

ANNUAL REPORT (2020-2021)



Dhagagia Social Welfare Society(DSWS)

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Dhagagia Social Welfare Society

Dhagagia Social Welfare Society (DSWS) fights for Women and Children's rights. In 1994, in response to the violation of the rights of women and children in WB, seven professional social workers created DSWS with aim of promoting social justice, equity and harmony. Working in North 24 Parganas District, DSWS promotes women's economic empowerment and children's rights through interventions to prevent the trafficking of children for domestic work. Activities include the promotion of education, strengthening community-based protection and anti-trafficking systems in source areas, the apprehension of traffickers, and repatriation and rehabilitation of CDWs through education and skills development.

This organization was registered under West Bengal Society Registration Act XXVI of 1961 and registered under Foreign Contribution (Regulation) Act, 1976 and also registered u/s. 12AA and 80G of the Income Tax Act, 1961. The Organization aspires with the evangelical endeavour to proceed for a society where the moral values and good principles of life living would be followed. The evils will be perished away and the people will live with justice, equity, dignity and peace where mutual trust love, affection, mutual respect, sisterhood and brotherhood will be maintained and honoured.

Vision:

To work towards promoting social justice, equity and harmony in the society.

Mission:

To work with the poor & marginalized section of the society especially women and children on the issues of their rights and livelihood security.

Objectives of the Organization:

1. To work with the poor and marginalized section of the society especially women and children on the issue of their rights and livelihood security.
2. To work towards promoting social justice, equity and harmony in society.
3. Community based protection mechanisms will be in place to stop trafficking of women & children for domestic work, marriage or other hazardous occupations and make child domestic work socially and culturally unacceptable through practical means (models of best

practices) by which child domestic work can be successfully reduced and gradually abolished in the high endemic blocks of West Bengal, India.

4. To work for sustainable development practices in the rural areas ensuring women empowerment at all stages.
5. Capacity building of the village people and the community members for their inclusion and entitlement in all development programs be it Govt. or Non-Govt.
6. To work for the promotion of education, health and skill development for the people in general and women and children in particular.
7. Empowering the rural women through micro-finance and micro entrepreneurship development programme.
8. Overall improvement of socio-economic conditions of the target community including basic health measures, education and livelihood enhancement program.
9. To do all social welfare activities including public health environment issue and education and other development works of the locality in the interests of public service.
10. To do all such other things as may be deemed incidental or conducive to the attainment of the foregoing objects.

Name of the Organization	Dhagagia Social Welfare Society (DSWS)
Registration Details	West Bengal Society Registration Act, 1961 Foreign Contribution and Regulation Act, 1976
Office Address	SundarikhaliRajbari, PO- Agarhati, PS- Sandeshkhali, District- North 24 Parganas, West Bengal, India. Pin- 743329
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Health and Nutrition Project

Project title:Reducing malnutrition among children in Sundarbans in West Bengal

Time: April-2020 to March-2021

1. Program overview

Program Name	Reducing malnutrition among children in Sundarban in West Bengal
Activity start and end date	1 st April 2020 to 31 st March 2021
Geographic coverage	Sandeshkhali II Block of North 24 Parganas district, West Bengal

2. Program introduction

Under-nutrition and micronutrient deficiencies are major public health challenges in the Sundarbans. Under nutrition, particularly in the first 1000 days from conception to two years, can greatly reduce long-term physical and cognitive development and is strongly associated with high morbidity and mortality. One of the greatest challenges facing is the intergenerational cycle of under nutrition. Young mothers, who are stunted by chronic under nutrition gives birth to low birth weight babies. These children then have a poor start in life and are more likely to have growth failure which, when combined with inadequate food intake and caring practices, leads to stunting and being underweight as a child and teenager. The high rate of adolescent pregnancies further exacerbates the situation as they are more likely to result in a low weight baby.

The purpose of this project will be to reduce cases of malnutrition among children below 5 years of age in the project area in Sundarbans. The health seeking behaviour and practices of the community members will be addressed through various activities at local level and by facilitating their active participation in the planning, implementation and review of this process. The strategy of the intervention will also include water, sanitation and hygiene issues. Concerted efforts will be made to support the Government system through training and consultations and strengthen quality of service delivery and mechanisms. Moreover, regularizing community level meetings on malnutrition, hygiene and sanitation in collaboration with PRI will also contribute to system strengthening. Save the Children will work with the PRI and Health Services aiming to make these as mainstream agenda of the local governance system. Stronger linkages will be established with services of Government Departments like

Department of Sundarbans Affairs, Department of Child Development, Women Development and Social Welfare, Public Health Engineering Department etc. Save the Children will identify a local partner NGO with its standard due diligence process to implement the community level activities.

3. Changes to Deliverables / Indicators

Indicators	Baseline	Overall Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Outcome level:						
% of pregnant mother registered in first 3 months (1 st Trimester)	86.21 %	90%	Data is not available as data source is depend on secondary data source(sub center) and due to lock down of covid-19 pandemic	90% (N=259 , D=289)	91% (N=265, D=292)	91% (N=257, D=283)
% of pregnant mother received 4 ANC	70.33 %	75%	Data is not available as data source is depend on secondary data source(sub center) and due to lock down of covid-19 pandemic	81% (N=261 , D=321)	82% (N=342, D=416)	85% (N=358, D=423)
% of pregnant mother received at least 100 IFA	72.76 %	80%	Data is not available as data source is depend on secondary data source(sub center) and due to lock down of covid-19 pandemic	83% (N=267 , D=321)	84% (N=349, D=416)	86% (N=362, D=423)
% of lactating mother received PNC within 2 days of delivery	97.41 %	100%	Data is not available as data source is	100% (N=316 , D=316)	100% (N=482, D=482)	100% (N=465, D=465)

			depend on secondary data source(sub center) and due to lock down of covid-19 pandemic			
% of lactating mothers received IFA for 6 months	Received 98.66 % Took 85.33 %	Received 100% Took 90%	Received : 100% Took : 100% (N: 197, D:197)	100% (N=316, D=316)	100% (N=482, D=482)	100% (N=465, D=465)
% of children received complete immunization (as per schedule for a child of 1 year of age)	92.78 %	95%	Data is not available as data source is depend on secondary data source(sub center) and due to lock down of covid-19 pandemic	95% (N=3495, D=3672)	95% (N=5231, D=5488)	96% (N=5102, D=5327)
% of children screened for WFA and MUAC out of total children	100%	100%	Data is not available due to lock down of covid-19 pandemic	98% (N=4872, D=4985)-MUAC	93% (N=5126, D=5488)-MUAC	94% (N=5027, D=5327)
% of children screened/reported to be (out of total targeted children)			Data is not available due to lock down of covid-19 pandemic			
SAM	0.19%	10%	No new identification was done by MUAC measurement Follow up done for previously identified 1% SAM	1% (N=37, D=4872)	1% (N=42, D=5126)	1% (N=46, D=5027)
MAM	4.31%	10%	No new identification was done by MUAC	4% (N=219, D=4872)	5% (N=234, D=5126)	5% (N=256, D=5027)

