



# *ANNUAL REPORT*

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**PRAYAS**

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## Overview

For over thirty years, Prayas has been characterized by creative efforts and experimental, open ended attitudes. Prayas is relentlessly working to make downtrodden and deprived citizens of our country capable and strong enough to fight for their own cause so that creation of a socially equal and just society becomes possible. We, at Prayas have always maintained that we are merely facilitators. We believe that no sustained change is possible unless it is wanted and is brought about by the people themselves.

Prayas (Endeavour) is a voluntary organization, based in Chittorgarh district of southern Rajasthan and is working for social, political and economic development of the community. Prayas was registered in Delhi in 1979 to seek a national character. It began its work in a very modest manner from a very remote village named Devgarh in Pratapgarh tehsil of Chittorgarh district of Rajasthan. This village and other surrounding villages had more than 90% tribal families living there. Prayas began by setting up a dispensary in the crumbling palace of Devgarh palace and then in a room in a Jain temple in the village with the objective of setting a community based health care programme.

Beginning with a dispensary in Devgarh, Prayas soon realised that there's much more that needs to be done and that concentrating on just a few facets in no way is going to lead to holistic development of the society. Hence Prayas embarked on other social issues of the rural people. Apart from health and education, Prayas also came into working for micro finance, livelihood, natural resource management, HIV/AIDS, rural housing and other issues, all with a rights based approach. Some say that this is lack of focussed approach; we believe this is the demand of our work area. Defence of human rights has always been the centre of the work carried out by Prayas in this entire journey.

Year 2008-09 has been significant in the life span of Prayas as its work has expanded significantly, both conceptually and geographically. A more significant development is the change in the characteristic of its work. It earlier was a grassroots organisation with mere plenty of community based. But now, there are increasing tasks relating to planning, evaluation research, training and capacity building.

This report is a brief reflection of organisation's endeavours in the year 2008-09 towards community empowerment and just society. There are still miles to go and Prayas with its inexorable efforts is poised to move ahead. Endeavours will go on.....

Your critical comments, observations and feedback are most welcome.

## *COMMUNITY BASED MONITORING OF HEALTH SERVICES UNDER NATIONAL RURAL HEALTH MISSION IN RAJASTHAN*

Community-based Monitoring of health services is a key strategy of National Rural Health Mission (NRHM) to ensure that the services reach those for whom they are meant, especially, for those residing in rural areas, the poor, women and children. Community Monitoring is also seen as an important aspect of promoting community led action in the field of health.

The provision for Monitoring and Planning Committees has been made at Primary Health Centre (PHC), Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels under NRHM, places people at the centre of the process of regularly assessing whether the health needs and rights of the community are being fulfilled.

Community monitoring is to review the progress to ensure that the work is moving towards the decided purpose, and the purpose has not shifted, nor has the work got derailed in any way. Such a review can help to identify obstacles in the work, so that appropriate changes can be made to cross the obstacles.

**Community Monitoring** entails formation of planning and monitoring committees at the level of village, PHC and block. Each of these committees should have representation from service providers, Panchayati Raj institutions, community and civil society organizations. Mentoring groups are formed to support these committees at district, state and national level.

The committee called as **Village Health & Sanitation Committee (VHSC)** is formed at every revenue village level is the first such forum to carry out community based planning and monitoring at village level. This is the basic, yet important unit of operation and interaction. This committee is different than a standing committee on health formed at panchayat comprised of panchayat members only. A VHSC typically has about 10-12 members drawn from different strata of village, panchayat representative, and other social sector functionaries' viz. anganwari worker, Dai, teacher and ASHA as the member secretary. Community representatives are chosen to get proportionate representation of all hamlets/neighborhoods, castes/religion and gender. The VHSC can decide its functions depending on the need. Nevertheless, some essential functions for it would be to improve health status of all families residing in the village.

