

# *Annual Report*

*April 2002 – March 2003*

**DHARA Santsthan**

**Rai Colony, Near I. T. Office, Barmer**

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## From the Chief Executive Desk

DHARA has been putting its effort to bring development changes in the society since more than decade. The various types of issues like empowerment, girls child education, reproductive and child health, drought relief, awareness generation, environmental and sanitation were taken up by the organization. Community participation and ownership was the corner stone of each initiatives. Looking at the poor status of women in the society such as inability to participate in decision-making process, veiled and no control over their reproductive life. DHARA ventured to bring them into the main strata of the society through the process of empowerment. The learning experience has shown that SHGs are the effective way of women empowerment.

Reproductive and sexual health & right of adolescent is a neglected area. There are not any efforts, which addresses the adolescent's problem. We envisaged to impart knowledge and life-skill to face future challenges in life to them. The strategy adopted was to form adolescent groups in the villages and hold discussion on different issues related to adolescence stage.

The district has been prone to drought like situation. Many efforts like construction of tanks and environmental awareness generation were done.

The organization is committed to the social well being of the vulnerable group section of the society. We will continue to serve the people with the support of society at the same pace.

**Mahesh Panpalia**

**Chief Executive**

## **Introducing DHARA**

DHARA an acronym for society for development of Health Hygiene and Rural Action is a non-government organization. It was registered under the Rajasthan Society Act on 30 March 1989. It has been working on women and child health issues for the last 10 years. DHARA's scope of work is spread over the whole Barmer district of Rajasthan. Barmer district was formed in 1949 as a result of merger of small states of Pachpadra, Malani, Barmer, Shiv, and Siwana, which were under the erstwhile states of Jodhpur. The history of Barmer is replete with tales of heroic sacrifices and glorious selfless valour. Ruins of Rajput aristocracy are visible not only in the arches but also in the culture of the people. Rajputs are still respected as members and associations of the rural clan.

### **The Area, The People and The Administration**

Barmer, one of the largest and most backward districts of the exotic State of Rajasthan is largely arid. Apart from a small offshoot of Aravalli hills in the east, the region has vast sand covered tracts, which stretch for miles and form a part of the Thar desert that is known for its dryness, extreme temperature and erratic rainfall. The total area of Barmer is about 28,387 sq. km., which is 8.29 percent of the total area of Rajasthan. Barmer has extremes of temperature, sandstorms and paucity of rainfall. In some years the temperature soars up to 51°C. The average rainfall is 30 cm. Forest land accounts for less than 1% while 7% area of the district is wasteland. 14% of the total land consists of grazing grounds, open fields and rocks.

The population of the district is 19,63,758 which consists of 9,27,945 females and 10,35,813 males (census 2001). Total literacy rate of the district is 59.65, with male literacy rate of 73.64 and female literacy rate 43.91. The sex ratio is 896:1000. The population density of the district is 69 person per sq. km. Schedule Caste (SCs), Schedule Tribes (STs) and refugees of Indo-Pak wars constitute most of the population of the district. Almost 80% population in the district is engaged in agriculture while the other main occupations are animal husbandry and handicrafts.

Barmer has its district headquarter in Barmer town. The district has three subdivisions namely Barmer, Balotra & Gudamalini and 8 tehesils. The district is also divided into 8 Development Blocks (i.e. have 8 Panchayat Samities).

## **The Programme**

### **Empowerment of Girl Child and women through health and Education**

The first phase of the programme “Empowerment of Girl Child and Women through Health and Education” continued till October 2002. After there was a short break of two months, the second phase of the programme commenced in January 2003. This programme targets girls aged 4-15 girls ( and also male siblings of these girls) through NFE (Non formal Education) schools and girls aged 10-19 through direct home contacts. These NFE schools continued to function throughout the year except for the brake in the months of November, December 2003. The objectives of the programme are

- To provide opportunity of education for the girl with the aim of mainstreaming them into the formal system of learning. (Education).
- To facilitate reproductive health awareness in rural areas.
- Skill development of Traditional Birth Attendance (TBAs) to insure safe delivery.

