ANNUAL REPORT

DHARA SANSTHAN

2008-2009

Looking forward to ensure the development of deprived and finding the opportunities of livelihood through collective efforts.

DHARA SANSTHAN
245, SHRI KRISHNA NAGAR, RAI COLONY,
BARMER, RAJASTHAN
PH:91-2982-221556, 9414271028
FAX:91-2982-221556

Content

Foreword:

Mahesh Panpalia
Chief Executive

Organization Details

Vision:

To create exploitation free society on the principle of social justice and gender equality

Mission:

To improve the living condition of women by strengthening their livelihood, health and education; enabling them to build accessibility and control over issues affecting their lives.

Objective:

- *Creating awareness of various health issues (including reproductive health, female infanticide, gender discrimination, service delivery points etc.) in the community (especially women and adolescent girls)*
- *Capacity building and sensitizing women (including Panchayat raj institute members and traditional birth attendants) for local leadership*
- *To organize rural women (Mahila Mandals) and involve them in the process of development*
- *To increase accessibility of schools especially for deprived girls*
- *To bring the change in health seeking behaviour of the community and utilization of health centres by the community*
- *To disseminate information and experience of different projects and activities*

Board of Directors

Sl.No.	Name	Designation	Occupation	Address
1	Dr Kumkum Shrivastav	Chair person	Social activist	Jaipur
2	Mr. Mahesh Panpalia	Secretary	Social worker	Barmer
3	Mr. Manaram	Treasurer	Social Analyst	Barmer
4	Mr. Rambabu	Member	Executive Director, IIRD jaipur	Jaipur
5	Dr. Surendra Bhandari	Member	Medical Officer	Jodhpur
6	Mr. Yagya dutt	Member	Advocate	Barmer
7	Mr. Shankarsingh	Member	Social worker	Barmer

Management Team and staff members

Mr. Mahesh Panpalia
Chief executive cum secretary

Programme:
Hitesh Sharma (Programme coordinator)
Chokharam (Assistant programme coordinator)
Santosh kumar (Senior Accountant)

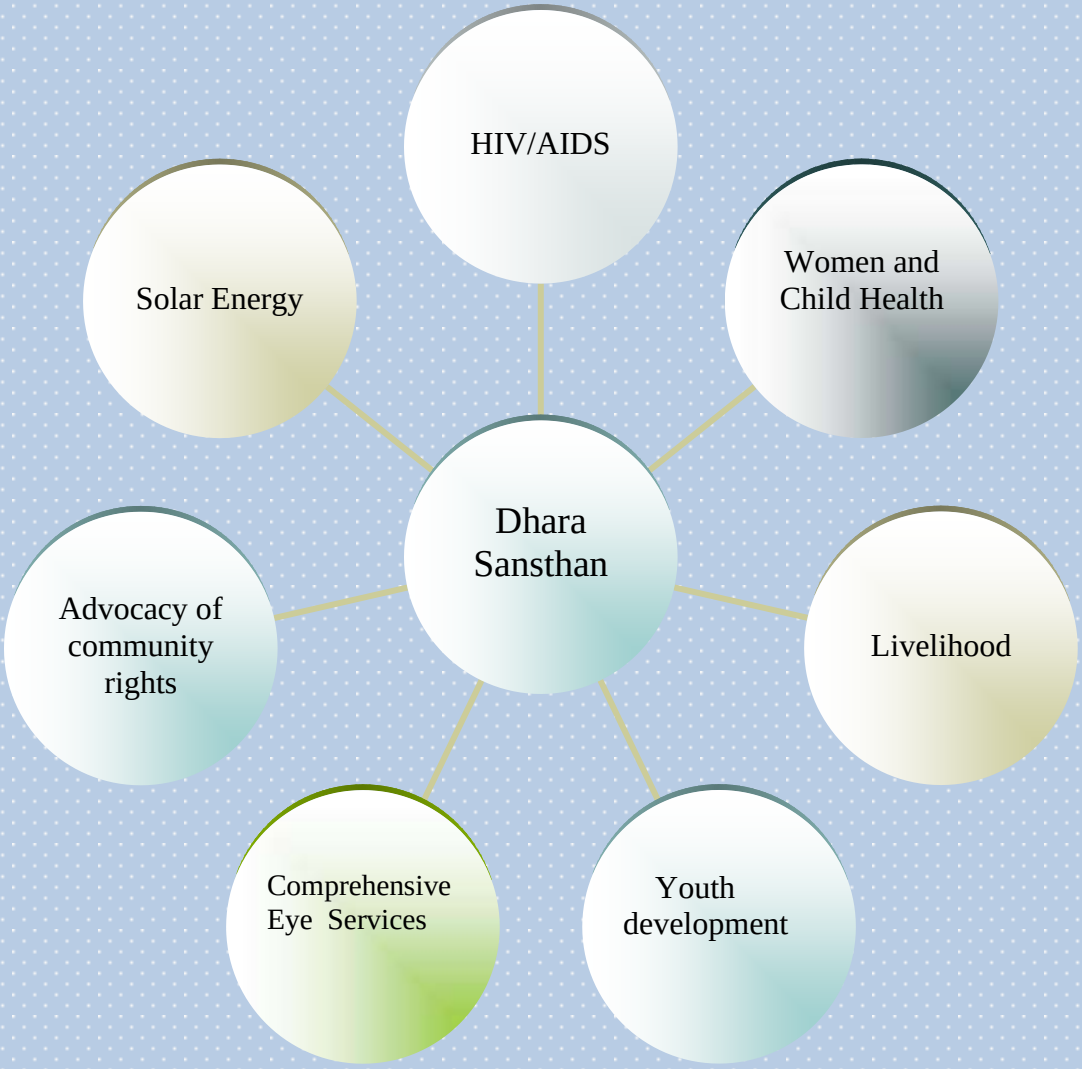
Project Staff:

Girdhar Pandya
Ajay Ranjan
Rekharam
Nitin Mishra
Muklesh Kumar
Chimnaram
Gopal Garg
Rao ram
Motilal
Shersingh
Mahendraram
Balwant
Manaram
Harikrishan
Sona Ram

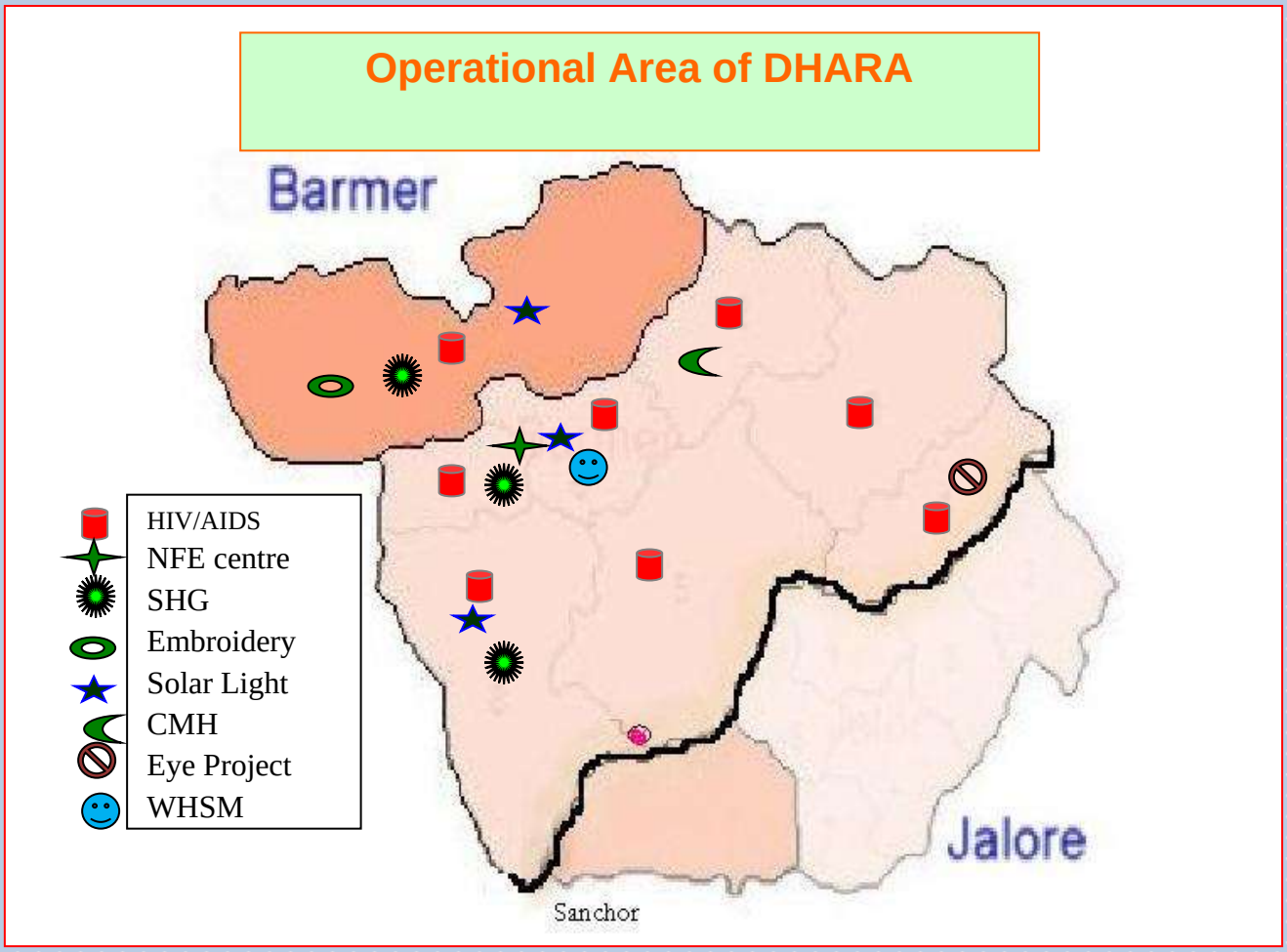
Chutraram
Kanaram
Ambaram
Madan Solanki
Vikas Kumar
Parsaram
Thanaram

Apart of this 40 link workers are giving their best efforts being the pillars of organization.

Programmes


HIV/AIDS
Solar Energy
Women and Child Health
Dhara Sansthan
Advocacy of community rights
Livelihood
Comprehensive Eye Services
Youth development

The Operational Area



Dhara Sansthan has been working in whole region of Barmer District. Most of the part is desert and population resides in dhanis in which rural led their life in lack of facilities. Agriculture is completely dependent on rainfall. Apart of this options of livelihood are very few. A huge part of District is situated on border .

Status of education , health and sanitation is very low . Rural are unaware regarding their rights and other govt. facilities and schemes. In these circumstances Dhara has been working for two decades. Dhara was the only organization to work on rural development before 20 years.

Livelihood

In context of Rajasthan, handicraft have distinct identities and play a very crucial role in the process of economic development by value addition, employment generation, equitable distribution of income, removal of regional disparities as well as through export earnings. Government of Rajasthan has proposed cluster development policy which will be coterminous from 11th five year plan. Industries development department of Rajasthan Government has been introduced Cluster Development Programme to promote the small scale handworks and to preserve the tradition, art and inherent skill of the artisans throughout the Rajasthan. Cluster development approach leads to provide sustainable livelihood and income where artisans could be self-reliant. Along with 25 other clusters in Rajasthan, Embroidery Cluster Shiv has been initiated in Barmer district of Rajasthan. Dhara Sansthan of Barmer is implementing the Cluster Development Project and Basix has taken responsibility to technical support to the Embroidery Cluster, Shiv.