VHSC essentially first develops a village health plan by rapid assessment of the burden of diseases, identification of foci of higher morbidities in the village,

treatment seeking pattern of different segments of society and health care expenditure for commonly occurring diseases. It will also do mapping of the available resources in village from standpoint of health. The assessment would provide data for building health intervention plan for targeted reduction in morbidities, disabilities and premature mortalities mostly owing to childhood diseases or maternal complications. The implementation plan would try to be consistent with national goals. Another important task of the VHSC is to monitor the health services to be offered at village level which are: early registration of pregnant women, complete periodical ante-natal check-ups with appropriate counselling and education, arrangements for transport for institutional delivery, post-natal care and support, immunization to infants, treatment of minor ailments and adherence to periodic treatment to chronic patients besides sanitation related activities. VHSC would also keep track of the maternal and childhood deaths, ensure verbal autopsies of such deaths. This committee ought to meet once every month to discuss about the health scenario of the village and to review the progress of the village health implementation. Untied fund of Rs. 10,000/- is provided to every VHSC to be used for implementation of health plan. The VHSC would leverage funds from other government schemes for implementation of health plan and use untied fund in case of finding no other source of funding. The VHSC would rigorously oversee how the work of village level functionaries' viz. ANM visits, gnawer worker and ASHA is being carrying out. For this, it would develop report cards, interview schedules, calendars, registers and other formats. Report prepared through VHSC would be used to provide feedback to health functionaries.

The next level is the constitution of **PHC Planning and Monitoring Committee (PPMC)** at each PHC. Membership of this committee is drawn from service providers, representatives from VHSCs (from 20% of VHSCs on rotation) and panchayat with local civil society organization as member secretary. The committee essentially would collate the village health plans to formulate a PHC level health plan for implementation and looks at the reports sent by VHSCs in terms of health functionaries performance, implementation of village health plans and any special activity. The PPMC would review the services offered from PHC: outpatient, drug availability, laboratory investigations, deliveries and disbursement of JSY, inpatient etc. It would examine whether services offered meet parameters of health are consistent with Indian Public Health Standards (IPHS) and health care is guaranteed as entitlements. It would track maternal and childhood deaths based on reports of VHSCs. The committee would formulate tools in the form of report cards, interview schedules and other formats to collect information. The collected and collated information will be placed before the committee to seek direction for appropriate action to further improve services. Committee members would participate in activities and special campaigns.

The committee constituted at the block level would be consistent with CHC. It would be termed as **Block Health Planning & Monitoring Committee (BHPMC)**. This committee would have members drawn from service providers, representatives of VHSCs and PPMCs, representative of panchayats. A local civil society organization will serve as its member secretary. The block CM & HO will be the convener of this committee and it will be chaired by the Pradhan of Panchayat Samiti. The task for the committee is to draw up block health plan through collation of PHC plans and review its implementation. The committee will also review IPHS compatibility of health services offered from CHC and visit other health institutions – PHCs and sub centres. It will provide feed to block health team based on review and also send its report to district mentoring group to be finally converted into district planning and monitoring committee.

Role of **district and state mentoring groups** for community monitoring of health services is to provide continuing support to the committees in capacity building and discharging their functions. These groups ensure that these committees are properly constituted; they meet regularly and transact their mandates in letter and spirit.

NRHM has recognised an important role of voluntary organizations in the community monitoring framework in the form of hand holding, capacity building and carrying the secretarial role so that functions of these are not marred into bureaucratic procedures. Therefore, the positions of member secretaries in all committees except VHSCs have been assigned to local voluntary groups. This provides a unique opportunity to draw on strengths of all possible agencies in promoting health agenda. In their first role, organizations working in close, regular contact with communities on health related issues, especially from a rights-based perspective, would be able to present in various monitoring committees the community concerns, experiences and suggestions regarding improving public health system functioning. In their second role, organizations with experience of capacity building could conduct orientation of committee members about the process of community based monitoring including the roles of members. All three types of members – Panchayat representatives, civil society organizations and health system functionaries would benefit from such capacity building. In their third role, NGOs and CBOs could contribute to the collection of information relevant to the monitoring process at all levels – from the village to state level. There will be strong element of community mobilization in these processes.

Other significant activities to be carried out to strengthen community based planning and monitoring is by holding public hearings/dialogues periodically at PHCs, blocks and districts. Public hearings/dialogues are very powerful tool to know people's perception about health services. These events should showcase both good practices and adverse outcomes in the form of individual/group testimonies before a panel of distinguished speakers. Objectives of these

hearings/dialogues would be to identify systemic problems, inconsistencies in delivering quality health care and what ought to be done to rectify them.

