

# **Project proposal**

## **1. The title**

Water, health and education for women and children of Thar

## **2. Location**

6 villages of Osian block of Jodhpur District

## **3. Duration**

One year (October 2015 to September 2016)

## **4. Target population**

Women and children living in the Thar Desert

## **5. Background**

The Thar Desert of India, spread across the state of Rajasthan mainly, is one of the most underdeveloped regions in the world. The region is chronically hit by persistent droughts and the communities in the rural parts of Thar are forced to live with poverty, illiteracy and poor health.

Poverty in Rajasthan is inextricably linked to the local environment. The proportion of people living below the poverty line is much higher than the national average as they live in the dry or un-irrigated areas where rainfall is low and highly variable.<sup>1</sup> Rainfall is limited to about 2 months of the year and annual rainfall varies from less than 100 mm in western Rajasthan to about 200 mm. in some parts of the desert. Of the 22 million inhabitants of Thar, 70% live in rural areas in extreme poverty particularly in low rainfall areas<sup>2</sup>. Lack of water and food commodities due to insufficient rains have caused deep-rooted poverty in the region.

Lack of healthcare facility, low levels of health awareness and consequent poor health of children and women is a significant concern for the region. Rajasthan has some of the lowest health indicators in India. State expenditure on health care is one of the lowest in the country with 95% of revenues being allocated to meet other needs.<sup>3</sup> There is a very

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<sup>1</sup> Community-based Pro-poor Initiatives Programme of the Government of India, Sub-programme Document

<sup>2</sup> India Planning Commission

<sup>3</sup> Public Spending on Health in Low Income States. Mita Chowdhury. 2006

high level of absence (43%) of health care providers in Primary Health Care centers (PHC).<sup>4</sup> In Rajasthan, primary health care has not reached a large number of poor people, especially women, lower castes, and communities living in remote areas.<sup>5</sup> Health problems are linked to low levels of health education and knowledge within communities, limited access to health services due to remoteness of villages and limited government trained health staff who are often shared between health posts.

Proposed initiative will focus on above issues of Thar and will implement a holistic initiative that addresses poverty, illiteracy and poor health for integrated development of the target community.

## **6. Objectives**

The programs of GRAVIS are mainly committed towards wellbeing of rural community, particularly marginalized & women. The philosophy, in which GRAVIS believes, focuses on holistic development of villages as they are the socio-economic development unit of country. Keeping this vision of organization in view, the objectives of the project are:

- To enhance water and food security through rain water harvesting.
- Improve the status of health of the vulnerable sections of the society, especially covering the groups of women and children
- Improve education of children, special focus of girl child education.

## **7. Proposed activities**

### **Construction of water storage tanks (*taankas*)**

A *taanka* is an underground tank for harvesting rainwater as well as storing water. It is a traditional method of water storage in dry areas. It taps and stores rain water from a local catchment- natural or artificial. When the stored water is exhausted, the *taanka* is used to store water transported from outside on cattle carts/ tractors. Thus *taanka* is an important element of water security in arid regions of Thar. Most importantly, it provides great relief to the women and girls from everyday-water-fetching-drudgery.

Under the project, GRAVIS intends to build fifty *taankas* in the six villages. These will benefit around 50 poor households comprising of nearly 400 people.

### **Construction of Khadin:**

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<sup>4</sup> Absenteeism in public health facilities in several Indian states (Chaudhury, Hammer, Kremer, Muralidharan and Rogers, 2003)

<sup>5</sup> Rajasthan Human Development Report. 2002.

A bund is constructed on the border of the field so that water does not flow out. Rainwater is retained in the field. The soil then retains moisture for a longer time. The water flowing in brings with it organic matter, minerals and new soil. These are retained in the field and act as manure. Because of more moisture, even two crops can grow in a year in one field. Overall, *khadin* raises agricultural productivity by 2 to 2.5 times. Under the project, GRAVIS intends to build 10 *Khadin*. These will benefit 10 poor households.

### **Organization of ANC, immunization and medical camps**

The GRAVIS medical team, consisting of a doctor, paramedical staff and village health workers will provide health services during special outreach medical camps in the project villages. The camps will provide ANC services to women and immunization to women and children. These camps will also cater to the general population. These will include screening, treatment of minor ailments, referral to health centers and follow-up of the persons treated earlier etc. During these camps, the health team will also conduct health and hygiene awareness sessions for the community members. It is proposed to organize 12 medical camps under the project benefiting nearly 600 people.

### **Running of primary schools for children**

Lack of educational facilities in a number of Thar Desert villages still is a big challenge. Under the project, GRAVIS aims to set up schools in remote areas of the project villages. The already set-up two schools will be get supports from the project and will provide primary education to rural kids.

### **Education Tour:**

It is considered to be an easy learning tool for capacity building, especially for children as it helps in understanding things in a practical way. As a result the children gains knowledge on historical, cultural, social, and religious contexts so that a holistic approach of development can be done. Also they get an exposure of places outside their village. Such kind of exposures not only helps the children to understand things going on outside their village but also subjects related to their daily life and upbringing. GRAVIS will arrange educational tours for the students of project villages.

## **8. Expected outcomes**

- 50 *taankas* providing year-long water security to over 400 people
- 10 *khadins* providing year long rain water security for agriculture to over 150

people.

- Improved status of health of the population through provision of medical services to 600 people and through health education among the community.
- Five schools set up including teachers salary and support material for providing education to 100 children with at least 50% students being girls
- From the educational tour the kinds of skills and knowledge that students are expected to acquire should also reflect any internal and external reference points that might be applicable. Fieldtrips in the local area, becoming familiar with the history, ecology and climate of the local area.

## 9. Implementation arrangements, monitoring and reporting

The project team will comprise of 1 project coordinator and 2 field workers and they will give 100 % contribution in project. In addition, a program coordinator from GRAVIS office will be given the responsibility planning, monitoring and reporting of the project.

## 10. Budget for one year

**Oct 2015 to Sept 2016**

Head	Unit	Unit Cost	Budget
Salary of Project Coordinator	12	10000	120000
Salary Field Worker (2)	12	14000	168000
Travel	12	8000	96000
Construction of taanka	50	20000	1000000
ANC, Immunization and Medical camps	12	7000	84000
Taanka Maintenance Training	2	10000	20000
Khadin construction	10	30000	300000
Khadin Maintenance Training	1	10000	10000
Teachers' Salary (3)	12	10500	126000
Support to schools (2)	12	3000	36000

Educational tour of children	1	20000	20000
GRAVIS administration	12	6000	72000
			<b>2052000</b>