Barmer is biggest hub of the artisans. Because of contrary weather condition agriculture and its allied activities have not been permanent source of livelihood income and artisans work has been developed as a tradition and also a prime source of income. Traditional nature of value addition at different level and the supply chain of the artisans product (especially embroidery product) creates profit periphery for the traders and middleman where producers (artisans)are not getting their labor charge even as per the Government rates. This lacuna is there because of three Ms; Money, Market and Management. In these circumstances Dhara sansthan and Basix have planned to provide technical support to artisans for above mention three tribulations with the help of industrial development department, Govt. of Rajasthan. The mission of the program is ***"To establish a producers company which will be owned and managed by the artisans itself."***

Recruitment and Base line survey*: For need assessment and finding the skilled and semiskilled artisan of the project area survey was organized in 37 villages. For the preparation of this survey team of 6 member was built and orientation was given to them. A questioner was formed to collect the data. Then the household survey started. Team collected the primary and secondary data from the remote villages. After compilation the major findings were as follows-*

House Hold Survey of Shiv Block, Barmer

No of village	No of Panchyat	GEN.	OBC	SC	ST	TOTAL	Male	Female	Total	APL	BPL	Total	Pot. Artisan
31	19	1529	151	1438	102	3220	9211	8229	17440	3094	126	3220	2350

SHG formation: *After regular group meetings artisans were briefed about the habit of saving and to increase the economics of their family. Rural women showed their great interest towards the concept and SHGs were formed among the artisans. All these artisans are basically in poor economic conditions. Self help groups played the major role in liking them with organization. Rural women started saving the money per month from their expenses collectively and now they are able to help each other financially and socially. Up to the year 22 SHGs have been formed. Regular meetings and saving is going on.*

Total SHG	*Members*	*Total Saving*	*Bank account opened*
22	*371*	*84500*	*22*

Skill up Gradation trainings: *With a long process of interaction first skill up gradation training was organized at Gadra road, jumma fakir ki basti in march 08. Two trainings were started at the same time at different locations. 80 artisans were given the training of skill up gradation. After this training two trainings in lalasar and one training in Sahdad ka par was organized. In these trainings women artisans were briefed about the cotton, silk and appliqué embroidery work. Most of the artisans use to do the rough work in embroidery, they were trained how to do the skilled and better quality work from which they could get the more labour.*

Impact of trainings:

- *Women learned about the cutting and tracing.*
- *Proper stitching in appliqué work according to the designs.*
- *Folding and other careness while short stitching in appliqué work.*
- *Close and neat stitching in embroidery work.*
- *Learned how to work with quality.*
- *Those women who were working roughly now they were giving the quality work in embroidery and appliqué both.*
- *Artisans got the market knowledge.*
- *Artisans learned about the entrepreneurship and working together.*

Exhibitions:

After completion of skill development trainings looking forward to participate in exhibition to display the product, enter in market and to build linkage with buyers. In this sequence Industry department given the platform to create the linkages. During the project period of this year cluster team participated in four exhibition, two at jaipur and one at Jodhpur and one at Baytu. Before participating in the exhibitions need to do some preparations.

Organization decided to categorise all exhibition work in three different part

1) Product finalisation and Procurement (pamphlets/broacher, business cards, poster, banner, sign board, ad in news paper)

2) Preparation of promotional strategy and material (product quantity, product range, collection of finish product, tagging, packing)

3) Preparation of record keeping formats and documentation (stock register, sale register, order taking sheet, visiting register apart from this one book for keeping records of traders meet (personal/meet) and others should be there.)

it was suggested by industries department that we should invite possible buyers and traders of the cluster's product. We did the same and invited different buyers and traders using invitation letter, personal contacts and through internet. We have taken print-out of invitation letter in the form of traditional invitation card.

First exhibition in which we participated, organized by industry department at Jal Mahal, jaipur in the month of August 08. This exhibition was inaugurated by former health minister Mr. Digember singh. During this seven days exhibition the sale of the stall was Rs.4877.

Second one was organized at Baytu and total sale during the exhibition was Rs. 760.

Third exhibition was at jaipur. This exhibition was very fruitful regarding sale an building linkages. Total sale in this exhibition was Rs. 20685 and got the order of 200 cushions from buyer of Jaipur.

Fourth exhibition was held at Jodhpur and total sale was Rs. 820.

Outcome of Exhibitions:

- *Got the first order of 200 cushions.*
- *Built the linkages with the exporters and buyers.*
- *Got the valuable suggestions from different experts regarding quality improvement, development of latest designs and creation of value additions.*
- *Learned about the market strategies and trends.*


क्लस्टर कन्वेंशन्स


15 दिवसीय कौशल उन्नयन प्रशिक्षण

Major Achievements:

- *250 artisans have been registered and got the artisan card.*
- *32 potential group meetings were organized in which 347 artisans participated.*
- *Village meetings were organized in our field area to create the environment and to orient the villagers about the objectives of project.*
- *6 skill development trainings were organized in the remote area.*
- *154 artisans have been trained through skill development trainings and now they are working more qualitatively.*
- *23 SHGs have been formed and 371 rural women have initiated the habit of saving.*
- *Their corpus up to Feb. 09 is Rs. 84500.*
- *Production of embroidery and appliqué products has been started.*
- *Participated in 4 national and state level exhibitions.*
- *Total sale of the products up to the date is Rs. 35742*
- *Got the order of 200 cushions (Rs. 8600) and completed it within the time limit.*

Women Health and Safe Motherhood

Barmer district is a Desert region and very backward in comparison to other major cities of Rajasthan. Most of the population resides in villages. Most of the villages are in accessible mainly due to lack of transportation facilities, roads and also encroachment of roads by moving dunes. Many people live scattered in Dhani thus it is difficult for them to access education and health services provided by government. This resulted in problem mainly on account of women health and motherhood, many women die while being travelling to hospitals particularly during complexities in pregnancy and deliveries. Considering this fact DHARA Sansthan planned project for bridging the gap and improve access of health facilities to remote villages. This project was initiated for 22 villages of Ramsar Community Health Centre, Barmer district, Rajasthan. DHARA Sansthan is supported by Sir Dorab Ji Tata Trust (SDTT), Mumbai. This project titled ***"Women health and Safe-motherhood" is implemented since*** *1st November 2005 and this year it has entered third year. Following pages gives report for the period November 2007 to April 2008. The achievements so far are quite encouraging and helping poor community in the remote desert region to get access to health services and achieve safe motherhood in such difficult terrain.*