### **Outcome of first phase of Community Monitoring:**

Community monitoring has received a mixed reaction from different stakeholders. There are also varied opinions about the results of the project and its success. Though it is quite early to predict whether the framework would actually prove to be a milestone in the betterment of health services and improving mutual relationship between the health service providers and service receivers, yet there's no doubt that the whole concept has certainly created a vogue and evolved a thought process in the minds of many in context of their health rights. The first phase was for a short period of time and also at a smaller scale. Though the assessment of the results would take some time to be drawn, the following outputs are easily evident:

- Village Health and Sanitation Committee (VHSC) has been formed in all the project villages which is the first tier of community monitoring framework. The structure has been able to provide villagers with a platform to talk on various issues pertaining to health, hygiene and sanitation. People have started discussing about health in general and this seems like a good start for developing scientific perspective on health. It has been observed that the VHSCs have gradually also started taking up issues which are not directly linked with health as such. Discussions on education, water problem, NREGA and other village issues also commonly take place during the monthly meetings of VHSCs. This shows that people have also started looking at health far beyond medical treatment and health services.
- As the community has been participating in evaluation of health centres and health service providers through checklists and interviews, it has certainly developed a sense of ownership of health facilities amongst people. This has made them realize that they have the right to question for unavailability or denial of any health service or facility in their respective health centres.
- Public Hearings so held were the ultimate instances of how issues can be sorted out with mutual dialogues and discussions. These public hearings gave the community members a platform to keep their grievances and problems especially in context of access to health care in front of the service providers and other government officials and policy makers. Service providers and other officials present during the hearing were answerable to the issues so raised right there and then.
- Public hearings and participation of the community in the evaluation of health services has also come up as an eye opener on many health related aspects. This has certainly made the health care providers realize that they can no more easily bluff the poor and the illiterate and that they would no more keep mum at the injustice. After the Public Hearings and evaluations

there have been cases of women getting back their share of Janani Suraksha Yojana amount, deployment of ANM in villages etc.

While these were some of the positive outcomes of the project, many challenges also emerged at the same time. Some of them being:

- While some of the VHSCs and other committees have been performing pretty well, yet there are many others which have not been able to establish themselves that efficiently and perform to a satisfactory level. However, given that some more time and attention is given to these VHSCs they can also come to par with the better VHSCs. Sustainability has also come up as a big question. At the moment, the project is highly facilitated by the local NGOs, hence it remains uncertain if these structures of monitoring would successfully sustain themselves even after the NGOs call an exit.
- Service providers and the government officials have shown highly uncooperative behavior in many cases. It always remained a challenge to seek their support for various activities. Health service providers have not been able to take up the whole framework in a very positive manner possibly because they still see the whole concept of community monitoring as something which is against them. This misconception has to be done away with in order to seek their support. They largely see the framework as something which completely favours the community.
- In many places the service providers have shown an antagonistic attitude towards people who either participated in evaluation of the services or those who participated in public hearings. There have also been instances when these people were pressurized not to open their mouth and even threatened later on for coming up with complains.

## *Assessing and Improving Quality of Health Services in Primary Health Facilities*

Quality assurance (QA) can be defined as all activities that contribute to defining, designing, assessing, monitoring, and improving the quality of healthcare. These activities can be performed as part of the accreditation of facilities, supervision of health workers, or other efforts to improve the performance of health workers and the quality of health services.

In India all health programme have overwhelmingly emphasized quantitative aspect of services delivered. A close look at the evaluation of MCH and family planning services reveals that in quest to chase target concept of quality health care has been neglected. However, in recent years, a substantial effort has been made to improve the quality of health care in public sector through RCH programme.

Quality is defined by Institute of Medicines as, *“the extent to which health services for individual and population increases the likelihood of desired health outcomes and is consistent with current professional knowledge.”*

Three separate but relative activities constitute much of the current work on quality- practice guidelines, quality assessment and quality improvement. Quality assessment determines the extent to which actual practice is consistent with a particular indicator of quality such as adherence to practice guidelines.

The delivery of quality of health services is central to improving the health status of the population and results in decreased case fatality rates and complication rates. Efforts to improve quality are particularly relevant in resource-constrained settings.

### **Introduction to QA Programme in Rajasthan**

The second phase of RCH program known as RCH – II has commenced from 1st April, 2005 for the five years. Main objective of the program is to bring about a change in mainly three critical health indicators i.e. reducing total fertility, infant mortality and maternal mortality rates with a view to realizing the outcomes envisioned in the Millennium Development Goals, Population Policy 2000, National Health Policy 2002 and National Rural Health Mission.