			measurement Follow up done for previously identified 3% MAM			
Underweight children	36.80 %	40%	No new identification was done by ICDS. Follow up done for previously identified 16% underweight children	9% (N=461, D=4872)	12% (N=461, D=5126)	8% (N=426, D=5027)
% of children breastfed within 1 hour of birth	53.11 %	70%	97% (N-288, D-297)	98% (N=336, D=342)	96% (N=368, D=382)	96% (N=351, D=365)
% of children exclusively breastfed till 6 months of age	33.56 %	50%	98% (N-302, D-309)	99% (N=342, D=347)	98% (N=384, D=391)	98% (N=364, D=371)
% of children received timely (after 6 months of age) introduction of complementary foods	23.04 %	40%	98% (N-302, D-309)	99% (N=345, D=347)	99% (N=388, D=391)	98% (N=362, D=371)
% of mothers of children (6 months to 5 years) who are attending AWC sessions regularly (at least 70% attendance per month out of total AWC working days)	41.42 %	60%	0%(Due to lock down of covid-19)	0% (N=0, D=5488)	0% (N=0, D=5488)	0% (N=0, D=5327)
% of children with Low-Birth-Weight (<2500 gm)	Card : 18.22 % Recall : 20.62 %	10%	9% (N-27, D-302)	8% (N=26, D=314)	7% (N=23, D=321)	10% (N=32, D=308)
% of SAM children with complication referred to the nearest medical facilities or NRC	> 3 yrs old : 3.07% < 3 yrs old : 50.00 %	20% 75%	0%(Due to lock down of covid-19)	100%	100%	100%
% of intervention villages (sansad villages) with	50%	100%	60%	63% (N=58, D=62)	63% (N=58, D=92)	67% (N=68, D=92)

functional[1]adolescent girls groups						
% of water sources drinkable as per BIS parameters	20%	25%	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter
% of schools having functional toilet facilities	30%	40%	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter
% of schools having functional safe drinking water sources	30%	40%	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter
Output level:						
# of adolescent groups formed at each village/hamlet level	92	92	92 groups formed in last year			
% of household having toilet facilities	82.55%	90%	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter	Performed in last year but not in this quarter
Outcome level:						
50% of the Village Health Sanitation and Nutrition Committees (VHSNCs) are functional[2] by the end of the project period		50% (N=23) (Total VHSNCs=46)	26% (N=12) (Total VHSNCs=46)	26% (N=12, D=46)	43% (N=20, D=46)	43% (N=20, D=46)
50% of the community support groups formed are functional[3] by the end of the project period in the target sansad areas		50% (N=23) (Total CSG=46)	54% (N=25) (Total CSG=46)	67% (N=31, D=46)	67% (N=31, D=46)	70% (N=32, D=46)
Referral mechanism[4] is functional in the intervention area by the end of the project period	11.86%	25%	0%(Due to lock down of covid-19)	0% (N=0, D=37)	100% (N=42 for SAM, D=42)	100% (N=46 for SAM, D=46)
Output level:						
# of VHSNCs	46	46	46	46	46	46

formed at each village level						
# of monthly VHNDs held	15	15	15	15	15	15
# of Community support groups formed at each village/hamlet level	46	46	46	46	46	46
Community Score Card is administered in 60% of the intervention villages / hamlets by the end of the project period	60%	80%	0%(Due to lock down of covid-19)	43% (N=20, D=46)	43% (N=11, D=46)	46% (N=22, D=46)
% of identified cases referred to FRUs and NRCs	56%	70%	0%(Due to lock down of covid-19)	20% (N=142, D=717)	37% (N=276,(SAM:42,MA M:234) D=737 (SUW:92, MUW:369)	41% (N=302,(SAM:46,MA M:256) D=728 (SUW:90 MUW:336)

Activity Implementation Process

Progress narrative

Specific objectives1: To improve health seeking behaviour and practices of women, men and children on Infant, Young Child and Maternal Nutrition and environmental health issues through their active participation

Deliverable 1.1: Community based identification, prevention and management of Severely Acute Malnourished children through promotion of home augmented nutritious food and ensuring their referral to health facilities

Activity 1: Interaction & brainstorming sessions of project staff on emerging concepts and theories of Health and Nutrition including community based management of malnutrition - real time data collection and tracking of children (by using Tablets), Counselling and communication skills.

Three days training was organized by maintaining all the personal protection and safety. It was conducted in small groups. The opening day of the training programmed, for the participants underway with experience share of facing COVID situation and Amphan super cyclone. Afterward the pre training assessment was conducted followed by the group activity where the participants identified the expectation from the training. Then the Goal, objective and strategy of the project were clearly explained by the Project Coordinator and MIS personnel, aiming to make the target group understand the importance of the initiative along with their responsibilities. The day was started with the discussion on how to intervene in this pandemic situation at ground level. Gradually the discussion was done on video show on demonstrating the basic food groups. Then the participants were divided in to small groups to find the key messages on the functions of nutrients in our diet. It was discussed to Promote nutritional diet for children to develop immunity, to inculcate habits among children on Handwashing frequently especially post using toilet and before meals and always wear mask till the situation is conducive. Next session was conducted on writing the case studies and gaps are identified to improve it more. The compilation of the case study and follow up mechanisms are discussed. The orientation was given on Reproductive Tract Infection and Sexual Tract Infection as the community facilitators are closely interact with the adolescent girls.

It was discussed that as pandemic situation continues for a longer period of time, and we have to realign our activities considering the ongoing pandemic situation to ensure Essential health and nutrition services- such as nutrition counselling, growth monitoring, immunization, management and treatment of acute malnutrition and care during ANC and PNC must be maintained and prioritised, Protecting, promoting and supporting breastfeeding and complementary feeding during the COVID-19 pandemic (and beyond) is vital.

Activity 2: Interaction and brainstorming sessions on community based case management of malnutrition and strengthening of tracking of pregnant women and children

The brainstorming session has been done in small groups maintaining the safe distance. As major disruptions to the food, health, education and social protection systems are expected as a result of COVID-19 and cyclone Amphan.20 trainings are organized on community based case management of malnutrition and strengthening of tracking of pregnant women and children with the Anganwadi workers of four Gram Panchayats. 42number of severe and SAM child are enlisted for SwasthyaSathi card through Duare Sarkar initiatives taken by State Government. Few of them already received the SwasthyaSathi Card. A discussion session has been organized on the management of the identified malnutrition children and tracking of at risk pregnant & lactating mothers, measurement of MUAC (Child & Pregnant mother) by caregivers.

