

Improving Health of Women and Girls (IHWG)

Final Progress Report

February 2019 - January 2020

Implemented by – GRAVIS, India

Supported by - Dining for Women, US



1. Project details

Organization Name	GRAVIS
Project Title	Improving the Health of Women and Girls in the Thar Desert (IHWG)
Contact Person	Prakash Tyagi, Executive Director of GRAVIS
Grant Amount	\$ 49,000
Address	3/437, 458 Milkmen Colony, Pal Road, Jodhpur-342 008 (Rajasthan), India

2. The planned outcomes of the project

Project IHWG was taken up by GRAVIS between February 1, 2019 to January 31, 2020. It was implemented in 5 remote and needy villages of Jodhpur District within the Thar Desert, Rajasthan of India. GRAVIS was the lead implanting organization at the ground level, it received the reporting support from Thousand Currents as the US partner, and funding was received from Dining for Women, US.

The **overall expected outcome** of the project was to contribute to improved health status of about 3,500 women and girls and of 500 adolescent boys in 5 villages.

Specific, expected outcomes of the project were:

- A cadre of 10 VHWs developed and trained
- The VHWs cadre improved the health knowledge levels of about 3,500 women and girls and about 500 adolescent boys.
- 2 mobile pharmacists continued providing nutrition and medical support to about 600 woman and girls in a month.
- 30 HHUs developed providing food and nutrition security to 30 households or about 300 persons.
- 1 project document developed and published promoting replication of the model.

The **direct beneficiaries** of the project were women and girls living in the remote villages of Thar and who are severely impacted due to food and water insecurity as well as due to lack of medical and public health services. They suffer with a wide range of health problems including

anemia, malnutrition and vitamin deficiencies. The project was implemented in 5 villages with a total population of about 7,500 persons, out of which about 3,624 are women and girls. All 3,624 women and girls from the project villages were the direct beneficiaries. In addition, 441 adolescent boys also attended training. Hence, the overall direct beneficiaries' number was around 4065. The project provided **indirect benefits** to the rest of the population, the remaining 3,435 persons.

3. Project accomplishments

No project objectives were changed from the original project plan and no other modifications were made. Beneficiary numbers were also not changed during the project implementation period.

Following **activities** took place over the 12 months period:

- ***Brief situational assessment of project villages***

The project team conducted a brief situational assessment of all 5 project villages. They visited all villages, held meetings with the local communities and interacted with local village leaders and health workers. Focus Group Discussions (FGDs) were organized and village level Government data was also studied. The exercise gave our team a good understanding of local needs and context and helped in developing good relationships with the local community.

- ***Team orientation and monthly meetings***

The project team comprising of a Project Coordinator, 2 Field Supervisors and 2 Pharmacists was set up in February, 2019. They went through a two days orientation session at GRAVIS hospital which helped them understand project objectives, activities and expected outcomes. Then, over the course of the project, they all gathered every month for a one day monthly meeting to review the progress. Monthly meetings also helped in planning for future activities and for resolving any problems.

- ***Village Health Workers (VHWs)***

10 VHWs are serving villagers in the project area, 2 in each project village. They were identified at the start of the project by our project team. Their first foundation training was held in March, 2019 at GRAVIS hospital. They were provided detailed knowledge on various aspects of preventive healthcare. They were also oriented about Government health programmes and services and were guided about referral services. After the first training, they started serving their own project villages. Overall, they received 6 trainings over the course of 1 year, once every two months. Each training covered different aspects and their capacities were raised gradually. Overall, following are covered in the trainings:

- Health - perceptions, concepts
- Human body and its functions
- Main health issues in general
- Main health issues in women and girls
- Safe birth deliveries. Family planning.
- Hygiene and nutrition
- Puberty, sexual health
- Child care
- Government health services, schemes
- Health seeking behaviours

After they started working, their roles included:

- Educate villagers, especially women and girls, about common health ailments
- Improving villagers knowledge on nutrition, sanitation and hygiene
- Provide ANC support to women
- Provide referral support to nearby health facilities
- Help organization of medical activities by GRAVIS team
- Support adolescents health status

Their work is very well received within the communities and they have been playing very important roles in organizing all field level activities such trainings and various health sessions. VHWs have grown well within their roles and are playing an important role within their communities. After the one year is over, they will continue to function as a resource and as a volunteer within their own village.