The Reproductive and Child Health Programme- Phase II is being implemented in the State of Rajasthan as part of the larger National Rural Health Mission to meet the national objectives. Under the various thematic interventions planned in the RCH-II PIP, emphasis has been given to improve facility and also to the quality of services. Quality of services is very critical to increase the utilization of the

services related to the Reproductive & Child Health. An analysis of the implementation indicates that the various strategies under the thematic interventions of Maternal Health, Child Health and Family Planning etc have been initiated. Apart from thematic interventions, RCH is also strengthening institutions to deliver services, building capacity of the human resources through skill development, establishing systems of community monitoring and making special effort to address the vulnerable groups.

The importance of quality of care in reproductive health programme has been widely recognized in various platforms including the international agenda. The 1994 International Conference on Population & Development (ICPD) held in Cairo, Egypt not only stressed that the women have rights for reproductive and sexual health but also should have quality access to it. Since then improving quality of care is part of health reform processes that are under way in India.

The quality of care refers to the attributes of a service programme that reflect adherence to professional standards, a congenial service environment and satisfaction on the part of the client. The Quality Assurance intervention through the twin approaches of Quality Assessment and Quality Improvement aims to have changes in the generic elements (service environment, client provider interaction, Informed decisions making, Integration of services and women's participation in management) and service specific determinants (access to services, equipment and supplies, professional standards and technical competence and continuous care).

Quality in health service delivery is very important requirement to ensure effective health services. Government of India has published a set of guidelines to improve the quality of health services delivered from CHCs, PHCs and SCs. Government of Rajasthan with the support of UNFPA has initiated the activity of quality assessment and improvement in four districts- Ajmer, Nagaur, Sikar and Udaipur from September 2008. Prayas, a voluntary organization of long standing has been identified as the nodal organization for this.

The Government of Rajasthan is trying to introduce parameters of quality for improvement in reproductive health services delivered from various government health facilities. In order to institutionalize quality assurance, committees for quality assurance (QAC) are being formed with a mandate for steering the quality assurance program interventions at the district level. Committees for quality assurance have been already formed in some districts of the state and the process is going on in the remaining districts. The review of the various elements of quality of care in reproductive health programs delivered through the public health systems have identified number of obstacles such as limited capacity and non-availability of sufficient time with overworked providers and program managers, lack of program standards and guidelines, an obsession with quantified target

achievement rather than monitoring satisfaction. There is a felt need to support the district health systems in institutionalizing the quality assurance in reproductive health services. The two elements of quality assurance i.e. quality assessment and quality improvement as a regular feature needs to be systematically embedded in the District health system to continuously maintain the quality of services. This will increase utilization of services and finally help in achieving the health goals.

The Quality Assurance intervention is being implemented in four identified districts of Ajmer, Sikar, Nagaur and Udaipur. The QA intervention focuses on building the capacity of the District Quality Assurance Groups formed by the government and will facilitate the quality assessment and make quality improvement interventions in identified health facilities of these districts through them.

Pilot QA initiates at 16 CHCs, 80 PHCs and 400 SCs (4 CHCs, 20 PHCs and 100 SCs from each identified district)

Keeping this in view the broad objective of the project is to strengthen the monitoring and evaluation framework of RCH-II in the State by incorporating the elements of Quality Assessment and Quality Improvement at the facilities and in the RCH services. Some of the specific objectives are:

1. Provide facilitative support to the district level health functionaries and district level quality assurance groups in the 4 districts of Rajasthan in implementation of quality assurance activities.
2. Build the capacity of quality assurance groups in the selected districts of Rajasthan to undertake the various activities related to quality assessment and facilitate quality improvements.
3. Facilitate institutionalization of systems in place to monitor the quality of services through standardized tools, take remedial measures and ensure quality of health care services with special focus on RCH services.
4. Facilitating the improvement of the quality of RCH services through untied funds available at facilities and also reprogramming of flexi pool funds available at the facilities level.
5. To strengthen the capacity of the community based groups to interface with the Public health system and demand for quality health services

### **Strategies of the Programme**

Quality assessment and Quality Improvement intervention in four districts focuses upon the improvement of the Quality of the services through periodic visits to the health institutions and identify the gaps through structured instruments and facilitate quality improvement. The implementing partner will build the capacities of the Quality assurance committees in the four districts, facilitate field visits to the institutions, support in compiling the data and liaison with the State and

