

**Annual Report
of
Water, health and education for women and children
project
April 2025 – March 2026**

**Supported by
Asha for Education**

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Preface

Introduction

The Thar Desert in Rajasthan, home to over 30 million people, is among India's most underdeveloped regions. It suffers from chronic drought, acute water scarcity, entrenched poverty, and limited access to health and education. Erratic rainfall and poor irrigation force households to spend up to half their income on drinking water alone. Climate change is worsening the situation, increasing drought frequency, and altering rainfall patterns. Women and girls are more prone to the adverse impact of this outbreak of severity. Women and girls spend several hours daily fetching water. These hardships continue to deepen, threatening both livelihoods and well-being. To address this crisis, a community-led approach is essential—one that strengthens water security, develops institutions, and builds the foundations for sustainable development. To address acute water shortages and build resilience, GRAVIS and ASHA jointly started project focusing on rainwater harvesting resulting in drinking water security along with health and educational assistance to women and girls to improve their health and wellbeing for 6 villages in Thar Desert region. In 2025 a good amount of rain was welcomed that filled the hope of families having taankas at their door steps. In reporting year 35 families received rainwater harvesting tanks and now secured with availability of drinking water. The girls from families are going to school after reduction in their drudgery. The project not only limited to provide water access but also improving the lives of women and girls through their enhanced capacity on water, health and education.

Progress of GRANT Activities and Impact

1. Grant Overview

1.1.	Grant Period	April 2025 to March 2026
1.2.	Reporting Period	April 2025 to March 2026
1.3.	Amount of Grant	Rs 2,745,000.00
1.4.	Name of Project	<i>Water, health and education for women and children in Thar</i>
1.5.	Location of project	6 villages of Jodhpur district. The list of villages is being attached as annexure in Table 1.
1.6.	Target Group	Women, Girls & other village community.

2. Objective of project

The overall goal of project is to empower women and girls through addressing their needs of water, health and education. Specific objectives of project are:-

- Construction of *taankas* for securing drinking water at home capacity building of villagers for the maintenance and management of structure
- Organization of medical camps to increase outreach and generating awareness about young girls on health and hygiene, and
- Supported poor families with relief activities and supported teachers and kids in continuation of study during pandemic.

3. Project Implementation

GRAVIS Gagadi centre leads the project at the ground level. A Programme Coordinator assigned to project oversees the project progress and all necessary reporting processes. GRAVIS established a dedicated project team comprising 1 Project Coordinator, 1 Field Supervisors and 4 School Teachers in project. The field team coordinate with local community and facilitate them to take decisions, which Program Coordinator oversees overall program and gives inputs to get intended outcomes.

4. Description of activities in the project:

Following activities have been accomplished in one year of project execution.

4.1 Construction and Maintenance of *Taanka*: –

A taanka is an underground structure for storing water. It is a traditional method of water storage in dry areas. It is generally circular, with a catchment area around it which is made of local impermeable material so that rain water flows into the taanka. Instead of open cisterns prone to contamination, taankas are covered, include silt-catchers and wire-mesh filters, and have treated catchments to maximise rainwater inflow and minimise seepage. Overflow pipes allow safely discharge excess water while local methods like use of alum improve portability. These innovations provide families with 6–9 months of safe drinking water and reduce women's drudgery. Women and girls have saved 3–4 hours per day that would otherwise be spent fetching water, especially during summer and drought months. This time saving is a significant social and economic outcome, as national and global evidence shows that women and girls bear the greatest burden of water collection in households without reliable water access on premises. In project, 35 taankas have been constructed in reporting year along with two taanka management trainings. These trainings are essential part of taanka construction to train families and mason both about design, maintenance and use. Qualitatively, the project strengthened community confidence and local problem-solving capacity. VDCs serve as local platforms for collective decision-making, equitable access, maintenance planning and accountability. Women, youth and vulnerable households have been encouraged to participate actively in trainings and village-level water governance. This helped to ensure that the project does not remain a construction intervention alone, but becomes a community-owned water security model.

While interviewing with some of the families, they shared their experience of having relaxed time and saved efforts after construction of taanka. *Sonaki of Pabunagar* of Jodhpur shared her hardship of fetching water from a distance of 4 kms but now relaxed from this extensive exercise. VDC after analyzing the situation of her family approved her application and now a taanka is constructed near her house. She narrated that since the construction of the taanka, our lives have significantly improved. Now, we have rainwater in our taanka which has cut our expenses on water. Our children are going to school daily without interruptions, and their health has improved as they now have access to clean drinking water. Now she is going to work daily without worrying about water at home. She is maintaining good hygiene in family. She saved more than Rs 4,000 in a year after construction of taanka. At the end she paid thanks to GRAVIS and ASHA from bringing health and happiness in her life.