In the first implementing year initial activities which were done was base survey and need assessment. Team was build and oriented for the program. After collection of Data regarding health facilities, status of maternity and social/economic conditions of villagers, awareness program was organized at village level. Along with awareness program health camps were organized, organized ANM orientation workshop, TBA sensitization, TBA refresher, formation of SHGs and training of SHGs. Through these initial activities linkages with govt. health system were built and villagers were oriented and awarded about the program. Lots of villagers were benefitted through health camps and women were strengthened with the formation of SHGs.

During next year the major goal was to form new SHGs and strengthening the members through trainings and workshops. In this year SHG trainings were organized for fresh groups and refresher training for older ones. Entrepreneurship trainings were given to old members so that they can enhance their skill and support their family financially. Apart of this various activities were organized for pregnant women and TBAs. With a long sequence of activities and achievements villagers have been benefitted with heath facilities and livelihood program. With goal of livelihood promotion, income generation and continuous facilitation of health services year 2008 activities were organized.

Training of SHGs:

To brief and orient the rural women regarding maternal health organization organized six days training with 22 SHGs. During these trainings SHG members were briefed about the various issues of pregnancy, Reproductive tract infections and other vaginal diseases by experienced resource persons. Rural women had been developed the thrift through micro savings in SHG. For their sustainable economic development entrepreneurship training was organized in the project field. Three trainings were organized and members participated with their complete response. In these trainings participants were detailed about the long term goals of SHG, entrepreneur skills, development of leadership qualities and management of micro units by skilled trainers. The emphasis of these programs was to develop entrepreneurship among participants for their development in society and motivating them for improvement in their work culture. The Entrepreneur means new/ fresh person engaged in production/

services of products at small / medium / large scale. Every woman associated with SHG is an independent Entrepreneur. She can do individually and / or in group any activity.

TBA and Women health worker trainings:

For sensitizing the TBAs regarding safe motherhood and maternal health three days TBA training was organized in remote areas. In this training TBAs were detailed about the safe delivery, prenatal and post natal care, immunization, STI/ RTI and other related issues by skilled and experienced resource persons.

Under the program we organized the planned women health worker training to strengthening the skills and upgrade the knowledge level. In this one day training health worker were detailed about the various issue of safe motherhood and other related health services.

Medical health check up camps:

In the remote areas of Ramsar there is lack of transportation and health facilities owing to these conditions rural could not get the proper health treatments and drugs. It results in serious diseases and poor health status. To eradicate the problem Dhara sansthan organized 5 Medical health check up camps in the village. In these camps specialist doctors ie physician, skin specialist, eye specialist and gynaecologist were hired and made available their services to rural in their own villages. In these camps 567 villagers were got the treatment as well as free drugs and referred in case of serious disease . Through these camps we found that skin diseases and STI are very common in the remote areas. During the camps people were also exposed to importance of women health for society and specific needs of women during the pregnancy period and at the time of delivery. They were also shared about the problems commonly found during the pregnancies and deliveries and role which can be played by institutional deliveries, so that life of both mother and child can be saved.

Awareness campaign:

To eradicate the social myths and create the awareness regarding general health and safe motherhood campaign was organized in 22 villages of Ramsar. The social evils and the existing taboos are threat to the health issues in the area. An awareness campaign aiming at the removal of this belief is being proposed in this project. Social evils and taboos like child marriage, unmatched marriage, female infanticide etc. strongly persists among the desert communities. These social evils marginalize the

Girl/women and perpetuate gender discrimination in crude forms thus blocking the growth of girl child. It is aimed to address these evils at the village level.

To enhance the utilization of maternal health service in the area special awareness drive on child marriage, unmatched marriage, and female infanticide was carried at the village level. Sensitization of community and mobilization of their opinion against all forms social evils and gender discrimination was an essential part of the strategy. Broader discussion was facilitated among the indigenous and traditional leaders of desert communities against the prevalent evils and gender discrimination. They were motivated to mobilized public opinion to arrest such evils, as their voices strikes resonance with the larger community. These leaders were invited to issue resolution for banning child marriage, unmatched marriage, female infanticide and other forms of gender discrimination.

In all the 05 programme villages Awareness camp were organised to create awareness about the health related aspects and problems associated with them. During the campaign contact drive was under taken

With teachers, students and people discussing the health issues and components of the programme. Slogans were written in walls and streets of the villages. One singing team was called under the leadership of Mr. Anwar Khan of Ramsar. The team visited villages and used traditional way of singing and Bhajans to create awareness among the community members. The themes of songs also included issue of gender equity and education for all.

SHG meetings and Bank linkages:

In all the project villages team organised meetings and motivated women members of community to get organised into small groups namely Self Help Groups (SHGs). After regular meetings rapport could be built and new five women SHGs are formed in villages. Presently SHGs are regular in organising their meetings with more that 95% attendance. Women are now coming together and started helpinh each other at least on village level. Slowly-slowly they are developing trust among each other and also their own group capacity. They have also started rasing their problem in group and saving for difficult time.

- *Further organising women community and inculcate saving habits among them to strengthen status of women in society*
- *Implementaing Development activities in village and groups.*
- *Eradicating gender based bias from the village society*
- *Initiate for effective participation of women in Panchayats*
- *Develop feeling of mutual help among villagers specially women*
- *To work to bring change in attitude of women and society towards "women health"*

Kits distribution to TBAs:

TBA is the major pole of this program. To make them very sensitive about five cares during the delivery kits were distribute to the TBAs. With these kits they can care mother and child safely during the natal. These kits were given to the 25 experienced TBAs.