District officials for quality improvement activities in the identified institutions. The intervention will contribute in operationalising the Monitoring and Evaluation strategy of RCH-II and also will contribute to the scaling up of the intervention in the rest of the districts through RCH-II programme resources

## *Establishment of Advocacy and Resource Centre for Universal Access to Treatment of HIV/AIDS*

An increasing number of HIV-positive people in India urgently require access to antiretroviral drugs (ARTs). ARTs have a proven history of delaying the development of HIV into AIDS. As of 2008, around 2.4 million Indians live with HIV, and approximately 100,000 of these individuals are currently receiving ARTs. Some 450,000 people in India currently require ARTs, and this number is expected to grow significantly in the coming years. Some people manage to access the drugs through private health facilities, which dominate India's healthcare sector, but the vast majority of people cannot afford to buy treatment privately.

Prayas has been running advocacy campaign on HIV/AIDS issue in Rajasthan through its functional unit Centre for Health Equity. Centre for Health Equity serves as an advocacy resource centre in Jaipur.

The main objective of the Resource Centre is to bring into frontline the access to treatment issue especially in context of HIV/AIDS and to advocate at national level on the same. As a strategy it marks its intervention in various ongoing forums and campaigns on HIV/AIDS and health rights. The whole intervention is supported by the evidences collected through multi-centric and multi-factorial research studies in different pockets of the country. The findings and results of the studies and dialogues with various segments of stakeholders form the base for further actions in terms of advocacy to be taken on the issues of PLHIV.

The specific objectives of the programme are:

- To establish the extent of access to treatment as a basis for policy and advocacy work.
- To bring about the issue of access to HIV/AIDS treatment at the forefront by highlighting the concerns and problems at various national forums and build about a common consensus on the same.
- To assess the knowledge and preparedness of the health service providers at the various public health facilities in the country. Focus areas will include-treatment of Reproductive Tract Infections, referral of cases to VCTC, initiation of Anti-retroviral therapy (ART) for HIV positive and AIDS cases, follow up of patients on ART, management of opportunistic infections in AIDS cases.

- To build up awareness within the communities and different stakeholders on HIV and AIDS, with emphasis on prevention, early and appropriate treatment of RTI.
- To promote evidence based advocacy for strengthening of the services being provided at the *VCTCs and ART centres*, with emphasis on the quality of services being provided, strengthen linkages with the facilities providing ART, improving record keeping of the people coming to the centres.

Fast expansion of ARV treatment requires quick complementary actions by associations of people living with HIV/AIDS, medical associations, and private and public donors, and facilitating actions by poor governments, and international organizations. It is assumed that the knowledge and preparedness of the health service providers at the various public health facilities in the country is poor. The specific areas which are lagging behind include- treatment of Reproductive Tract Infections, referral of cases to VCTC, initiation of Anti-retroviral therapy (ART) for HIV positive and AIDS cases, follow up of patients on ART, management of opportunistic infections in AIDS cases.

Prayas recognizes the urgent need to assess the extent of access to ART and treatment for opportunistic infections among PLWHA (people living with HIV/AIDS). It is with this in mind that Prayas proposed a new initiative for evidence-based advocacy on the issue of access to treatment for HIV/AIDS and opportunistic infections.

The programme was started in May 2008 with an objective to bring into forefront the issue of access to treatment of HIV/AIDS as one of the major focus areas in the field of health and health care. The project aims to set up an advocacy resource centre to take up evidence based advocacy to strengthen and improve facilities for appropriate management of HIV /AIDS cases in the country. The goal of the initiative is to advocate for availability of better services, treatment and contribute to a better-informed workforce for management of HIV/AIDS and related opportunistic infections in the country. The major tool to promote concern over the treatment issue is through forming appropriate linkages with the already existing campaigns and forums on the issue of health rights or HIV/AIDS and access to treatment in particular. These forums act as perfect platform to raise issues and problems and to derive their solutions.

During the first year of the project a major amount of time was spent on forging linkages and gathering information related to the issue. Treatment is a vast issue and it gets more complicated when it comes to HIV/AIDS. Hence before starting with the project it was necessary to gather information on various intricacies of the subject and build own capacity to move ahead with the project.

Simultaneous task of linking with other forums and groups working on similar issue was also carried out. This also helped gather information on the issue and share our experiences working on access to treatment of HIV/AIDS.

The Research study on access to treatment of HIV/AIDS in five states of the country has completed the planning process and is to start with data collection soon.

