

Interim Progress Report for the period of Six Months

(February 2019 to June 2019)

Improving the Health of Women and Girls in the Thar Desert, India

Submitted by:

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Thousand Currents



Organization Name	GRAIS
Project Title	Improving the Health of Women and Girls in the Thar Desert
Contact Person	Dr. Prakash Tyagi
Grant Amount	\$ 49,000
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Part 1 – Background

GRAVIS was founded in Thar Desert in 1983 with objective of self-sufficiency for the rural communities. Women and girls are prime stakeholders of GRAVIS actions in field as many actions are directly focus on their health and education, empowerment, raising awareness about health and hygiene, diet & nutrition and overall wellbeing. Because of aridity, extreme temperatures, widespread & distant habitation settlement in rural Rajasthan, women and girls suffer and unable to access the basic facilities, required for maintaining their health and nutrition intact. Therefore, the project is designed to address the health related problems of women and girls and providing them necessary guidance and affordable solution to overcome their problems.

Every human entity irrespective of their age and gender is important and require a healthy body. But accessibility to health centre is also important and it becomes difficult for women in Rajasthan. The reasons are dependency on male members of the household for travelling and money, extreme inside location of household to reach near the availability of public transport and others several reasons too. In all the hustle of life and fetching of water by women and girls from the distance of about one to two kilometres, women health and her concern onwards herself is compromised somewhere.

According to the Census of India factsheet 2012, there are about 56.6 % of women who were illiterate and got married in Rajasthan state. Still in the state there are about 17.8% of female who got married before the legal age of marriage, i.e., 18 years. About 2.9% of girl child are engaged in workforce in the age group of 5 -14 years with equal participation from the male child in the same age group, and there were about 35.3 % of women were already in their pregnancy when the survey for compiling the factsheet by GoI took place in 2011. With, this scenario in rural parts of Rajasthan, women sexual and reproductive health is the major points to worry. Therefore, the project was developed in order to cater to the needs of community advocacy amongst rural women about their health.

5 villages have been covered under project “Improving the Health of Women and Girls in the Thar Desert”. These villages are in the desert of Rajasthan, where the women and girls health issues have been ignored and a great need is generated to work on them. The IHWG project is addressing the problem of sexual and reproductive health of women and girls living in villages. This Project also includes the health education to make community aware about their health, service delivery to mitigate minor ailments and advocacy with government to provide effective and affordable solutions to community.

Part 2 – Project Progress

The project mainly emphasized on health education and awareness of rural women especially their sexual and reproductive health. Certain health providing elements will be implemented for health education amongst rural women and adolescents. .

The project will improve the lives of women and girls in the project area in following way:

1. **Voluntary Health Workers (VHW):** A group of women is developed in every village in the selected field areas to address the current need of women’s sexual and reproductive health. The group will also address the health needs of adolescent boys. The health education is an integral part of project and many girls have been trained on nutrition and diet through trainings in schools and *anganwadi* centres in the villages. Two training of VHWs has been organized for them in reporting quarter and was attended by 28 participants including VHWs and IHWG program team.

2. **Mobile pharmacies:** A Pharmacist is appointed and a bike is given to visit project villages and supplies the required nutritional supplements at very nominal cost. He educates target group in the context of health, hygiene and nutrition. He provided nutritive supplements to women and girls according to their age and need. The responses received from community is positive as they do not need to travel long to fetch necessary supplements. Girls are happy to receive stuffs at door steps. Initially these supplements are supported by project but gradually a nominal cost will be charge on behalf of service provided to community. From June 2019 to till date, he reached 200 women and girls in the project area. During the visit of pharmacist in the project area, he received positive response from the community.

3. **Household Horticulture Units (HHUs):** These units will be established to ensure nutrition of women and girls. The model will be developed and demonstrated with plantation of arid fruit species and seasonal vegetables to provide nutritive food to family members specially women and girls. All these units are planned for monsoon season in July 2019 and the material for fencing was distributed. Though HHUs are long term investment activity abut after maturity it become as asset for family providing food and nutrition security to family. Overall, the model brings self-reliance, leadership and well-being for women and girls. It also provides economic benefits to owner family.

4. Adolescence Girls Trainings

In the villages of Rajasthan, health education and guidance for the children of formative ages are not considered very important. Especially in case of girls, social taboos are biggest obstacle for their development and learning. Adolescent girls have to learn things by their own and many times get misguided. They are not aware of physical and mental challenges. To make them understand about these changes in their bodies and about their future lives, 20 Adolescent trainings for girls and 3 trainings for boys were organized in project in different schools under the

project till date. In these trainings, they have been taught about the various topics related to their physical changes and upbringings, health, hygiene, nutrition and food. Information sharing on psychological changes and other aspects of adolescence was done in the camps with the help of lady trainer in camps. Ms. Imarti handled these trainings in distinguished schools. In trainings, health and hygiene kits were also provided to 962 girls. Kit contains sanitary napkins, nail cutter, inner wears, menstrual health kit, soaps and shampoos. Also each session was divided into two parts. Expectation of participants & their queries, second one was answers to their queries.