Details of participants mentioned below:

	2020-2021		
Category	Total	Male	Female
MAM Children	728	132	122
SAM Children		24	22
Severe underweight Children		226	200

Data from project MIS (April2020 to March2021)

Outcome:

- Better responsiveness of the service providers towards mothers and children. In this pandemic situation growth monitoring and promotion are completely closed, only the MUAC measurement has been done by project team through home visit. On the basis of the data 46.number of SAM, 256 number of MAM children and 452 number of pregnant mothers are getting dry ration from ICDS.
- children (0 – 5years) were screened. SAM identified 46, MAM identified 256, Total:302. SUW:90, MUW:336, Total 426. Grand total: (302+426=728).

Activity 3: Regular visit and counselling at ICDS Centre by project staff to ensure spot feeding and regular weighing, plotting in growth chart and update of social map, counselling of mothers etc.

In this pandemic situation the AWCs are still non-functioning. The dry ration is provided from the centres to the care givers of the children enrolled in ICDS depending on the supply. **Total**

5027 of enlisted children received dry ration. Among them 46 are SAM, 256 are MAM. A good practice has been observed among mothers during home visit that they are giving homemade cooked food like khuchri with vegetables and soyabeans to their children. Mothers are also using spoon to feed their child.

Community Facilitators are trying to arrange the weighing machine from AWC and taking the weighing of the children out side of the centres. But it is not happening at regular basis as ICDS is not allowing to do this type of activities.



MUAC measurement taken by Home Visit



CF is mobilizing weighing machine from AWC and weighing by home visit or outside of the centre



Outcome:

Quarter	Total number of children enlisted (6month to 23month)	Total number of children received dry ration (6month to 72 month)	Percentage of children received dry ration (6month to 72 month)
Q1			
Q2			
Q3	1312	287	21.87

Data from project MIS (April2020 to March2021)

GP	Total AWC	Total number of children received dry ration (6month to 72 month) (April2020 to March2021)	
		Male	Female
Sandeshkhali	36	278	243
Khulna	36	156	178
Bermajur I	24	357	374
Bermajur II	32	704	716
Total	128	1495	1511

Data from project MIS (April2020 to March2021)

Activity 4: Targeted counselling and promotion of appropriate IYCF (infant and young child feeding) practices including sanitation and hygiene for malnourished children.

It was a safe approach for children and young people to communicate and engage in social mobilisation activities online during COVID-19, when physical distancing was high priority. These activities were independently hosted by community mobilizers those who have an access to use smart phone. The virtual safe spaces can serve as an initial incubator for the engagement and mobilisation the community to raise awareness about COVID-19 amongst peers and adults; support adoption of healthy coping strategies. The mobilisation activities created during this initial period to mitigate the effects of COVID-19-related violence. This process helped us lot to get connected with community during the dual pandemic situation like COVID & Amphan. Targeted counselling and promotion of age appropriate IYCF practices has been done through tele-calling and sharing the videos and IECs from April to September. Total reach through tele calling are 540 in 5 months. As the phase wise lockdown period has been over now, so field activities and home visits are gradually increasing. Joint meetings with service providers are also being done by maintaining the safety rules. ...126...number of joint meetings are done with mothers at community level.

Activity 5: Strengthen referral mechanism – Identification of undernourished children and referring them to nearby health facility like Sub Centre or Nutrition Rehabilitation centre.

To strengthen the referral process from community to facility, project team are mobilizing community members and frontline health workers on monthly basis to established a smooth mechanism in last year. But due to this pandemic situation the referral process is hampering as AWW, ASHA, ANM are mostly engaged in COVID-Duty. In this year total about children **5027** (between 0 – 6 years) were identified from our intervention areas through active screening (MUAC); among them 2604 boys and 2423 girls. Due to Covid pandemic situation any SAM children are referred to NRC, but parents are not agreed to go there for treatment because of the COVID 19 outbreak. ...46..number of children are treated in NRC OPD.

Activity 6: Targeted home visit to nutritionally at-risk¹ children twice every month to counsel and ensure compliance to appropriate IYCF practices, consumption of micronutrients and diversified diet including WASH and hygiene practices by our project staff along with ASHA and ANM.

In this present situation frequent home visits are becoming a challenge. Team has mobilized **2095** families (malnourished children houses, pregnant mothers, lactating mothers, mothers and community support group members) and orient them on IYCF practices and also took the MUAC measurement. 600 households are directly reached through the end-term evaluation process. ...184 .number of home visits are done for 46 SAM who are identified as at-risk.



Activity 7: Strengthening the micronutrient supplementation program such as Vitamin A, De-Worming, IFA (Iron and Folic

¹ Targeted home visit to be done with children identified as severely underweight (WFA) and/ or severely wasted with MUAC < 11.5 CM

Acid), Calcium, Zinc etc.

Previously activity conducted in larger groups and with phase wise and detail discussion. Considering the present situation, phase wise small group orientation and discussion is continuing at field level. Key points are prepared to minimize the information gap on micronutrient supplementation. ASHA workers are distributing iron tablets and calcium tablets through this platform. Discussion has been done on advantages of locally available indigenous herbs rich in micronutrient like turmeric, ginger, garlic, fenugreek, consumption of lime, amla etc to improve the self-immunity in this pandemic situation. In this present quarter 5 session with 36 participants (male-8, female-28) has been done.

Two days virtual training has been organized by Food & Nutrition Board with ICDS Sandeshkhali for AWW. The community facilitators and 4 Nutrition Champions and 30 AWWs were also present in the same platform. Dr. Madhimita Bhattyacharya from All India Institute of Hygiene and Public Health was the resource person for this orientation. It was a good platform for sharing the learnings and challenges at field level. An IEC booklets on micronutrients are given to the service providers for awareness generation. It is very much handy to carry with them during home visit.

Activity 8: Health consultation's on an individual level for the benefit of identified malnourished children and adolescent girls- (this will be a non financial activity)

The health consultation has been done through home visit and tele calling methods and small group interaction. 58 joint visit with AWW & ASHA, ANM has been done for consultation and referral activities.