### ***Educational Efforts***

#### **NFE Centers/Schools**

During the years intense activities were directed to bring in the left out girl children (aged between 4 to 15) to NFE Schools in five villages. Till now most of the girls in this age group have been enrolled. /only6 girls in total in these villages are left due to some or the family circumstances.

#### **Enrolment Efforts**

<b>S. No.</b>	<b>Village</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
1.	Suracharnan	16	10	26
2.	Sejuo ki Basti	20	12	32

3.	Suarajagir	24	29	53
4.	Setraw	22	30	52
5.	Dudhwa	18	25	43
<b>Total</b>				<b>206</b>



*(Girl Development School)*

### **Formation of Women Groups**

A major initiative during the year has been the formation of two Women groups in each of the villages (10 groups in total). These groups have 10 to 12 members each and are intensively involved in monitoring of schools and the health status on the villages.

### **Parent Meetings**

Regular meetings were held with the parents of the children enrolled in the NFE Schools. In the meetings the discussions are centered on the regular presence or the lack of it, of the child, the progress of child and his/her needs. Another agenda of these meetings is to take stock of the prevalent situation and issues of development. In this year 12 such meetings were held in which wide-ranging deliberation on the development of the child took place. Although the overall development agenda of the village was limited to information sharing and taking stock of the acute drought situation.

### **Teachers/Instructors Meetings**

Teacher and instructors meeting of the NFE Schools were also held on a regular interval. In all 7 such meetings took place in which discussion were held on strategies

for inclusion of the then left-outs and efforts to be get the NFE school students into the government school of the village.

## ***Health Care Efforts***

### ***Sexual Health***

Sexual health information was given via special meetings with the village women. Major sexual health problems were discussed and the attendants ere counseled on safe sex practices. Five such meetings were conducted in Setraw, Dudhwa and Sura Charnan village, The rural girls and women's were able to effectively speak out their problem with the women field workers. Four village women (comprising of two adolescent) were also taken place to participate on 'sexual Health' at Chetna Jaipur.

### ***Antenatal Care***

Regular meetings of the TBAs (Traditional Birth Attendants) were also held in which issues related to Antenatal Care. Natal Care, immunization were discussed. They were motivated to work more intensively on these issues. Especial emphasis was on referring high-risk cases to district hospital, Barmer. In all 7 such meetings were held and an average 10 to 12 TBAs attended these meetings.

#### Antenatal Care to Pregnant Women's

S. No.	Name of the Villages	Total Registration	TT1	TT2	Iron Tablet
1.	Suracharnan	22	22	19	22
2.	Sejuo ki Basti	17	17	14	17
3.	Suarajagir	15	15	12	15
4.	Setraw	21	21	18	21
5.	Dudhwa	18	18	17	18
Total		93	93	80	93

### ***Safe Delivery***

Due to efforts made by the health coordinator and the programme team the maternal mortality rate has been checked. This year there has been no such death in the area of the programme. This was largely possible due to the efforts and active participation of the programme team, trained TBA's, ANMs and the vigilant community. The programme team was able to mobilize the community and the TBAs to ensure delivery by the trained ANM's only. This has lead to more safe deliveries then the unsafe ones in the area.

<b>S. No.</b>	<b>Name of the Villages</b>	<b>Total Delivery</b>	<b>Safe Delivery</b>	<b>Unsafe Delivery</b>
<b>1.</b>	Suracharnan	20	14	6
<b>2.</b>	Sejuo ki Basti	16	9	5
<b>3.</b>	Suarajagir	11	8	6
<b>4.</b>	Setraw	18	12	3
<b>5.</b>	Dudhwa	15	10	7
<b>Total</b>		<b>80</b>	<b>53</b>	<b>27</b>

### ***Immunization***

During the year renewed efforts were made to get the children and the new born infants in the five villages vaccinated. About 50% of all the children ere totally immunized by the efforts of the teachers/health care coordinators.