Following topics were discussed during the training sessions:

- Puberty
- Common health problems during adolescence
- Preventive health care
- Reproductive tract infections
- Sexually transmitted diseases including HIV/AIDS
- Social evils and domestic violence
- Hygiene knowledge
- Food habits and value of nutrition

During the trainings monuments were also given to girls. They expressed their happiness on receiving kits and trophies. In 23 trainings, total 1102 girls and boys have participated.

5. VHW Training:

The cadre of (Village Health Worker (VHW) is developed to bridge the gap between community and healthcare facilities. A training of Voluntary health worker was organized to provide them basic understanding of primary healthcare with specific attention towards women and girls health. Our all VHWs are local women able to read and write and willing to work voluntarily for benefit of community. It is expected from VHWs to give symptomatic treatment to minor illness and make referral to hospitals on serious cases as soon as possible. Mr. Ramesh Mali, Dr. R. S. Chaturvedi trained healthcare trainer addressed this training at Tinwari centre of GRAVIS. Most of times villagers are not aware of the health issues, due to lack of education and knowledge. To make them understand on health subject, this cadre was developed and trained on health issues. Two trainings have organized for Public Health Educators. Health Kits were distributed in these trainings to provide first aid. Following information was shared in the trainings by the medical staffs:-

- Information about basic healthcare system, location of Primary healthcare centers
- Information about family planning, maternal benefits and safe motherhood
- Information Sharing on Seasonal and vector borne Diseases like Malaria, Dengu, etc.
- Information shared on adolescence health and menstrual hygiene, and
- Importance of nutritional and balanced diet for women and child

Sr. No	Name of VHW	Age	Education	Village
1	Bhanwari Devi	48	5th	Charai
	Jasu Devi	38	5th	Charai
3	Shyama Ji	52	3rd	Binjwadiya
4	Sangeeta	38	8th	Binjwadiya
5	Kamla	42	8th	Dabri
6	Veero Devi	38	8th	Dabri
7	Bhanwari Devi	45	5th	Bana Ka Bas
8	Beby Devi	36	8th	Bana Ka Bas
9	Suman Kamwar	40	12th	Chandaliya
10	Kamod Kanwar	41	8th	Chandaliya

6. No particular challenges have been faced during project implementation. Because of summer vacation in schools, the trainings of adolescence girls have been put on hold till end of vacation and soon these was resumed after re-opening of schools.
7. We are taking project forward with pre-designed objectives. Any new objective is not added in project.
8. In reporting period, trainings of adolescence girls and VHWs received positive remark and appreciation from community. The situation of five project villages Binjwadiya, Cherai, Bana ka Bas, Chandaliya and Dabri is critical because of drought led stresses and low priority to health of female folk. The harsh climatic conditions as well as topography make living conditions difficult in these villages. People in the area depend primarily on rain-fed agriculture and animal husbandry for livelihoods. Migration to other areas has developed as an important strategy for livelihood of the people in these villages. Amidst these adversities and poverty, education and health have always been on the back foot within the development scenario in the region. Out of all issues in the region, lack of literacy among girl children is a very serious challenge and the proposed intervention envisions addressing it. Their health and educational needs have been always put on stake and never attended by family members. After project initiation, the girls and women are getting confidence that they are getting new information about their health and nutrition through project. Distribution of monuments and kits has motivated more girls to join such trainings. VHWs has played great role in mobilizing community and motivating parents to take care of health of their daughters. The project has addressed following Sustainable Development Goals (SDGs) through project activities.

SDG 2 – Nutritive supplements have been distributed to adolescence girls and HHUs are planned to be established in coming month

SDG 3 – VHWs are taking care of women and girls living in their vicinity. Most of these girls stay in remote hamlets of villages with no healthcare facilities. A cadre of VHW is

SGD 4 – Girls have been given information on health, hygiene and nutrition. This has increased their knowledge and interest in attending schools regularly. The education of these unprivileged girls is improved significantly.

SGD 5 – The project is giving voice to women and girls which are often unheard. They are demanding for their health needs and disseminating information to their neighbors. Complete gender equality may take some time, but the now women and girls are confidence to take decision about their curial needs. This was not seen earlier in project villages.

SGD 13, 15 - After completion of project we also anticipate that project will contribute in climate change adaptation and bio-diversity through its HHU intervention.

9. We do not anticipate any alteration in timeframe. The project is in right direction and we hope to complete it in given timeframe.
10. Message to donor – (Prakash Ji)



Adolescent Girls Training



Village Health Worker training