Pic 1: Sonaki of Pabunagar village with her newly built taanka



Pic 2: Taanka Maintenance Training addressed by GRAVIS staff

4.2 Outreach Medical Camps:

In this reporting year 12 Outreach medical camps have been organized for providing primary healthcare to needy community. Through these camps more than 600 people have been

benefited directly. These camps also acted as awareness generation camps. They received information on vector borne diseases and waterborne diseases. Their symptoms, prevention and cure have been discussed with them. The awareness on skin related diseases, reproduction, menstrual hygiene, and malnutrition among children is increased. The combined effect of all awareness and change in health seeking behavior has led to the reduced the approx. 60% of the cited disease. Health care is now in priority list of women and girls and it is a positive outcome of project. In these outreach camps, villagers have been informed about Eye flue Disease also provided eye drops and medicines for cure of Eye flue. Also informed and treated Water related diseases, climate related diseases, and other seasonal diseases. Also discuss about how to prevent them and aware about some home remedies for minor health issues. Changes in the season often lead to seasonal diseases like the common cold, cough, some diseases caused due to bacteria, allergies due to insect bite. In the monsoon season due to flies, older people and children often suffer from vomiting, diarrhoea, etc. Information on these diseases and related issues on health were imparted to the people through these camps organized. The patients were treated based of symptomatic treatment and given the medicine free of cost. Knee pain frequently occurs in elderly people. Project also supported 25 eye surgeries through referrals in outreach medical camps. All are happily rehabilitated with their restored visions.

Two adolescence girls' camps also have been organized to generate awareness among young girls on personal health and hygiene and seasonal diseases. Ms. Chaitali Rathore, Program Coordinator developed a healthcare curriculum for girls and design a kit to provide knowledge about health and hygiene. Kit contains sanitary napkins, nail cutter, inner wears, soaps and shampoos and many other attractive hair accessories.

Following topics were discussed during the training sessions:

- Menstrual Hygiene including skin care
- Puberty (myths and facts)
- Preventive health care
- Nutrition and Diets
- Reproductive tract infections (RTI)
- Sexually transmitted diseases including HIV/AIDS

These trainings prove immense confidence to young girls and they spoke up about many myths and misconceptions and cleared their doubts in sessions. A total 50 girls participated in these camps.



Pic 3 & 4: Medical camp bridges the gap





Pic 5 & 6: Empowering girls through Adolescence Girls health camps



4.3 Girls education and education tour of children

Primary education is one of the significant components of project and GRAVIS key priority area. In project, we support two primary schools running in Minno ki Dhani and Bhakhri villages. Vision behind establishing these schools is to spread primary education to children living in remote locations and increase the enrolment of girls in these hamlets. While Minno ki Dhani owns a school building but Bhakhri school is running in rented place generously given by local

community. Minno ki Dhani school currently provides education from 1st to 4th standard while Bhakhi school accommodates 1st to 3rd standard. The strength of both of schools is 50 and 30 respectively and among them 70 % girls' students. Learning and education materials have been supported by project. Two teachers in each school provide their time and efforts in teaching in these schools. Two WASH sessions have also been organized for students of these schools. Water, Nutrition and hygiene in schools create an enabling environment, which secures children's dignity, safety, health and attendance in classes. Children are more receptive and quick to adopt and sustain change. They become agents of change among their peers, families and communities. Teachers as influential individuals, also play an important catalytic role. Primary schools are particularly suitable vehicles for nutrition education. They catch children younger, when their habits are still being formed. They reach a larger proportion of the population – in particular girls, who tend to leave school earlier. School-based health programmes are most cost-effective and children friendly to promoting health and diet based learning, improvising their habits and simultaneously reducing absenteeism. In Nutrition and Hygiene sessions following points have been discussed with children in two schools supported by Asha for Education.

- Hand washing before handling food and after contact with feces;
- Safe handling of drinking water, raised and covered storage with a dispenser tap or ladle;
- Use of toilets;
- Garbage disposal – activity-based education where children actually managed the garbage disposal in the school
- Understanding on Health and Nutrition
- Balance diet – Diversification of food basket (use of locally available food)

Students from 3rd and 4th grade also participated in Educational tour. 25 students went to visit science exhibition in Jodhpur followed by a tour of zoological park. In science exhibition they saw many scientific experiments like occurrence of eclipse, life cycle of a plant, occurrence of rain in cycle method and many more. All kids were very happy to see these diagrams and visuals which also establish their memory. They have been served with refreshment and lunch and pencil boxes as gift to remain the memory of visit long lastly. They all happily returned to their homes.



Pic 7 & 8: WASH session organized at school





Pic 9: Educational tour to Jodhpur science centre and zoological park

The Impact:

Following has been the main impact of the project during the year:

- Self-esteem and confidence increased among young girls taking decision about their health and education.
- Outreach camps become instrumental to screen out suspected older adults patients to provide better eye care through referrals.
- Reduction in water stress leading a healthier life for women and girls.

Annexure – 1

List of project villages

S. N.	Village	Implemented from
1	Shri Ramnagar	GRAVIS sub-center Gagadi
2	Sirmandi	"
3	Shivnagar	"
4	Pabunagar	"
5	Pratap Nagar	"
6	Harlaya	"