### ***Immunization under the Programme***

<b>S. No.</b>	<b>Name of the Villages</b>	<b>BCG</b>	<b>DPT/P1</b>	<b>DPT/P2</b>	<b>DPT/P3</b>	<b>Measeals</b>
<b>1.</b>	Suracharnan	24	32	26	20	16
<b>2.</b>	Sejuo ki Basti	20	34	26	22	18
<b>3.</b>	Suarajagir	14	22	18	12	10
<b>4.</b>	Setraw	28	36	28	22	26
<b>5.</b>	Dudhwa	20	28	22	14	18
<b>Total</b>		<b>106</b>	<b>152</b>	<b>120</b>	<b>90</b>	<b>88</b>



## ***Drought Relief Programme***

Barmer has seen the fourth year of unreeling drought this year. There was a total crop failure and even the drinking water was scarce. In these conditions a programme to construct water storage structure was taken up in 17 villages of Barmer block. During this programme a total of 35 tanklis of 4" x 5" size were constructed. Before the

beginning of village level organized for beneficiaries.

beneficiaries the SC and ST widow the vulnerable



the programme a meetings was the selection of the Most of the were chosen from Community, the disables and other sections of the

village. Due to social and economic deprivation these people were unable to construct any water storage structure and thus became vary vulnerable in the times of this intense drought. Most of the selected people had to go as far as 5 to 10 km to fetch drinking water on a daily basis.

## ***AIDS Control***

Barmer is boarder district of Desert Rajasthan, which experience drought every second or third year. Henceforth there is a sizeable male population that comes back to their homes in the district only in drought free years for farm work. They stay for many months for work in other states (mostly as daily wage labors) when there is no rain. This group is the most likely trafficker of HIV in this region. Secondly, Barmer district is adjutant to Jaisalmer, a major tourist hub. Lastly Barmer is a boarder district and has a large presence of armed forces even as the local village community was largely ignoramus.

All these situation made Barmer an ideal breeding ground of HIV/AIDS.

The HIV/AIDS control has been in focus of the organization's efforts for the last four years. Varied efforts have been made under various health related and other awareness programme on arresting the spread of HIV/AIDS in Barmer, district.

### ***HIV/AIDS Counselling Center***

For the last two and a half years a HIV/AIDS counseling center is being run in the district hospital premises, Barmer. This center was started with the major objectives of spreading awareness in the region about the menace of HIV/AIDS and to counsel the prospective and identified HIV positive patient. The other objectives were to intensively spread awareness in certain villages where the problem is more profound, condom promotion and providing health care for persons with HIV infection or AIDS.

The center is run in the main building of the district hospital. These are two councilors (one of them females) that are available in hospital hours for counseling. The patients coming to the hospital's medical, gynecological and surgical departments with relevant problems are referred to the center. The patients are also welcome to directly approach the center and get appropriate support. The main activities of this center include, counselling support, preparation and arrangement of communication material, behavior change communication, data collection, documentation and evaluation.

The major impact of the intervention has been that people have become aware of HIV/AIDS. The HIV/AIDS patients have started using condoms. The attitude of the family and society towards HIV/AIDS patients has also changed to a, more positive one.

In this year more than two hundred patient's were counseled by the center and support of various sorts was provided to them.

### ***Field Level Activities to Arrest the Spread of AIDS in the District***

#### ***Awareness Campaign***

An awareness campaign was carried out in Barmer district in which the village community was oriented on the issues of HIV/AIDS. The activities include quarterly Camps at Gram Panchayat and PHCs; street plays; lecture in schools and colleges

(especially Girls colleges); lecture for NSS volunteers, NCC cadets, personal of Army and BSF etc.

### ***Communication Campaign***

A communication campaign was also carried out during the year. Where message related to HIV/AIDS control was propagated using a variety of mediums. There were posters depicting the message put at public urinals, Movie theaters, Bus Stands, Railway Station, Post office, town halls, information Center, Government Offices, Book Stalls, Main Gates of School/Colleges and other Prominent Public Places. Apart from these some broad casting medium like the local city cable and radio communication was also used.

### ***Condom Promotion Among the Community***

Condom promotion was carried out through Anganwaris, Chetna Kendras and Women SHGs of the area. Condoms were also directly distributed in Red Light Zones and at trucker's association offices.

### ***National Environment Awareness Campaign***

DHARA along with Seva Mandir, Udaipur & Ministry of Forest & Environment, Government of India, Conducted a one-day programme under the National Environment Awareness Programme, to create awareness on environment. A rally was taken out by about school children to sensitize the village community on environment protection needs. There were poster display and slogans on contemporary issues related to environment. Later there was quiz competition for the school children and a general meeting with villagers. About 200 people participated in the meeting. In this meeting there was panel of environment workers who explained the practical land, water and forest conservation methods. The issues of air and water pollution were also discussed.