Village health committee meetings:

To run the various activities successfully regarding safe motherhood and women health at village level committees were formed named VHC to monitor and support the program. Village sarpanch, vard panch , school teachers, ANM, TBA , SHG members and other active villagers were selected as member

of this committee. Regular meetings were organized of these VHCs. In these meetings future strategies monthly progress and other planning's, problems were discussed. This VHC will be the lowest string in the health management system, which will work for coordination between health services and community. Their prime role will be to create awareness among the village people in the aspects of health services and their effective utilization. The committees have members with similar mind set and are committed to situation of good health for all villagers. The VHC will also work to facilitate other development initiatives in the village. It will work on following aspects.

Vaccination:

To save the new born child from various diseases vaccination program was organized in selected villages with support of ANM. Apart of this immunization of vitamin A was also the part of the program to benefit the villagers. Details of vaccination is as follows-

S.N.	Name of village	0-6	1-6	BCG	DPT/Polio			Diphtheria
					I	II	III	
1	Chadar Baklsar	27	38	25	26	25	25	30
2	Chadar Madrup	17	25	15	15	14	14	25
3	Chdar Dakhnat	15	20	14	14	14	14	20
4	Ramdev Mandir	70	260	60	41	41	41	39
5	Pabudan Singh ki Dhani	30	40	25	20	20	20	16
6	Shera ka Tala	10	15	6	7	7	5	17
7	Salariaya Kalariya	13	18	11	7	7	7	15
8	Chari	23	45	23	21	20	20	24
9	Dhanora	20	30	19	18	17	16	23
10	Giraliyon ka Tala	20	23	18	17	15	14	23
11	Rohri Nari	13	22	12	12	11	11	22
12	Devpura	7	31	7	9	6	6	15
13	Parariya	19	32	18	15	14	14	25
14	Khariya Radhoran	70	250	65	50	50	50	80
15	Puniya ka Tala	20	85	18	10	10	10	19
16	Ratasar	12	17	12	10	10	10	25
17	Jakhro ki Dhani	22	47	21	20	20	20	30
18	Janduo ka Tala	24	58	23	20	19	18	30
19	Hirpura	10	40	10	9	9	9	16
20	Sutharo ka Tala	14	30	13	12	12	12	20
21	Lumbasar	15	35	12	14	16	16	25
22	Ratasar Der	12	24	12	12	14	14	25

6. Pregnant registration:

In selected villages registration of pregnant women was done by health workers so that the pregnant rural women could not face the various problems during natal period. After the registration they were also detailed about the vaccinations, nutritional feeding and other issues of pregnancy. Details of pregnant women registration is as follows-

S.N.	Name of village	Registration	T.T.1	T.T.2	Iron Tablet	First Check up	Second Check up	Third Check up

1	Chadar Baklsar	15	13	10	13	13	10	10
2	Chadar Madrup	6	6	5	6	6	5	5
3	Chdar Dakhnat	7	6	4	6	6	4	4
4	Ramdev Mandir	35	27	21	27	27	25	23
5	Pabudan Singh ki Dhani	12	10	8	10	10	8	9
6	Shera ka Tala	9	8	8	8	8	7	7
7	Salariaya Kalariya	14	13	11	13	13	10	10
8	Chari	15	10	8	10	10	10	10
9	Dhanora	18	17	15	17	17	15	15
10	Giraliyp ka Tala	20	18	13	18	18	15	15
11	Rohri Nari	7	7	6	7	7	6	6
12	Devpura	13	12	10	13	12	12	11
13	Khariya Radhoran	60	40	35	40	30	30	30
14	Puniya ka Tala	20	15	13	20	18	18	18
15	Ratasar	14	13	12	14	12	12	11
16	Jakhro ka tala	21	19	15	21	21	21	21
17	Janduo ka Tala	19	18	17	19	19	19	19
18	Hirpura	12	12	10	12	12	12	12
19	Sutharon ka tala	13	12	11	12	11	10	10
20	Lumbasar	22	22	20	21	20	20	20
21	Ratasar Der	14	14	13	14	14	13	10
22	Paradia	20	16	14	20	17	17	17

Safe deliveries:

S.N.	Name of village	No. of delivery	Boy	Girl	ANM	TBA	At Home	Refer
1	Chadar Baklsar	27	15	12	20	4	2	1
2	Chadar Madrup	17	8	9	10	4	3	0
3	Chdar Dakhnat	15	8	7	8	3	3	1
4	Ramdev Mandir	70	37	33	28	30	8	4
5	Pabudan Singh ki Dhani	30	14	16	15	9	5	1
6	Shera ka Tala	10	6	4	4	2	4	0
7	Salariaya Kalariya	13	7	6	5	2	5	1
8	Chari	23	12	11	11	8	1	0
9	Dhanora	20	10	10	9	7	4	0
10	Giraliyp ka Tala	20	9	11	11	8	1	0
11	Rohri Nari	13	7	6	3	9	1	0
12	Devpura	7	4	3	4	3	0	0
13	Khariya Radhoran	7-	36	34	26	36	6	4
14	Puniya ka Tala	20	10	10	11	9	0	0
15	Ratasar	22	10	12	13	8	0	1
16	Jakhro ki Dhani	25	13	12	13	10	2	0

17	Janduo ka Tala	27	13	14	14	12	0	1
18	Hirpura	20	12	8	9	8	2	1
19	Sutharo ka Tala	30	16	14	12	15	2	1
20	Lumbasar	12	7	5	5	5	0	2
21	Ratasar Der	12	6	6	6	3	1	0
22	Pararia	15	8	7	7	8	0	0

Major achievements:

- ✓ *Effective decrease in mother and child death rate during natal.*
- ✓ *Increase in awareness level regarding vaccination.*
- ✓ *Strengthening of SHGs through savings and entrepreneurship program.*
- ✓ *Created awareness regarding social stigmas and misconceptions among rural population.*
- ✓ *Selected and trained the TBA and they are providing their services to pregnant women.*
- ✓ *VHCs are working properly and working as supporting had of health functionaries.*
- ✓ *Linked the villagers with various govt. schemes and benefitted them.*
- ✓ *Aware the women regarding STI and availed them treatment free of cost.*
- ✓ *Decrease in no. of child marriage.*
- ✓ *Initiated the process of effective system for safe motherhood in barmer block.*
- ✓ *SHG and TBAs are playing major role in maternal health.*
- ✓ *Increased the attendance of skilled ANM at delivery.*
- ✓ *Increased the participation of male partner in child, mother care and family planning.*
- ✓ *Created awareness regarding proper vaccination and availing other facilities in maternal care.*

Comprehensive Eye Services

Siwana tehsil has 116 revenue villages with a population of 2, 13,648 having sex ratio of 1000:922. In this desert region a good number of people are facing problems of eye diseases such as cataract, glaucoma, sight error, night blindness and others. It is also observed that remote locations and poor connectivity resulted in limited knowledge and access to facilities pertaining to eye care. The hospital facilities at Siwana and other PHC do not have facilities related to eye care. Thus distant location of eye care facilities, poor income sources, adverse climatic conditions were the reasons which were making eye health as major issues due to lack of preventive measures.

In this situation Sight Savers International and DHARA sansthan initiated processes of improving access of eye care system in the tehsil since March 2006 through a programme, which included components like awareness building, raising concerns, building eye care in priority agenda, improving check-up facilities and services. During two years of journey number of activities was carried out to achieve specific objectives as stated before start of program. This report presents a record of various activities, achievements so far, learning, action plan for the coming year. Though by March 2009 the present phase of programme comes to an end, but in want of sustainability of eye care system in the area program has planned activities and mile stone for the coming year with the unspent budget.

Review and learnings

The 33 months of programme on creating a system for Eye Care in an area with poor access could not do miracle but definitely created a good threshold in changing the scenario where low vision is considered as one among the other diseases and taking treatment could cure such errors is established. In this line programme envisioned some activities and set a number of indicators linked to some specific objectives. The programme activities so far provided us with some learning which will help us to take the journey forward in creating Siwana as a tehsil where vision errors are considered as important issues which demands preventions and timely treatment, with required system to improve access of poor community. Following are some of the learning's of the programme so far

- *Traditionally blind people were considered as liability for family thus their participation in economic activities has never considered as an option, thus the matter of economic rehabilitation of blinds is one of the critical area which still need further strengthening. SO far three people have started their self dependant occupation/ activities such as mobile shop of general items, cycle repair shop and animal husbandry. It is really a time taking area and need*

further hammering for family members as well as building confidence among blind people themselves.

- *Though programme have planned linking blind people with credits, but it has been difficult to convince both blind people and credit institutions (Banks) to come forward and provide them with loan. It will require some more time of confidence building among the blind people of age group 12 to 36 (who could be economically active).*

- *Initially it was planned to organize regular meetings with government department, but poor participation from them in organized events have asked us to change our strategy to the level of "Paying visits for contact session"*
- *Programme planned linking blind persons with pension, but it was realize that there is no provision for pension to blind persons in general rather it is only for blind persons under BPL category.*
- *The issue of "Vision Centre" has provided us with the learning that creating one centre would not address the problem of limited facility and we would have to think for some other alternative in this direction. In our programme we operated it as "Mobile Vision testing facility". This helped us to reach 711 from 95 villages in check-up.*

Sustainability

As regards the sustainability issues in EYE care is concerned we have certain issues for inclusion in the coming period of programme so as to move towards sustainability of Eye Care System in the tehsil.

- *Continued check-up facility is one of the critical area in sustaining the system of eye care, thus programme need to focus on creating de-centralized facilities of vision check-ups, on contrary the number of check-ups could not enough to engage person for all the year, thus creating check-up facilities with existing systems of health management or education institution could be one options in this regards. Thus we can think of creating facilities of vision check-up at Nodal Schools/ ANM/TBA/ PHC or with private clinics or some other responsible institutions with proper training.*
- *The Eye Care Committee created at village level need regular interactions at further linkages with tehsil level and or district level for regular knowledge up-dating.*
- *Balance diet is one of the critical concern area in preventing eye errors specifically Vitamin – A, thus awareness of women on specific concerns of diet for low vision children/individuals with low cost substitutes of food habits could also help to move towards sustainability.*

- *Advocacy with government for inclusion of Eye care as critical component of NHRM and incorporating eye care services at lowest possible level in its service delivery.*

Impact:

Activities so far and its outputs have made some impacts in Eye care System in this region where most of the villages are spread and remote population which are listed below

- *The continued interaction with community, formation of village level Eye Care Committee (ECC) events like celebration of world sight day, community meetings resulted in developing awareness and sensitivity in common people about the physically handicapped, blind and people with low vision or other eye problems.*

- *The increased sensitivity of family members, friends and relatives has been helping to emerge a feel of companionship.*
- *The process of O & M and DLS with regular follow-up is building self confidence among blind and low vision people.*
- *Identification and support to blind/low vision children mainstream them with education has made them confidant and added life to their life.*
- *Traditionally in this region blind people were dependant on some or other family members for their day to day activities, but support of basic implements like cane, radio made them confidant of taking care of Day to day activities.*
- *Blind persons were considered as economic liability for family in the area they do not undertake or participate in occupations due to lack of knowledge, skill and confidence, but regular interaction have made three of the blind person in the area to have separate occupations and earning for family. This slow start is helpful in motivating other blind persons in the area.*

The project activities so far have created good awareness within community, including those living in remote regions, on "low vision and blindness" as critical area of concern and also that timely action in this regards can only save blindness. It could also demonstrate aspects of preventive, curative and promotive aspects of eye care, but still to achieve is to establish system with sustainable mode. The aspects of education of children with Braille system are initiated but continuity is to be established for government support on their education. Similarly the aspects of economic rehabilitation need to be strengthened with further advocacy at different levels.

