocate for follow up on the activities in the centres and regular training of the governmental staff there.

Some of the GPs also gave more challenges than others as a result of mixed causes: remote location, more widespread poverty, migration and internal political dilemma. In these GPs the project staff were helped intensively by the partner.

Sunderbans, where the project was located, has been battling twin impact both in 2020 and 2021.

Ultimo March 2020 India experienced a totally lockdown because of COVID-19 and the lockdown has been going on for nearly 2 years with some brakes. The situation has been even worse because of a cyclone April 2020 and again march 2021. The lockdown included all transport, all schools and other educational institutions, many shops, all governmental offices and much more.

From march 2020 all project activities stopped. The project leader was isolated in Kolkata for months and so was the people in the villages. An even bigger problem was the return of the migrant workers. More than one million returned to Sunderbans without money and jobs. Especially the weaker household depending on daily wage were affected. ICDS centers were also closed and no food served. Beginning of autumn 2020 JGVK tried to reopen some activities, but people were very reluctant to participate, they were afraid of leaving the house and receive visitors. After some months the ICDS centers opened once or twice a month to provide take home rations. Weight measurement was only occasionally done and nothing else. The project was not running as planned when it reached the deadline. It means for the last 15 months of the intervention period the activities were not running as planned. Even the extern evaluation at the end of the project June 2021 could not work as they use to because of restrictions.

During the lockdown JGVK staff has been working hard to help the poor families with food and other necessary materials. Because of the lockdown they were left without money, food etc and the cyclone only made it worse. For months JGVK distributed food etc to 2-3000 people via donated funds.

* 1. Describe how the intervention has strengthened civil society and to what extent this has contributed to social justice.

The civil society has experienced that advocacy can provide them with rights – mobilisation of the mothers in meetings with the politicians resulted in more centres and improved services. Appearance again and again at the centres resulted in daily opening with increasing working hours and more activity at the centres. Also, the attendance of members of the community at the Saturday meetings have resulted in getting malnutrition on the political agenda.

The extern evaluation has focused on the rise of women empowerment as a result of ccommunity mobilization throughout the project. Particularly women deployment through SHG led to a spin off in terms of women getting involved in different developmental activities like Disaster Management (through mangrove afforestation, nursery, re-building dams/embankments to prevent swelling of river, non-communicable diseases etc.). On the other spectrum Bharatgar GP is characterized by minority women who were not at all active nor vocal with regard to child and self-Nutrition. The JGVK staff, through multiple counselling sessions, meetings and discussion were able to effectively help women (in all 5 GPs, especially in Bharatgar) to break out of their shells. This has helped them to participate in group discussions, get involved in local groups, advocate for their entitled services and schemes, involve more mothers from the locality and overall give voice to the female members of the community.

Convergence of the stakeholders leveraging a common service platform established through the project intervention strengthened civil society and in turn contributed to social justice, decision-making processes and access to resources. The field team played a crucial role in effectively coordinating with and assisting grassroots operatives (AWW, ASHA, ANM) in carrying out their duties. The field team also facilitated meetings of relevant stakeholders including panchayat representatives to deliberate on pressing issues and possible solutions.

* 1. Summarise (in no more than 10 lines) what difference the intervention has made. For example, the most important changes that have occurred as result(s) of the intervention.

The project has reached out to about 60000 people with special focus on around 5600 children leading to positive behaviour change for attaining an improved health and nutrition status. Specially the families of the children are aware of the crucial impact of malnutrition among young children and know how to prevent and treat it and are aware of the relation to common diseases in childhood. As all the staff was local the knowledge probably will remain in the locality. The civil society has experienced that mobilization of the society in advocacy activities is not in vain. An important change occurred among the duty bearers who were made responsible to their services and rightsholders motivated to access the services with satisfaction The other change was coordinating with and assisting grass root operatives (ICDS workers, ASHA, ANM) in carrying out their duties by the project field team.