46..number of children are referred to NRC

12..number of children got facilities from NRC

37.number adolescents are referred to Anewsha Clinic

13.number of adolescents got services from Anewsha Clinic and Health Centres

Activity 9: Undernutrition screening camp at cluster level – Screening camps will be organised in the proposed year considering situation for COVID 19

Considering the present situation and disrupted services of ICDS, screening camps are not organized

by the project team in a formal way, but it was linked with VHND to some extent, in the presence of the service providers. It was helpful to link the SAM cases with service providers for follow up. All the identified 46. SAM cases are receiving dry ration from ICDS and the 452. Number of pregnant mothers with low MUAC are also receiving the same from ICDS. Screening and one to one counselling has been done in VHND. Personal protective gear like mask, sanitiser, has been supplied for the field staffs. Total 5027 number of children were screened through MUAC and out of them 46 are identified as SAM.



Deliverable 1.2: Prevention and control of adolescent and maternal nutrition with focus on micronutrient supplementation and improvement of their dietary intake during adolescence and pregnancy

Activity 1: Strengthening the capacity of existing adolescent groups to sensitize on Health and Nutrition issues like basic food groups, Anaemia, worm infestation, camp at community level for identified malnourished children and adolescent girls RTI, STI etc

To strengthen the capacity of 92 adolescent groups, meetings are conducted in a regular interval. In the reporting quarter total 4 G.P Training programme are conducted with 200 participant on various issues like - 10 food groups for adults, Anaemia, worm infestation, importance of diversified diet, Social distancing, usage of Mask preparing of homemade mask as per Govt. guideline, hand washing etc.



Adolescents girls are also oriented on how to measure the body temperature by thermometer, MUAC measurement & growth monitoring. For the better impact, some of the topics are discussed by peer leaders revised such as know your body, puzzle, family planning, menstrual cycle etc. Some

games are also played i.e. diarrhoea game, risk box etc. ...460... number of adolescent girls are also oriented on to measure fever by mercury thermometer, so that they can measure the body temperature clinically instead of perception.

Outcome:

Adolescent girls are doing MUAC measurement and growth monitoring. They mobilized the weighing machine from sub centre and AWCs.

These active adolescent girls are orienting others how to read thermometer and also spreading the awareness to measure the body temperature clinically.



Activity 2: Targeted counselling to nutrition at-risk pregnant mother and improve their nutrition uptake so that they will have a better birth outcome (related to 4 Post Natal Care checkups, 4 Ante Natal Care checkups, deworming at 2nd Trimester, Institution delivery)

The community facilitators are counselled at-risk pregnant mothers and their family members (with low MUAC below 23cm and anaemia) on home based diversified diet and low cost recipes. They are also counsel on precaution from CORONA virus, timely check-ups (ANC & PNC), good hygiene & sanitation practices. Families are also oriented on birth preparedness to ensure the safe delivery at Government facilities.

Activity 3: Working with the existing Government schemes like strengthening WIFS

High prevalence of anaemia has been reported amongst all vulnerable age groups, especially mothers and children. According to the National Family Health Survey (NFHS)-5, 71.7 per cent of non-pregnant women, 62.3 per cent of pregnant women (in the age group of 15-49yr) and 69.0 per cent of children in the age group of 6-59 months had anaemia. In this pandemic situation as schools are closed, so adolescent girls are not getting iron tablets. But block health official is trying to provide iron tablets through ASHA workers depending on the supply. The project team is involving the ASHA





workers in the adolescent group meeting to supply and ensuring the spot feeding of IFA supplied by health department.

Outcome:

...47...number of adolescent girls are identified by community facilitators for Hb test based on physical symptoms like paleness of eyes, nail and drowsiness, loss of appetite, irregular menstruation. 22 adolescents are referred to sub centres and tested. Out of 10 adolescents are identified as Anemic. IFA are provided from sub centres and the follow up will be done by ASHA.

Activity 4: Procurement & distribution of materials/tool kit in Model ICDS centre and schools (Approximately 200 kitchen garden will be developing in this year)



Total 200 kitchen garden are formed by the support of Anganwari workers and adolescent girls during the lockdown period. Community Support group members, family members with malnourished children are involved in the whole process. Community has identified the spaces and also participated in the preparation of bed before saplings. Seeds like (Puinsak, Chilli, Papaya, lemon, Kolmisak, pumpkin, Cucurbit, bitter gourd, shrimp) are distributed. Due



to Amphan the salinity of the soil has been increased so, community has been oriented on sack cultivation. The Block officials of Agriculture Departments and ICDS was very much supportive. The Agriculture Department extend their throughout support and involvements by providing saplings, fertilizers, pesticides, fungicide and technical support. The kitchen garden tools and insecticide has been distributed in the active presence and support of Agriculture Development Officer and CDPO. It was a good sharing and a convergent platform of two departments where malnutrition management through Nutrition Garden and involvement of the adolescent girls and boys was the common issue.



Activity 5: Orientation of family members and SHG members who are involve in Mid-Day Meal program on kitchen garden and counselling for improving dietary practices

8. Orientation sessions has been organized for 110 .SHG members who are involved in the preparation of Mid-Day Meal in the schools. The SHG members are also oriented on effective cooking practices, 10 food groups, how to minimize the nutrient loss, diversified diet and WASH practices. 110 SHG members are oriented. 3SHG are linked with ATMA scheme through Block Agriculture Department.

Activity 6: Linking the families with Animal Husbandry Department for livestock which can help them to improve their livelihood



10 orientations have been done with 110 identified families with malnourished children on livestock management which can help them to improve their livelihood. SHG members are also oriented to avail the livestock scheme from the Block Animal and Livestock department to improve their livelihood. Because at present as the schools are closed, so their livelihood has become hampered. 07 families with SAM children in Sandeshkhali GP received chicks with food from Block animal husbandry department. The free treatment & vaccine of those

chicks are also provided from the department

Activity 7: sustainable adolescent led space in Senior Schools, Block Primary Health Center and Sub centres

Adolescent Friendly Corners are developed 25 number of places (03 School and 08 Health Subcenter) The community facilitators are oriented on Save the Children guideline on adolescent led space. 25 number of initial meetings organised by community facilitator with local people, health worker, Anewsha Counsellor, adolescent girls to share the purpose of this corner. There are many suggestions has been coming out to decorate the corner and make the corner more useful.



The corner has been decorated with following materials.

1. Personal Analog/ Manual Weight Machine
2. Stature Height Machine
3. Plastic Mat
4. Pedal Bucket plastic dustbin
5. Office Tray
6. Rolling white board
7. White board Marker and Duster
8. First Aid Box

Outcome:

25.number of meetings are organized in the Adolescent Friendly Corne Height and weight has been oriented to ...245 .adolescent girls so that they can measure their height and weight accordingly. The girls are also oriented on the calculation of BMI.