CBR Summumary:

S.No	Activities	2007	2008
1	**Treatment**		
1.1	Curable blind treated without surgery	686	406
1.2	Patients operated for Cataract	358	280
1.3	Patients treated for Glaucoma and other diseases	21	0
1.4	No. of cases Refracted at Hospital	358	202
1.5	Of which No. of cases detected with Refractive Errors (RE)	854	2298
1.6	No. of Cases with RE Provided Spectacles at free or subsidized rate	146	898
2	**Diagnostic Camps**		
2.1	Number of diagnostic Camps	34	51
2.2	Persons Screened at Camps	2615	4347
2.3	Persons Referred to Hospital	379	554
2.4	Persons Reported to Hospital	379	243
2.5	Persons treated at camp site	686	406
3	**School Screening**		
3.1	No. of Children Screened in Schools	10085	9157
3.2	Of Which No. of Children Refracted in Schools	189	168
3.3	Of Which No. of Children identified with RE	189	168
4	**Irreversible Blind**		
4.1	No. of irreversible blind identified in the project area	174	174
4.2	No. Trained in Orientation & Mobility		68
4.3	No. Trained in Daily Living Skills		68
4.4	No. of Cases issued Certificate of Blindness by facilitation from UMBVS team		114
4.5	Number of VI received Bus pass with the support of UMBVS team		60
4.6	Number of children enrolled in the school		16

S.No	Interventions	2007	2008
1	Surgeries performed at the hospital	379	280
1.1	Cataract (IOL)	358	280
1.1.1	Male Adult	212	150
1.1.2	Female Adult	146	130
1.1.3	Male Child	0	0
1.1.4	Female Child	0	0
1.2	Minor	13	0
1.2.1	Male Adult	8	0
1.2.2	Female Adult	5	0
1.2.3	Male Child	0	0
1.2.4	Female Child	0	0
2	Diabetic Retinopathy	0	0
2.1	No of persons screened	0	0
2.1.1	Male Adult	0	0
2.1.2	Female Adult	0	0
2.1.3	Male Child	0	0
2.1.4	Female Child	0	0
2.2	No of persons treated	0	0
2.2.1	Male Adult	0	0
.2.2.2	Female Adult	0	0
2.2.3	Male Child	0	0
2.2.4	Female Child	0	0
3	School screening	97	102
3.1	No of children examined	10085	9,157
3.1.1	Male Child	6507	5,329
3.1.2	Female Child	3578	3,828
3.2	No of children treated	189	168
3.2.1	Male Child	147	112
3.2.2	Female Child	42	56
4	GLOUCOMA	8	0
4.1	No of persons screened	8	0
4.1.1	Male Adult	3	0
4.1.2	Female Adult	5	0

4.1.3	Male Child	0	0
4.1.4	Female Child	0	0
4.2	No of persons treated	8	0
4.2.1	Male Adult	3	0
.4.2.2	Female Adult	5	0


विश्व
दिनांक- 11

HIV/ AIDS

In Desert region most of the villages are inaccessible mainly due to lack of roads and also encroachment of roads by moving dunes. Many people live scattered in Dhani. Thus it is difficult for them to access education and health services and awareness programme provided by government. In Barmer district many castes of people are living. Some caste like Nat and Satia their profession is prostitution. Satia caste is mostly commercial sex worker. They earn money through prostitution, they are illiterate. Some part of Barmer district is connected with National Highway so their customer is truck driver or other people of neighboring district. Through the commercial sex worker and MSM people number of AIDS or HIV Positive person increases day by day. Till now there is no medicine came for curing of AIDS disease. Therefore prevention of AIDS awareness programme on AIDS at all level is necessary.

In this situation UNDP launched project on HIV/AIDS Implementation of Link Worker Scheme in 25 districts in different states. In Rajasthan this programme implemented in six district. Barmer is one of the districts where this programme is implemented. In Barmer 100 villages have taken to implement this programme in different Tehsils. This project is supported by Aide et Action.

Base line Survey;

To find out the ground realities of high risk behavior and the social, economical status of the area base line survey was organized in each block of Barmer District. A team of professionals designed the layout and conducted the survey regarding high risk behavior patterns and identify major sites so as to plan the implementation of programme. Along with house hold survey, hot spot marking, Social and resource mapping primary and secondary data was collected.

The major findings of the survey shows that there are 24 major high risk sites exists in barmer and mobilization of Sex Worker is more in the area from outside. There are 12 traditional Sex workers sites in which near about whole villages are engaged in this work.

In the Same other target groups were identified like MSM, Truckers, Sex clients and IDUs.

Awareness programmes;

To generate the awareness among community at first we have to choose the stale holders in the villages. At village level the main stake holder we have interacted through are – Sarpanch, ANM, AWW ,ASHA , PRI and school head master and Teachers.

(1) Meeting with Sarpanch

Meeting with Sarpanch and orientation on HIV/AIDS and Link Worker Scheme in Panchayat office. Supervisor met with Sarpanch and discusses on Link Worker Scheme and gave orientation to villagers on HIV/AIDS and Link Worker Scheme in Panchayat office. Under orientation following issues covered:

- *What are the causes of AIDS*

- *How can it be prevented*
- *Importance of condom*
- *ART facility center*
- *AIDS counseling center*
- *Link worker scheme*

(2) Meeting with head of PHC and ANM:

Meeting with head of PHC and ANM to orientation on Link Worker Scheme .Supervisor met with head of PHC and ANM and took information about facility available on center, information about no. of HIV Positive or AIDS patients facility available for cheque up of AIDS, facility available for counselling of AIDS patients, ART center and gave orientation about Link Worker Scheme.