A national consultation on Access to Treatment of HIV/AIDS was organized in Delhi and it came out to be a great success. The consultation brought together more than 40 organisations and people engaged with the issue across the country together at a common platform and serious discussions on diverse issues took place. The report of the consultation will be published soon.

## *Jan Swasthya Sashaktikaran Abhiyan*

### *(Public Health Empowerment Campaign)*

The third phase of the project is for the period from April 2008 to March 2011. The over all objective of the project is **“attainment of best health status of the community through reduction in morbidity, disability and premature mortality”**.

The immediate objectives of the project are as follows:

- Develop a critical understanding amongst the community on social, economic and cultural determinants of health and ill-health
- Develop systems for promoting public action for monitoring of health equity and social determinants of health.
- Develop systems to ensure that safe, effective, rational and inexpensive health care services are available to people and community is able to access health care as its right.
- Enhance information and awareness about health related practices and create an environment so as to facilitate necessary behavioural changes for maintaining good health
- Challenge and change age –old stereotypical beliefs and traditions that adversely affect the health of the community especially women and children
- Develop synergy and partnership between the public health services providers and community for regular communication and coordination between them to enable better delivery and utilization of health services

The following basic principles have been adopted while framing the strategy and undertaking the project activities:

- Recognizing health as a basic human right as the basis for all advocacy interventions.
- Examining health from the viewpoint of social determinants of health and extent of equity in health and health care services.
- Advocating for equity in access, participation and outcomes in health and health service utilization and for reduction of inequities in health.
- Enabling people, communities and people’s organizations to participate in decision-making which impact on health.
- Working in partnership with people, communities and organizations to ensure inclusion across sectors, communities, stakeholders, individuals and organizations with specific focus on women and marginalized groups.

Till March 2008, the project implementation was in 100 villages of Chhoti Sadari and Bari Sadari Blocks of Pratapgarh and Chittorgarh districts respectively (Earlier both the blocks came under Chittorgarh district, but Chhoti Sadari got included into Pratapgarh district after the new district came into being in the year 2008). A total of 55 revenue villages of Chhoti Sadari block were uncovered by the project activities till previous year. In order to establish a demonstrable model, the project from henceforth has included all the 141 revenue villages of Chhoti Sadari block as part of its project interventions.

The year 2008-09 was the first year of the third cycle of the project. It was marked by enlarging the scale of activities and reformulating them more holistically. Although the programme began with just 25 villages in 2003, it has been gradually up-scaled to reach out to each and every village in Chhoti Sadari block. During this period, physical area was expanded by adding 55 new villages in the project's area of operation. After these additions, all the 141 villages of Chhoti Sadari block are under the project activities. The year began with a number of activities aimed at building environment in the new villages along with a lot of planning and strategizing before intervening there. Interventions in the course of time have become more comprehensive and were modified based on identification of needs and priorities.

In order to build effective facilitation system, Chhoti Sadari block was divided into four clusters for the convenience of work. These clusters were coterminous with the PHCs in the block. There are only three PHCs in the block including Chhoti sadari CHC. Therefore, villages falling under the Chhoti Sadari PHC were divided into two clusters as the number of villages under it has been too many. Each cluster had a team of two persons to manage, coordinate and facilitate activities in their respective clusters.

Initial months of the year focused on collecting baseline data and rapport building in the new villages while activities were further consolidated in old villages. Selection of village animators for new set of villages was done through a series of village consultations. These animators were provided initial training of five days. Soon after training of animators, groups of adolescent girls, boys and women were formed. Key members of these groups were trained on different health aspects relating them and their rights to access them. Village meetings were organized to constitute Health and Sanitation Committees (VHSCs). These committees are headed by the elected member to the panchayat from that village and ASHA-Sahyogini (Accredited Social Health Activist) identified by the state government under the National Rural Health Mission in every village was appointed as the member secretary. Three days orientation training of the key members of VHSCs was organized in two batches. Other stakeholders viz. representatives of panchayats, faith healers, traditional local community heads etc were also

mobilized. People were thus made aware about the project, its aims and objectives and their support was harnessed for successful implementation of the project.

In old villages, as most of the committees and groups already existed, there was not much reorganisation of groups. However, the groups which were formed earlier were continuously oriented and their capacities further enhanced. Hence, regular meetings of these groups were organized and refresher trainings were also conducted.