Deliverable 1.3:Improving access to safe drinking water facilities and improved sanitary measures

Activity 1: Working towards Safe school environment – Awareness and advocacy at block level for Safe drinking water and toilets facilities at school



In this pandemic situation all school are closed by government order, the awareness and advocacy are done by daily home visit, telephonic conversation and small group meetings. As the schools are closed, so this activity has been done at community level with school students. They are oriented on to keep safe and hygienic environment of their own surrounding where they live. The children are now

taking care of the cleanliness as they are also now well aware about COVID-19. Children and their family members are oriented to store the drinking water in covered pot, use of ladle, use glass for drinking water instead from the bottle directly. They are also oriented on avoiding cheap plastic bottle (bottle of cold drink, mineral water), because of the poor quality of the plastics. They are encouraged to store the drinking water in a clean surroundings and on high platform than floor level to avoid contamination. Due to Amphan many water sources are totally damaged, which are further reconstructed by panchayats.

Activity 2: Orientation of school children on water, sanitation and hygiene (WASH) – specially on hand washing, toilet usage, personal hygiene etc.

Orientation on WASH issues has been conducted with 176 school children (boys-62, girls -114) at community level. In this pandemic situation WASH orientation programme organised in cluster wise. The children are also oriented on precaution of COVID-19, hand washing step, uses of MASK, and personal hygiene during day to day life. Global Hand Washing day was celebrated through toto campaign with miking. Total reach was 2500. This event was celebrated and monitored by Community Support Group members, Adolescent girls and service providers like ASHA, ANM. They were actively involved in spreading awareness among community. CRC week was celebrated with adolescent girls. Awareness generation was done on Child Rights & entitlements through Poster display and plantation by the adolescent girls. Anganwadi worker was involved in the entire process.



Activity 3: Sstrengthening of school level groups in all the primary & secondary school for promoting WASH issues

This activity was not done as the schools are closed due to pandemic situation. But WASH promotion has been done with the school going children at community level. Hand washing soaps are provided from project during the session. Children are involved in the main role to strengthen other children on hand washing steps and practices.



Activity 4: Quarterly cluster level meeting of school teachers and spreading awareness on WASH and other health nutrition issues (WIFS², Sabla³ etc.)

No cluster level meetings are conduct with local school teachers, school representatives on WASH, Health and Nutrition issues and precaution of COVID-19 In project areas as the schools

are closed now and teachers are not coming regularly. The major focus of these meetings were- consumption of IFA, functional toilet facilities in school, proper hand washing before mid-day meal, availability of soap for handwashing, class room sanitization before opening the school, awareness on Covid-19 situation in locality. adolescents are enrolled under Sabala.

Activity 5: Capacity building of Identified of nutrition champions in school and support in conducting quarterly meeting to discuss the Health, Nutrition and WASH related activities

Virtual orientation on child rights and child protection has been done for Nutrition Champions (AjmiraKhatun, MousumiMajhi, ParvatiMondal and SaymaKhatun) from 4GPs. They were also oriented by Food & Nutrition board on community health, food groups, and measurement of BMI.

Deliverable 1.4: Community awareness on nutrition, hygiene and sanitation with special focus on children to improve resilience against natural calamities

Activity 1: Develop and distribute Behaviour Change Communication (BCC) materials on Health, nutrition, hygiene and sanitation

The flip books on micronutrients are reprinted and distributed among the community facilitators and service providers to aware the community through home visits.

Deliverable 1.5: Project planning, review, monitoring & Capacity building

Activity 1: Programme planning meeting

Programme planning meeting was done physically in the first quarter. Due to present situation the follow up meeting was done in each quarter to work out on mitigation as the challenges are faced in implementation location.

Activity 2: Programme Review Meeting –

Programme review meeting has been done with project team in small groups. Physical meeting and virtual meeting are done with project team to review the programme.

Specific objectives2: To strengthen linkage with local self-government and Government Departments to create, strengthen and replicate sustainable solutions and mechanisms

Deliverable 2.1: Strengthening community groups including Adolescent Groups and Mothers' Groups to be made aware about the Govt. services and become 'change agents' in the respective areas. (These change agents will play a catalytic role in the community.

Counseling has been done to 1154 Mothers and 780 Adolescent girls are reached through small Group meeting at village level. These groups are taking care to spread the aware ness messages and do follow up in their peer mothers and their surrounding community as well. Mothers and adolescent girls are oriented on preparation of homemade mask as per state guideline. Mothers and adolescent girls are oriented on the measurement of MUAC so that they can measure own. ...32..meetings are done by mothers by their own and ...07 ..meetings are organized by community support group. As the AWC is closed community is arranging places for meeting where mothers and adolescents gather and do their discussion. Community was oriented on the importance of the consumption of indigenous herbs like peppers, tulsi, turmeric, ginger, garlic, as an immunity booster.

Activity 1: Strengthening of various community support groups and enhancing their capacities on participatory communication and increasing their engagement in advocacy for improved access to basic services and entitlements related to Infant, Young Child and Maternal Nutrition – and organizing community based

events for Village level groups formed under the project will be nurtured as part of the strategy to engage with local communities

46 community support group meeting are conducted in 46 sansad on awareness on COVID situation, community based event celebration, kitchen garden formation, usage Mask, Hand washing of the family member with soap/hand wash. It is a good platform where AWW, ASHA, ANM, PRI member jointly monitoring on health and nutrition issues in project area. The planner with messages and schemes are provided for their use and knowledge & information. The community support groups were oriented on the following community based monitoring system.

Initiative taken by Community Support Group

Fostering the development of community groups can be an important part of boosting community participation and improving health and well-being outcomes in rural communities. These groups have taken an initiative by ensuring uniform development at Sansad level. Health is the main focus and priorities defined by communities. The group members are well known about local problem and challenges and the service gaps. They are also well aware on Concept of basic health behaviour, health for all and primary health center, Health promotion and protection Unit and Disease prevention and management. Each group consisted of 10 people comprising teacher, AWW, social worker, PRI member etc. Most of the members used to be present during the monthly meeting since the group was formed. The group members also enthusiastically attend the mothers meeting sometimes and provide proper advice to the mothers. They share information (on Govt. Schemes) regarding mother and child with their family members as well as peer groups. During the pandemic situation the community support groups members made a plan to identify needy families suffering due to the lock-down issue and extend some co-operation in the form of kinds and also awareness about their health and hygiene. They found that 165 people migrated labourers were stuck in various parts of the country i.e. Tamil Nadu, Kerala, Maharashtra, Andhra Pradesh etc. They advised those families to contact with the District Administrators, if they can find a way to return home safely. After few days, 32 lock-down stucked people were returned to their home from different parts of the country by various means of transportation. Initially they were reluctant to go to the hospitals for routine COVID-19 check-ups and were trying to hide themselves at their home. The Community support group members reached their homes and compelled them to go to hospital for check-up and advised for home quarantine at least for 14 days.