(3) Advocacy and Networking with AWW and ASHA:

We have also conducted meeting with AWW and ASHA in AWW centre. In the AWW centre the main beneficiaries are pregnant women who often come to the centre for vaccination purpose. They were given the information regarding pre and post natal care. The pregnant women also motivated to test their blood in near ICTC centre. Here ASHA play a strong role in the advocacy and networking with community. We have selected many ASHA as our Link workers and volunteer.

(4) Orientation on HIV/AIDS and Link Worker Scheme in Police Station

Supervisor met with SHO and introduces about organization and provides information about Link Worker Scheme, after that he took permission regarding visit of red light area and provide orientation on HIV/AIDS and Link Worker Scheme. Under orientation issues which were covered-

- *What are the causes of AIDS*
- *How can prevent it*
- *Importance of condom*
- *ART facility center*
- *AIDS counseling center*
- *Link worker scheme*

(4) Meeting with youth:

To carry this programme further we have also contacted with youth through group meeting and one to one contact. In meeting we disseminated information to them about Link worker scheme and their role. We also discussed about the epidemic of HIV/AIDS and how the most vulnerable population i.e. youth can prevent from this incurable disease. In the meeting we also formed the youth clubs and Red Ribbon club. The management of these groups was given to them. Some of the active youth also came forward to be as a volunteer.

(5) Meeting with women:

In the awareness programme we also conducted successive meeting with women at different age groups. We imparted knowledge about our Link workers scheme and the management and prevention of SRT/RTI and HIV/AIDS. We also gave them the information regarding ICTC and ART medicine. Through this group meeting we also formed Self Help groups (SHG) and Mahila Mandal and selected some active volunteers from them. These volunteers helped us with the rapport building with the Community. Some of the female we have selected from sex workers community. They usually helps us in facilitating activities in their respective areas and community. Through them we also got the information about High Risk areas. Time to time we are also conducting community meeting with NAREGA workers.

(6) Awareness generation in schools:

To give the idea about HIV/AIDS we also covered schools. In schools we at first interacted with the school teachers and orient the school students about the prevention and precautions about HIV/AIDS. We also formed the youth club and Red Ribbion club. On the eve of world AIDS day Dhara Sansthan, Barmer Celebrated this glorious day to raise the awareness about HIV and AIDS epidemic. Dhara Sansthan supervisor Chokha Ram Choudhary , Gopal garg , Rau Ram and Chimana Ram celebrated this occasion by conducting Quiz Competition in different schools and colleges in their respective Areas.

(7) Slogan writing:

To reflect our programme in a public places we conducted slogan writing in the wall. Apart from this we also developed some hand bill to paste it in the public places. We also circulated it to the people.

Linkages and Network:

The Linkages and networking with GO and NGO are the continuous process. To carry forward this process we are in contact touch with them and time to time we are organizing activities to sensitize them with the programme. Apart from sensitization we are also focusing to connect this with other livelihood programme and to give the information about the various ongoing government programme. In the process of networking and liasioning we have been networking and liasioning with PRIs, Local clubs like Rotary, Lion clubs, Other NGOs and govt. functionaries.

Major Statistics:

Section	Topic	Female	Male	Total
1.	***Number of people contacted***			
	a. *HRIs*	*486*	*299*	*785*
	b. *Young people*	*2270*	*2655*	*4925*
1.i	*Through group meetings*	*5433*	*2097*	*7530*
1.ii	*Through one to one contact*	*2650*	*4401*	*7051*
2.	*Linkage and utilization of services(to be given separately for HRIs and young people)*	*Female*	*male*	*total*
2.i	*ICTC services used*	*92*	*92*	*184*
2.iA	*STI clinics visited*	*37*	*30*	*67*
2.ii	*PPTCT services*	*43*	*-*	*43*
2.iiA	*Undergone HIV testing*	*77*	*75*	*152*
2.iiB	*Partners counseled for testing*	*-*	*-*	
2.iii	*ART center*	*9*	*14*	*23*
2.ivA	*No. receiving ART regularly(following treatment adherence as per guidelines)*	*13*	*40*	*53*
3.i	*Number of contact with*	*Female*	*Male*	*Total*
	• *ANM*	*561*	*81*	*642*
	• *AWW*	*788*	*-*	*788*
	• *ASHA*	*601*	*-*	*601*
	• *PRI functionaries*	*223*	*623*	*846*
4.ii	*No. of contact with*	*Female*	*Male*	*Total*
	• *PHC*	*213*	*157*	*370*
	• *STI clinic*	*97*	*-*	*97*
	• *ICTC*	*55*	*85*	*140*
	• *PPTCT*	*35*	*-*	*35*
	• *ART centres*	*5*	*-*	*5*

❖ ***Major Achievements:***

- *Rapport building with the community.*
- *Through mapping we have almost traced the high risk areas, intervention is on the process.*
- *We have given the 14 days Link workers training, now they are well aware about how to interact with the community and HRGs.*
- *We have also given one day orientation to selected volunteers.*
- *We have conducted several community meetings.*
- *We have selected the active volunteers and stake holders at village level.*
- *We have also oriented the small industries in Jasole and Balotra.*
- *Networking and liasoning with the Health providers, GOs and NGO are in the process.*
- *We have also established condom deport, the proper functioning and management of deport are under the supervision of Supervisors and link workers.*
- *Constantly interacting with ICTC counsellors and the referrals of ICTC is in the process.*
- *Meeting with sex workers and the knowledge of prevention of HIV/AIDS is given and the importance of condom is also discussed with them.*

Child Maternal Health

On mother and child health programme was initiated with support of CEDPA, Delhi in 13 villages of Baytu Block. The major objective of the programme is as follows—

1. *Generate awareness regarding health at community level.*
2. *Streamline the adolescent with skill education.*
3. *Capacity building of community health worker.*
4. *Generate awareness and discuss the health issues with PRI members at village level.*
5. *Interact and give general information regarding HIV/AIDS to the truckers on NH 15.*