Government of Rajasthan passed an order by which all the village health committees formed by Prayas in 141 villages of Chhoti Sadari hence forth shall be deemed as Village Health & Sanitation Committees of the Health Department and all of them would receive Rs. 10,000/- as untied fund for improving the health status in these villages after doing rapid health need assessment, developing health plan and its execution strategy. Mobilisation of these groups led to building demand for appointment of teachers in schools, regular organization of immunization camps and even for filling up of vacant posts of ANM in sub centres of their villages.

Planning with the communities and community associations has certainly empowered them; they are now more aware of their problems and strengths and willing to solve their problems. Dependency on the government institutions is gradually being eroded as self-help strategies are beginning to emerge. Training programmes at the cluster level are facilitating exchange of ideas, motivating communities to seek and implement solutions to their own problems. As the programme gradually encompasses all the communities, it is expected that a powerful voice of people will be created that will help read their needs at larger level not only for health but in other sectors as well.

Prayas acted on number of health advocacy issues. One amongst them was formulation of people's health manifesto on the eve of state legislative council elections. The manifesto demanded from all political parties contesting elections to incorporate the right to health in their political party election manifestoes. Other issues of advocacy were access to treatment to PLHIV, against pre-natal sex selection and sex selective abortions, withdrawal of two child norm, health rights, national level course for young activists etc.

## *Universalisation of Primary Education*

The critical role of education as an instrument of social change by altering the human perspective and transforming the traditional mindset of society is undeniable. Hence universalisation of education has become the top priority. But it becomes a Herculean task when it comes to extending quality education in remote and rural regions. Education is the key to social & economic development of any society. It encompasses every sphere of human life. Level of literacy has a profound bearing on the level of human development. States like Kerala where spread of education is wide & deep score better in the HDI (Human Development Index) Scale.

Prayas has always regarded education as a strong means for community empowerment and hence has been working in this field ever since its instigation. Initially it started off with adult education in the Devgarh region and later on even initiating work with the education of deprived children. The intervention in the field of education reached its peak during 1996-2000, when Prayas collaborated with Universalisation of Elementary Education (UEE) programme of *Lok Jumbish Parishad* (LJP). At this point Prayas was running 70 centres in the clusters of *Rampuria, Devgarh, Chiklad*, of the *Pratapgarh* block; *Mungana* in *Dhrai yawad* block of *Udaipur* and *Keljhar* of *Chittorgarh* block.

The schools were set up with a clear aim to educate those children who unfortunately could not avail the government education facilities or the regions where the government education system had not reached. The mission was not just to impart education to the children but also to educate them in a way, which is not only interesting and interactive but also without the school like burden. Prayas is currently running 10 alternative schools in *Devgarh* (2) and *Mangalwar* (4) blocks of *Chittorgarh* and *Mungana* of *Dharyawad* Block of *Udaipur* (4). Total number of children studying in these schools at present is 235. No. of males are 156 and females are 79. The attendance varies from 80-82%. The schools are run on a pedagogy that is radically different from the mainstream school pedagogy. The schools have been running for a period varying from 5-10 years under a variety of sponsorship schemes.

The Prayas schools are based on the pedagogy that is radically different from the mainstream Government schools. Digantar, a resource institution based in Jaipur, has developed the pedagogy and the curriculum. The aim of education is to develop rational autonomy, sensitivity, democratic and egalitarian values, dignity of labour and skills. It believes that the purpose of primary education is to make the child a self-motivated and independent learner. It feels that every human child is capable of learning to live in society, defining his/her goals for life, finding ways of achieving the chosen goals, taking appropriate actions, and of being

responsible for the action taken. Every human being has a right to decide for himself/herself and is duty bound to be responsible for his/her decisions.

No fees or any other charges are taken from the students. The only support that is required from the community is a place for the school in the village and maximum enrolment of children in the school. The schools run for 6 hours a day during which children are taught Hindi, Mathematics, Environmental Studies, basic English and other arts and crafts. The educational material used and the teaching methods are specially developed to suit the local needs, and inculcate scientific temper in the children along with developing genuine interest for knowledge and learning.