Activity 2: Children and Adolescent groups (school level) and Mothers group (ICDS center level) meetings in the target areas to discuss on issues related to health, nutrition

128 mothers meeting were organised in this quarter with Pregnant, lactating women & mothers of 0-5 year's children participated in the meetings total 2152 mothers are reached through this meeting. Mothers were oriented on nutritive values of Soya chunks, dalia. The soya chunks and dalia packets are distributed among mothers.



Activity 3: Regularization of VHSNC (Village Health Sanitation and Nutrition Committee) Meeting and VHND (Village Health and Nutrition Day)

In this quarter, total 20 VHSNC meeting are conducted at Sandeshkhali, Khulna Bermajur I & II G P level with 224 number of participant (male- 48 female-176) First Wednesday of every month VHND is observed, to reach all the beneficiaries.

Deliverable 2.2: Consultations with Govt. and civil society organizations for replication

Activity 1: Half yearly meeting with block and district level functionaries (Health, ICDS & Panchayat) on the gaps in access to services and entitlements

This activity has been done with small groups separately with Health and ICDS department.

Activity 2: Quarterly sharing meeting with different stakeholders on the progress of the project - Project progress/ learning to be shared with Government and other CSOs.

Due to FCRA amendment and the field based activities were hampered to some extent. The interaction meeting was done with BMOH, BPHN, ADA and CDPO separately at their office premises as the date of election has been declared and the activity was planned

Deliverable 2.3: Leverage linkages with government health programmes such as WIFS, School Health Programme, RKSK, etc. and allied facilities

Activity 1: Strengthening referral mechanism

Specific Objective: 3 Build evidence and advocate for improved coverage of nutrition specific and sensitive interventions in the intervention block

Deliverable 3.1: Key evidence generated and documented

Activity 1: Identification of malnourished pregnant mother through adult MUAC (Mid Upper Arm Circumference) at the ICDS centers level and referral for further treatment at FRU.

Due to pandemic situation, regular home visits are restricted in some extent but follow up has been done through mobile phone. Counseling has been done on maternal nutrition and prevention of corona virus i.e. social distancing, hand washing with soap or use of sanitizer, usage of mask, washing clothes regularly etc.

Activity 2: Administering Community score card as a monitoring tool for community governance and strengthening accountability – This is a community-driven accountability measure for the assessment, planning, monitoring and evaluation of service delivery. The CSC will be used to gather feedback from service users and improve communication between communities and service providers

Community score card is a tool to measure Govt. Service provider and services. Monitoring of community score card is planned in quarterly basis. 11 programmes are organized at field level by team member; total participant are 123 (service provider 26 and local community 97). In this pandemic situation health service are hampered.

Deliverable 3.2 Advocacy for improving coverage of nutrition specific and sensitive interventions in the intervention block

Activity 1: Interface meeting with Government and CSOs in addressing the issue of nutrition in Sundarbans. Interface meeting with Government and CSOs in addressing the issue of nutrition in Sundarbans

Due to date of election has been declared, this activity has been done in small groups with the stakeholders and the photo documentation has been restricted from department.

Activity 2: Interface with Government frontline health workers (Anganwadi workers, ASHA and Auxiliary Nurse Midwives) on malnutrition management at facility and community level

Considering current situation, the interface meeting was conducted at sub center level with ANM, ASHA, 2nd ANM and AWW. It has been discussed that monthly growth monitoring and promotion is hampering as ICDS is not functioning except distribution of dry ration. The project team are mobilizing ANM workers to weighing the children at sub center when they come for routine immunization and VHND. At the same time community mobilizers are mobilizing the mothers to ensure the weighing of their children at the sub center and VHND.



Activity 3: Observing important days, such as, Breastfeeding week, Nutrition week, World Water Day, Global Hand Washing Day & World Toilet Day, etc. to generate mass awareness

Main Challenges to Implementation:

- According to FCRA amendment there is no provision in the law by which we can implement the project with partner immediately at field. So, field activities are being affected in the month of October & November.
- Frontline Health Workers have joined another battle - the battle against COVID-19. While their usual duty is to improve the nutrition of women and children (AWW), they are now going door to door, recording people's travel history, noting flu symptoms and, where needed, even helping contacts tracing. As a result, essential health and nutrition services- such as nutrition counselling, growth monitoring. At the same time immunization, management and treatment of acute malnutrition and care during ANC and PNC services are affected.
- Due to disruption of fund flow from donor side the phase out activities are hampered at community level to some extent.

Monitoring and evaluation update

The project has developed a programme MIS which captures regular project update on a monthly basis identification of danger signs among pregnant & lactating mothers MIS, Sub Centre Reporting MIS, AWC Reporting MIS, Cohort for tracking the children and pregnant mothers by maintaining all the safety measure and Government instruction in this pandemic situation. Based on these formats the project team has been oriented on these formats. Detail implementation plan is prepared and budget break up has been done in last quarter Monthly follow up has been done with project team.

Stakeholders' participation and cooperation

- Community people are very supportive and stakeholders as well. But due to pandemic situation stake holder's participation are getting restricted. The virtual discussion has been started through whatsapp group.
- Participation of locality is always a sign of good cooperation. But due to social myth on COVID-19, community are becoming more conscious.
- Block officials i.e. BDO, CDPO, ADA, SI etc and PRI members of GP are always supportive. BDO already have given the permission for mass awareness on Hygiene and Hand washing issues maintaining the guideline of state Government,
- Local religious leaders are taking initiative for mass awareness.
- Participation of AWW, ANM and ASHA in group meetings and home visits are really impressing.
- AWW and ASHA workers are involving in managing and monitoring the nutrition garden with the active participation of adolescent groups and community support groups.