### ***Total Sanitation Programme***

The Total sanitation program was taken up in the villages in Barmer and Shivana block of Barmer district. The total population covered under the indicative was about 8, 000. The major objective of the programe was to give practical information relating to

hygiene and cleanliness and thereby a change in the hygiene habits of the local population.

### ***The Survey***

In the beginning a survey was carried out in all the villages covered under the initiative covering all the households in these villages. The data gathered was about household cleanliness, oral/personal hygiene, safe drinking water strong practices etc. This survey helped the program team in getting an understanding on the major hygiene problems in the area.

### ***The Campaign***

After this a community awareness campaign was taken in all the 10 villages covered under the programmes, there were ward-wise rallies in all the villages in all 28 rallies were out via local school children. There were vocal slogans related to hygiene and cleanliness to spread awareness on the issues. Hundreds of messages on the issues were painted at public places in the wards to motivate the local population towards better hygiene and cleanliness practices. Latter house-to-house visits were made and personal meeting were held to bring about a behavioral change among the people. All the queries raised by the people were answered and doubts clearing session were held.

### ***Women Right***

Various initiatives were taken during the year women right. The major emphasis was on organizing and social empowerment of the women.

### ***Women Group Formation***

In 5 villages of Barmer block 25 women groups have been constituted to work on women right. Most of the women in these groups come from Dalit community or belonging to poor families listed in the BPL families list in their villages. The main objectives for organizing the women was to collectivize the voices of the society on women rights.. These groups have worked on dalit rights, mainstreaming of government schemes, women atrocities, and income generation activities.

### ***Grameen Mahila Sammelan***

A women conference was held on 29 December 2002. The main objective of this conference was to discuss rights issues related to women rights and empowerment. A total of 270 women from Barmer block attended the conference. The deliberations during the course of the day mainly concentrated on Social evils that are contra to women empowerment, Discrimination against dalit women, organizing & economic empowerment of women, mainstreaming of the government programmes for the benefit of women. There was also a sharing session in which the women who have gone on exposure visit, had taken steps like bringing the women grievances to high officials/politicians shared their experience with the other participants and motivated them to come forward in an organized way on the pertinent issues in their villages/society. The district Programme Director (PD) also addressed the congregation and gave information regarding government initiatives/schemes on women up liftmen. The BDO and *Pradhan* of Barmer Block also addressed the gathering and have given their assurances messages of consolidation to the participants.

## **The Ways Forward/Ahead**

DHARA has planned to take up following endeavour in ahead time.

1. Work with the community where female infanticide is prevalent and reduce such heinous practices.
2. Develop a long-term strategy for drought mitigation.
3. Ensure quality and prompt reproductive and child health in the community
4. Universalization of elementary education in the society especially in rural area.

## The Staff Members

1. Mr. Mahesh Panpalia (Chief Executive)
2. Mr. Ghamandaram Choudhary (Health Coordinator)
3. Mr. Girraj prasad Jangid (Education Coordinator)
4. Dr. Uma Bihari Dwivedi (HIV/AIDS Counsellor)
5. Mr. Namichand Bosia (Lok Adhikar Coordinator)
6. Ms. Kusum Dave (Lok Adhikar Asst. Coordinator)
7. Mr. Jagdish (Teacher)
8. Ms. Jaethi Choudhary (Teacher)
9. Kumari Susila (Teacher)
10. Mr. Hazariram (Teacher)
11. Mr. Annaram Choudhary (Teacher)
12. Mr. Tara Prasad Panigrahi (Accountant cum Administrator)

## **The Governing Board**

1. Dr. Kumkum Shrivastav (Chairman)
2. Mr. Kalaram Panwar (Treasurer)
3. Mr. Mahesh Panpalia (Secretary)
4. Mr. Rambabu (Member)
5. Ms. Rajkumari Surana (Member)
6. Mr. Yagadat Joshi (Member)
7. Ms. Jaymala Gupta (Member)

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