A VHW training

- Adolescent Health Trainings

Adolescent stage is known for significant physiological, hormonal and psychological changes. Considering this, several trainings camps for adolescent boys and girls were organized to acquaint adolescent boys and girls about health, hygiene, proper nutrition, physiological changes in puberty, future reproductive life etc. Over the project period, 50 such training camps were organized benefitting over 2,100 adolescents (boys and girls).

Considerable change was made as the impact of these trainings. Adolescents became aware about various diseases including Sexually Transmitted Diseases such as HIV/AIDS etc, importance of health & hygiene, puberty and growth, nutrition and balanced diet etc. Trainings were organized with informative materials and in a very friendly manner that allows productive learning. Adolescents received the trainings very well, girls in particular. Training contents in general included:

- Human body and its functions
- General health
- Puberty and physiological changes
- Sexual and reproductive health
- Common health issues during adolescence
- Hygiene and nutrition



Adolescent training for girls

- Mobile Pharmacies

These units aim to provide support to rural communities in forms of medicines and nutritional supplements. Two trained pharmacists were provided bikes and medical kits. They travelled to project villages and provided medicines to villagers as per their prescriptions. They also provided supplements like iron tablets and calcium tablets as per the needs. A nominal cost was charged to cover the medicines cost. Overall, the mobile pharmacies worked very well. In a month, each pharmacist supported over 150 people.



Mobile pharmacist

- ***Household Horticulture Units (HHUs)***

Accessibility of nutritious food for people living in desert area is very hard. Due to their low income, they are not able to meet their basic requirements and to get nutritious fruits is very challenging. The Household Horticulture Unit (HHU) is an effective way of getting nutritious fruits and vegetables. Under the project, 30 such units have been established which start yielding fruit in about 3 years. Most of the units are in very good shape and nearly 85-90% plants have survived. Beneficiary families are also planting seasonal vegetables like radish, coriander, okra, spinach and eggplant. In long-term, these units will be a great source of nutrition for the beneficiary families.



HHU

- **Project Document**

In the last month of the project, a project document was compiled to capture various aspects of the project including the process of implementation, challenges faced, change made and what should be the future plan. This is a good learning document for our own understanding as well as it can help any other projects in future focusing on community health.

4. Challenges faced

No major challenges were faced during the project. Few minor delays were caused due to:

- Approval and funds disbursement took some time at the beginning of the project. Hence, the project started in February 2019 instead on January 2019. However, that did not cause any change.
- In April- May 2019 and then in December 2019, national elections in India and local elections in Rajasthan were held respectively, during which activities were difficult to organize.

5. Organizational changes

GRAVIS did not go through any changes during the project period. Our leadership, team, project staff, organization vision and philosophy remained unchanged.

On a positive side, GRAVIS started a few other community based project during the year which gave us more confidence. As a positive outcome of project IHWG, we feel more capable and knowledgeable to implement more community base health projects and look forward to new resources, opportunities and partnerships.

During the project period, we received excellent support from our fiscal partner Thousand Currents and from DFW team.

6. Lessons learnt

Following are the key take away messages from the project:

- VHWs, if trained well, can be a great asset for the community. With their valuable services, they receive a lot of respect from the local communities.
- VHWs support Government health services well like family planning, immunization, TB control, anaemia prophylaxis.
- Adolescents' trainings are very well received. The contents are new for both boys and girls. Girls show greater sincerely in receiving the knowledge.
- Mobile pharmacies work well and provide great support. The service is very well received by villagers.
- HHUs are growing well and beneficiaries believe that they will get significant nutritional support with these units.

- This was a one year project and another year of project implementation would have left a greater impact.

7. Impact made

Overall, the project contributed significantly in improving the health status of 3,624 women and girls and of 4417 adolescent boys of 5 villages.