Lessons learned

- **Community Accountability Mechanisms through Community Score Card:**
Interventions which have been shown to have impact (positive or negative) in promoting community accountability and influencing inclusive service delivery. Community accountability is difficult to define. It is grounded in a rights-based approach and recognizes the importance of community participation and giving 'voice' to people who are normally excluded from social engagement. Consequently, the interventions designed to increase community participation, support good governance and increase the transparency of service delivery mechanism.
community accountability interventions such as administrating community score cards and participation in Gram Panchyaet Development Plan are a community based initiatives. It has been found that accountability and empowerment interventions can improve the service delivery in health outcomes in pandemic situation. However, it has been noticed improved immediate and intermediate outcomes (such as registration of pregnant mothers at sub-centers, ensure 4ANC, Institution delivery, immunization rates). Providing information about rights and entitlements alone was rarely enough to empower communities or to improve accountability. Interventions were found to be affected by local factors and may seek to affect various accountability relationships.
- Involvement of community in reducing undernutrition among children through behavior changing communication and the initiatives of the community support groups.
- Improving nutrition through multisectoral approach: The agriculture and animal husbandry sectors are best placed to influence food production and the consumption of nutritious foods necessary for healthy and active lives. Dietary diversity promotion, e.g., backyard gardens, livestock, and healthy indigenous foods, with nutrition/ home economics extension services.
- To get connected with the community and stakeholders by tele-calling methods and messenger app.

ACTIVITY WISE PHOTO



Hummingbird Trafficking Project:

DSWS and Hummingbird Foundation has been implementing the project “**Protection of children from trafficking through Responsive Community Action**” in Hingalgunj Gram Panchayet under Hingalgunj Block of North 24 Parganas District, WB which is bordering Bangladesh.

Our project areas are characterised by predominance of trafficking is an indication of dysfunctional family and an outcome of multiple social, economic and cultural factors. The most immediate concerns responsible for growing phenomena of Woman & Child trafficking in the area are: poverty, illiteracy and ignorance of parents/community peoples, school dropout, low income, child marriage, larger family size, unemployment, poor communication, poor attitude towards girls, insensitive Government infrastructure, lack of political will, absence of proper legislation. There are large numbers of SC/ST population lives in Hingalgunj Block as well as Hingalgunj GP.

To reduce child trafficking and child marriage and ensure child protection through development of community based child protection mechanism. Hence to make sure the involvement of the Block level administration and local panchayats to ensure child protection through development of Village Level Child Protection Committee and also to develop a framework for proper functioning and strengthening of the Village Level Child Protection Committee to create a child friendly environment.

GOAL: To reduce vulnerability of girls to prevent trafficking in Hingalgunj Gram Panchayat.

The Goal contributes to the Government of India’s commitment to the United Nations Convention on Rights of Children (UNCRC) and its progressive goals on realising the rights of children. One of the strategies to reduce vulnerability of children to trafficking is ensuring their enrolment in schools and the extension of educational support to reduce possibility of their dropout. Causes of trafficking are also rooted in gender discrimination.

Implementations of action targets to reduce the incidence of trafficking of children, the majority of whom are girls, ensure their education and participation leading to their emancipation and reduction in gender disparity.

This project stands for three pillars

- ❖ Collectives formed and functional.
- ❖ VLCPC formed and functional at Sansad level
- ❖ Access to government services of vulnerable families (Entitlements).

We are working in 14 Sansad villages of Hingalganj Panchayats which are:

1. Uttar Mamudpur,
2. Boletala,
3. Keorakhali
4. PaschimMamudpur
5. Purbamamudpur
6. Madhya Mamudpur
7. Ghoshpara
8. Patherdabi
9. Hingalganj Bazaar
10. Ramendranagar

11. Sereati
12. Sahapur
13. Dakhsinhingalganj
14. Kuler Math

Strategies:

We have taken some strategies to implement this project:

- ❖ Identify, pilot and promote innovative approaches to reach Collectives and promote their role as agents of change in their communities.
- ❖ Strengthening capacity of partners (including government duty bearers and civil society) through training in order to address adolescents' rights and needs for holistic services.
- ❖ Scaling up interventions with and for collectives through their overall empowerment through collectivisation module and in partnership with GOWB and other civil society organizations.
- ❖ Creating convergence across state line departments and allied departments.

Activities of this project

- Sessions with Collective groups.

We have formed 14 collective groups in our target sansads whose age are 12 to under 18years .We are taking four sessions in every month with collective groups of our target sansads, as per module of Humming bird task force. We have been done these activities since last one year. In these sessions the collective members have known about Gender, Discrimination, patriotic society, Communication skill, online safety, Domestic violence etc. and this process will be continuing.

- 14 VLCPC formed and functional at Sansad level

We have formed 14 VLCPC in our target villages approved by DCPO and BLCPC. After formation of VLCPC , the VLCPC members do their meeting in every month as per guideline. Besides this the members of every VLCPC has decided to submit their report to BLCPC for next year. They have also taken training on PRA, Govt. Scheme, other activities by the master trainer of State level and District level. In a word they are sensitized in every spare.

- 70 Monthly meetings with VLCPC members
- One GP level meeting with VLCPC members.
- Vulnerable families are identified and their eligibilities and accessibilities mapped

We have prepared 14 social map to identify vulnerable family and their accessibility, by the VLCPC members and Children group members.

- One staff training on Government schemes by government official.
- Several times home visit to high risk families for counselling regarding vulnerability factors.
- 56 Meeting with communities by staff members
- In every sansads we have reached to the vulnerable families on regular interval.
- several times door to door visit by children group
- Regular interaction with religious leaders on gender discriminatory practices
- 8 School sensitisation programme with teachers on RTE and Child Marriage.
- 56 Community level meeting on Child marriage Act. and RTE
- 36 Identification of drop out children and re-enrolment to school by VLCPC and children group members
- 56 Meeting with Communities and other stake holders.

Quantitative Achievement

- We have formed 14 collective groups in our target area.
- 14 VLCPC formed in our target area and strengthening in our target villages.
- VLCPC and collective members taken action against Child Marriage.(11)
- Collectives have admitted 13 drop out children in the formal school.
- Conducted PRA exercise at 14 villages and prepared village social map and well being raking list
- Mobilized parents and family members for investing time for the collective members.
- Developed a strong linkages and coordination between front line workers- ASHA, Anganwadi worker, ANM, AFHC counselor, school teachers through VLCPC platform and meetings.
- 76 vulnerable families in target villages linked to Government schemes likes MGNREGS,
- 36 vulnerable families in target villages linked Pradhan MantriAwaasYojana(PMAY),
- 84 vulnerable families in target villages linked to Government schemes likes Food Security Program

Qualitative achievement.

- Linkage and networking with different Govt. Dept& Non Govt organization.
- Developed good relationship with PRI system
- Build good relationship with Police dept, Teachers, Religious and leader etc.

Learning:

- ❖ Increasing self confident, self motivation, self consciousness of the collective by their ownership.
- ❖ Mixed groups helped to break gender barriers/discrimination
- ❖ It is learning that needs batter convergence between the schools, Panchayats and the local community for overall development.
- ❖ Children are the best source for providing information regarding their own issue (like School dropout, child marriage and trafficking).