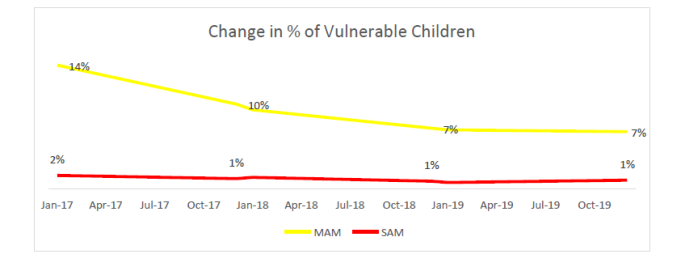
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| 2**. The target group** |

* 1. Describe how the intervention has contributed to bringing about improvements for the intervention’s target groups.

The first target group is the children below 5 years and their families. As the children are underprivileged in their disability to speak for themselves, their families were targeting on their behalf. The mother is the key person, but also the father and the grandparents have been involved in all the activities about how to detect, treat and prevent malnutrition and how to avoid the serious impacts of this condition. After the intervention the families are now more responsible as care-givers in the appropriate way, also mentioned in the extern evaluation – for the better for the children. They were also individually targeted through the screening program, resulting in fewer children with severe malnutrition (SAM) and moderate malnutrition (MAM). From 2017 to 2019 both the number of MAM and SAM children drastically have fallen with 50%. The screening program called The DTP program(detection, treatment and prevention)included beside regularly weighing and measuring the child also counselling of the mothers through sessions about reasons for malnutrition, impact of malnutrition, normal development of the child, use of IEC material, repeated home visits and follow up as a crucial activity. Parallel with the project the staff made sure that everyone had Swasta Swathi Cards. This is a Govt Health Scheme for ensuring basic health cover up to 500.000 IRS per year per family. The intervention has also strengthened the program “Open Defecation Free status” and has focused on incidence of early marriages, which increased during covid.

Very important is the families experience, that it is possible to change attitude of the local politicians – advocacy is effective.

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| GP | Total population covered | Total household | Number of children covered (0-5) |  |
| Jharkali | 11344 | 2836 | 728 |  |
| Jotishpur | 17510 | 3502 | 1249 |  |
| Bharatgrah | 16260 | 3252 | 1961 |  |
| Nafarganj | 11708 | 2027 | 1031 |  |
| Masjidbati | 9980 | 9980 | 708 |  |
| TOTAL | 66802 | 14513 | 5677 |  |



The second target group is the local population and the SHGs in the 5 GPs. The improvement among the local population is best seen in the SHGs. They have been involved at a very early stage in the project on how to perform advocacy towards the local government, but also the strategic service deliveries such as planning of Mothers Meeting, the monthly weighing camps etc. Members of the SHGs also played an important role in relation to advocacy. All these activities have given them experiences and strengthen their position in the villages.

The last target group is the local government. After several meetings with staff from JGVK, seminars, Saturday Meeting and presentation of the pilot project (=the screening programme) the local politicians are now more aware of the impact of malnutrition among the children and the importance of well-functioning

ICDS centres.

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| **3. The partnership** |

* 1. Reflect on to what extent the intervention has strengthened the cooperation and partnership and created mutual gains for the participating partners. You are welcome to provide specific examples.

IGF and JGVKs strategy to plan and implement the project, arising from a wish from the local community has overall been fruitful and has strengthened the collaboration. There has been ongoing communication between the project leader in IGF and JGVK which has facilitated small changes in approach and strategy as the project was implemented. During the COVID-19 epidemic and the cyclones, the communication between the partners intensified. The need to overcome these obstacles in the project implementation has definitely strengthened the partnership. JGVK has gained significant experience and confidence in working with advocacy, which was a challenging concept in the beginning. Now they show great confidence in working with advocacy as a powerful tool.

* 1. Describe how the intervention has contributed to the partners building relations with other actors.

In this project the partner, JGVK, has worked intensively with advocacy towards the local government and this has improved the cooperation with them immense. The local politicians trust in JGVK has grown and they were very much interested in the intervention as “an example of good practise” During the intervention JGVK also had to cooperate with people in the administration. It was among others the Block Development Officer leading the planning and development of the area and the Child Development project Officer, a functionary in charge of the ICDS program (Integrated Child Development Services).