Specifically, the project achieved the following:

- Trained 10 strong VHWs available to serve the project area (3,624 women and girls) after the project is completed. 6 trainings organized.
- 50 adolescent trainings were organized attended by over 2,100 girls and boys.
- 30 HHUs set up for 30 needy households and nearly 300 people.
- 2 mobile pharmacists served nearly 3,500 people over the year
- 1 project document developed.

8. Unexpected changes

No major unexpected, negative changes were noted as a result of the project. Villagers particularly appreciated the services of VHWs and mobile pharmacists and hence a longer duration of the project would have been helpful. Overall, GRAVIS received great cooperation and support from the villagers. Adolescent trainings were well received but girls took it more seriously than the boys did. HHUs are a very good initiative and while fruit crops will take some time to yield, beneficiary started growing vegetable crops which yield in few weeks and so there are immediate benefits also from HHUs.

9. Monitoring and evaluation

GRAVIS head office in Jodhpur city provided the overall monitoring lead to the project. Its leadership and finance team visited project villages as per the need. The project team based in the area monitored the project activities on a daily basis in close collaboration with local communities including the VHWs. The initial assessment by the team helped us in monitoring the progress. Project related information/data was compiled every month during the monthly

meeting of the project team. A six monthly report was developed and was shared with DFW. We are now sharing final, annual progress report.

10. Financial Statement

Please see attached as **Appendix A.**

STORIES OF CHANGE

A VHW is a great asset for the community



Bhanwari Devi is the one of the 10 project VHWs from Chirai village. She was identified by the project team to be a VHW and was trained in the first month of the project. She has basic educational background and has keen interest in healthcare. Very soon after her training, Bhanwari Devi took up all the responsibilities very seriously and started serving the community. She educates communities on health care, helps in ANC support and acts as a referral linkage between villagers and health centers. With her valuable services, she has quickly gained a status of respect in her village. She is trusted by the villagers and they listen to her. With the Government health workers also, she has a good rapport.

“I am very pleased to serve my community. Because of my services, women and girls in my village are healthier and happier. I am proud that I am making a big change” says a confident Bhanwari Devi.

VHWs are great assets for the local community. They provide excellent health education and referral support.

HHUs for nutrition and health in the Desert



Kesu Devi of Dabdi village in Jodhpur District was selected as an HHU beneficiary under the project IHWG. Her family has 10 members and due to poverty and droughts, they lack nutrition. Project provided her plants, fencing materials, manure and watering facility. The unit was set up in mid 2019 during the monsoon and is growing well. There are 20 plants of lemon, plum, guava and *goonda*. In 2.5-3 years, they will start yielding fruit which will provide nutrition to the family.

The family has also been cultivating seasonal vegetables like okra and pumpkin in one corner of the unit. They are able to get green vegetable for their diet. The HHUs play a vital role in providing nutrition in the Thar Desert.

“We are very excited with our new HHU. Soon, we will get fresh fruits and we already have vegetables in our unit which is very good for our food” says Kesu Devi.

Adolescent health trainings are a key to health knowledge

Adolescence is a critical age group for health. Both girls and boys of this age group are mostly unaware about puberty, reproductive aspects of life, Sexually Transmitted Diseases (STDs), growth and other health aspects. Providing them knowledge on these aspects would play a critical role in their future life. It would improve their health status in present and in future. Keeping this in view, the project IHWG organizes adolescent boys and adolescent girls. Boys and girls are trained separately. They are educated on puberty, growth, STDs, hygiene, nutrition and future reproductive life.

An adolescent training for girls was held in a middle school in Chandaliya village under project IHWG. Informative materials and games were used during the training. Over 40 girls attended it and overall, the training was received very well. During the one year of project IHWG, 50 such trainings were held attended by over 2,100 adolescents.



“The training was very good. We learnt so many new things. It clears my mind on a lot of aspects”, says a 13 years old girl from the training. Adolescent health trainings play a vital role in having healthier adults in a rural community.