Challenges:

- ❖ Due to the inactiveness of government dept. it was delay to implement our activities.
- ❖ We faced challenges to conduct the PRA in 14 villages at the 1st phase of the project due to political influence, remoteness of the villages, inhibition of the communities



North 24 Parganas District Childline Project 2020-2021

Dhagagia Social welfare society works as NGO partner with Childline Indian Foundation for North 24 Parganas District. It works as Collaborating organization in this district. It directly looks after 6 Blocks of this district namely Barasat-I &II, Barrackpore-I&II, Amdanga and Rajarhat.

Presently there are all total nine members working in this Childline project. One Coordinator, one counselor, six team member and one volunteer.

Being a partner of a 24 hour national free emergency phone outreach service like Childline, members of Childline team of Dhagagia Social welfare society works not only providing emergency support to children in need of care and protection on a 24*7 basis but also their had some other functioning like outreach and awareness generating programme regarding Child rights, Childline and its activity.

1. Call statistics in the following format for the year: **April'2020 to March'2021**

<i>Types of calls</i>	April	May	June	July	Aug.	Sept.	Oct	Nov	Dec	Jan	Feb	March
I. Interventions												
Medical help	0	0	0	0	0	1	0	1	0	0	1	0
Shelter	3	1	2	0	4	1	1	3	4	5	2	6
Restoration	0	0	1	0	0	0	0	0	0	0	0	0
Protection From Abuse	6	9	21	16	9	11	10	14	27	12	12	24
Child Conflict With Low.	0	0	0	0	0	0	0	0	0	0	0	0
Repatriation	0	0	0	0	0	0	0	0	0	0	0	0
OOther Intervention	0	0	1	8	0	6	8	16	16	23	12	18
Sponsorship	0	0	0	0	0	0	0	0	0	0	0	0
II. Missing children												
Child lost	0	0	1	1	0	0	0	0	1	0	2	0
Parents asking help	1	0	2	1	1	2	0	0	2	3	2	2
III. Emotional support and Guidance												
Corona	11	9	17	21	15	1	2	0	46	0	0	100
Refer by Another CHLDLINE	0	0	1	0	3	3	1	4	6	4	3	6
Not Intervention												
Total	22	19	47	47	35	27	22	41	105	50	34	157
Total no of Cases intervene by Collab (DSWS) team.	606											

- CHILDLINE North 24 Pgs will distribute some relief materials among the child's family during Covid-19 pandemic situation.



- Childline team celebrated National Children's day every year not only that from National Children's day to International Children's day Childline team celebrated "Childline se Dosti" Week and engaged in different programmes like signature campaigning , drawing competition etc.



BabughatChildline Project 2021-2021

Dhagagia Social welfare society works as NGO partner with Childline Indian Foundation for Kolkata Babughat Bus Stand. It works as Collaborating organization in this district. It directly looks after Babughat Bus Stand area.

Presently there are all total twelve members working in this Childline project. One Coordinator, one counselor, seven team member and three volunteer.

Being a partner of a 24 hour national free emergency phone outreach service like Childline, members of Childline team of Dhagagia Social welfare society works not only providing emergency support to children in need of care and protection on a 24*7 basis but also their had some other functioning like outreach and awareness generating programme regarding Child rights, Childline and its activity.

BabughatChildline project was started in March'2021, so childline team only generates awareness to Bus Stand area by this outreach and awareness, generating programme.

Amphan cyclone and Covid-19 Response Project

1,07,858 people are affected from Amphan cyclone in Sandeshkhali I & II block under North 24 parganas. 312 villages is damage and 18,642 households are directly affected and 18759 children also effected from this cyclone.11,317 kaccha mud house totally damaged and those people have been sheltered in nearest school and cyclone centre, locality has been flooded from nearest rivers like Raimangal, Dansa ,Chotokalagachi and bidyadhari because embankments of river totally damaged . Communication of village narrow road damaged (Kancha bricks road). Block officials and gram Panchyets are trying to coverage with supports to community people and addressed the present crisis situation. They have distributed Mask. Hand sanitizer, dry foods like biscuits, flat rice, drinking water and they have arranged the community kitchen services for affected people. But affected people have not maintained the social distancing and hygiene. Affected people were sheltered in nearest cyclone centre and schools. Gram Panchyets has been trying to address the critical situation in these localities. But very kin Govt. Initiatives for proper supports to affected people like foods, adequate drinking water, health kits, dry ration & Shelter Kit. Affected people have not accessed the proper health facilities. In that context People not maintaining the social distancing .Livelihood opportunity totally damaged like paddy cultivation, vegetable farming, Animal husbandry and fruit orchards etc. Children also extremely affected from cyclone; they were sheltered with family in Govt. School and nearest community cyclone centre or relatives house. Covid 19 already increased the risk factor for their beyond life and Cyclone has been damaged their residential situation along with decreased their livelihood situation.

- **Our Intervention:**

DSWS and Save the children jointly intervened to supports the affected people for addressed the crisis situation and needs base supports to community people. We have selected two shelter center and two village under Sandeshkhali I CD block namely Chotoajgora, parsemari(shelter center) and we covered the village of Gandharpara and BansberiaDhajakathi for NFI kits to 523 households under Sandeshkhali I CD block. We distributed Tarpaulin, flat rice, Floor mat, torch light sugar, masks, biscuits, salt and Suji for instant supports to affected people who were sheltered in Parsemari and Chotoajgora villages.

The representatives of local self governance were invited namely SukumarMahato, MLA Sandeshkhali, Bikashmondal ,karmadhakhya Land o forest, TarakKarmakar, Ilaiboxmolla,sakhisardar, Chandanamahato, Savapati Sandeshkhali I Panchyetsamity and nirjaraKhatunPanchyets members. They were presented at these distribution processes. Community people are very happy to getting the supports and they are trying to resolve the previous situation they are fighting back beyond life. They are renovation own shelter with our needs base support.



Apart through six distribution camps we have covered total 26 villages , 4000 (four thousand) Households and reached 18,811 population. Among them 8,274 are children with the support of Save the Children and HKDRF supported initiative.



DSWS, with its limited resources, is trying best to address some of the needs of the population while continually raising awareness of health and safety from Covid 19. Due to high levels of poverty, trafficking of young boys and girls was already high in the area, and a combination of double disasters and prolonged closure of schools is feared to make the situation worse. Our Project area (North 24 Parganas district) is highly Covid-19 affected area. Maximum community people are suffering from poverty, malnutrition, homeless.

So we arranged six distribution (Food package, Health and Sanitation kit) camps, we have covered total 11 villages, 3300 Households and reached 15,500 population in Covid-19 response area.