The interventions contributed substantially in building relations with local Panchayat and Block level authorities as evident from the different involvement of the partner organization in the different committees and platforms:

-JGVK is the member of Block health Rogi Kalyan Samity

-JGVK was able to facilitate order from Block Health & Family welfare Committee for NGO participation in Panchayet level 4th. Saturday meeting

-JGVK was able to motivate Bharatgarh GP Pradhan, Secretary to attend 4th. Saturday meetings which was not the practice earlier

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| **4. Monitoring, evaluation, and learning** |

* 1. How have experiences and results been gathered and used during implementation and after the end of the intervention? Please also describe which methods and tools you have used.

During the project period the staff (Link Workers and supervisors) collected field data in prescribed formats. The data were used during the monthly meetings, both for evaluation of the work of the staff and for next month planning. The field data collected in prescribed formats covered many different aspects of the activities like detail on new born, vaccination coverage, data on growth monitoring, illness, detail on home visit and many others. Reports in excel sheets were prepared on children’s nutritional status at the beginning and at the end point. The same was made on many other relevant data.

Hence, a complete report package from the raw data was missing as referred in the extern evaluation. As per the application, software data base was designed, used to feed the field data, but the handling of this system was not fully succeeded.

Therefore, for all future activities we would carefully emphasize on

* Quantitative data collection with bare minimum, its synthetization, report generation from the field data on regular interval
* If required, software database will be used with clear purpose and handling data with proper way

During the monitoring visit by IGF the findings and recommendations were executed by the staff.

Many of the staff also noted many qualitative data e.g., about the change in attitude among the parents, the change in the women’s interest in supporting their children etc

* 1. Describe the most significant lessons learned and how these can assist in improving future interventions.

See under 4.1

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| **5. Sustainability** |

* 1. Describe in what areas it is considered difficult to achieve sustainability.

Political - with every election (Parliament, Assembly) the newly elected members will be required to get sensitized on the issues.

Environmental - frequent, unpredictable natural calamities in the region pushed back the development initiatives, be it infrastructural facility, services from the providers, and need to restart many activities.

Social - the burden of the above two difficulties impacted in weakened social fabric in the communities. More and more male members are compelled to migrate for livelihood, many also move out from the villages with the families. The obvious results surfaced was increased children’s malnutrition, poor vaccine coverage, lack of time for child care etc.

* 1. Assess the extent to which the intervention has made sure that partners and target groups are not left in an inappropriate relationship of dependency after the end of the intervention period.

Such possibilities will not be encountered among the partners and target groups as the Indian partner is locally based and all development initiatives are through the SHGs and Village Development Communities. These community groups were strengthened to take up the activities with local political leaders, duty bearers, local governance and access services. Inappropriate relationship of dependency is avoided

* 1. Assess the extent to which the capacities of the partners and other actors built through the intervention will be used in future work and activities.

The positive results of advocacy activities are very much encouraging for the local people. Even in the light of the nepotism and corruption in the Indian society. Also, the need for working as a group - it means organising - is a useful experience

* 1. How have you supported your partners in exploring other opportunities for funding and/or capacity building? And has there been any results so far?

Regarding this project we have not supported the partner in exploring other possibilities for funding.

Our partner has many times applied for and got fundings from the government to other development activities. A big disadvantage of this fundings is the big influence demanded by the government and the practise that the Indian NGO has to pay for the time being and get the funding much later.

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| **6. Information work in Denmark** |

*This section is only required to fill in where intervention-related information work in Denmark has been budgeted for.*

* 1. Explain the objective and target group of these information activities.

The objective was to inform the Danish people of the effect of the tax money from Denmark donated to development activities in India.

* 1. Briefly describe the primary information activities.

This information has been provided through our Homepage and News Letters to our members. In connection with different cultural activities, we have also talked about the project

* 1. Assess the extent to which the goals of the information activities have been

We have done what we have planned

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| 1. **Follow-up** |

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| 1. **Other observations or reflections** |