The books and notebooks are kept in the school. The children study only in the school and usually do not get any homework, as according to the local conditions:

- 1) there is no electricity,
- 2) there is housework to be done, and
- 3) studies should not feel like a burden for the child and especially the family

After the school gets over the teachers stay back for two more hours and evaluate the work done by each student and to analyse the work and performance of each child. On the basis of this performance the next day's activities are planned. There are no exams till the 4<sup>th</sup> standard and the students are judged on their overall performance. After the 4<sup>th</sup> standard the children are taught according to the Rajasthan Board curriculum as the aim is to send these children to the mainstream schools. The performance of every student is analysed everyday; including the child's learning speed, hurdles faced by the child in learning and the quality of the child's learning.

6 teachers are currently employed in the schools. Teachers are selected from the village itself as far as possible. These selected teachers are then given specialised training involving several rounds. The first orientation training is for 40 days. After this there is refresher training/workshop for 10-20 days. The trainers include the resource team of Prayas and experts from Digantar.

Presently these schools are supported by Prayas at its own level. Since last two years the funds have been drying up and as of now these schools are facing closure. Five schools in Mangalwad and five in Devgarh have already been closed temporarily due to lack of funds.

## *INCOME GENERATING ACTIVITIES*

### **Promotion of income generation activities for local communities around Sita mata sanctuary and linking it up to conservation.**

There is an urgent need to provide inputs to insure sustainable harvesting of forest resources as well as provide necessary alternatives for income generation to the people. The forest produce is not only a source of livelihood but also a source of cash in difficult time like drought. Therefore it is important to ensure that appropriate technology is provided to the community and their skill enhanced for value addition and processing of honey, pulse, cultivation of medicinal plants, fodder cultivation and raising of forest plants etc. Access to markets and linkages also has to be assured as currently all the NTFPs are being marketed through middlemen which gets them poor price. As most villages in the periphery of the sanctuary depend on sale of firewood, bamboo and timber for income. We need to promote bamboo cultivation, cultivation of medicinal plants and fodder crops etc. to reduce the dependence on the forest, it is necessary to provide them appropriate and sustainable livelihood.

#### **Progress Made so far :-**

Stake holder consultation with communities in the selected village about the project has been done on 08.05.08 at Gyaspur center. It was a joint meeting for the entire project area. Beneficiaries consent was obtained. Baseline Survey of all the five villages covered under this project has been completed. In all 695 house holds involve 3732 members.

Preliminary Study meetings have been organized as under

Date	Place
20.05.08	Karmakheda
23.05.08	Bordi

Based on the preliminary study meeting following activities has been under taken as per need of beneficiaries.

- a) **Safed Musli Cultivation** :- So far activity of safed musli cultivation has been under taken. For this intensive training of cultivation was given to beneficiaries on 7,11,12 and 13<sup>th</sup> June 2008. In all 53 tribal families have been benefited. Most of the beneficiaries have preserved their produce for their own sowing and also for sale as seed.

- b) **Bamboo Nursery**: - On campus at Devgarh Prayas, Bamboo nursery has been setup which, may supply 30000 saplings for coming this years. At present rhizomes are being shifted in plastic begs.
- c) **Bee Keeping** :- Two days training of bee keeping was organized at campus Devgarh Prayas, 15.10.08 to 16.10.08. 12 persons were identified. Since, it is a new programme in this area, 10 persons have been sent for field training at Bharatpur. 42 units have been brought. Due to unfavourable weather (High temperature and Green Bee Bird Eater attack), in-spite of our best efforts damage has been observed (Photographs & Press note enclosed).
- d) **Fodder Cultivation** :- To increase milk production green fodder cultivation has been advocated. For this purpose one day training was organized on 16.10.08. Seed of high yielding varieties of Lucerne and Berseem was made available to 34 beneficiaries. Crop is still in the field. So far response received through feed back is quite satisfactory.
- e) **Pulse Processing for value addition**: - Formalities for the purchasing of necessary machines has been completed Processing unit will be installed in the ensuing month and pulse produce especially Gram will be processed for getting premium price.
- f) **Bamboo Handicrafts**: - To benefit the Bamboo handicraft beneficiaries a massive training was imparted in Anoppura Gram itself from 14 Jan. 2009 to 22 Feb. 2009 (40 days). In all 25 persons were benefited. Right from Bamboo selection to cleaning, preparation of different articles, finishing and marketing aspects were covered under this training by different master trainers.

## *TOWARDS A WAGE LABOUR EXCHANGE: STREAMLINING RECRUITMENT AND ENSURING SOCIAL SECURITY FOR TRIBAL MIGRANTS TO GUJARAT*

Internal short-term migration is an important means of survival for an estimated 30 to 100 millions of labour. Such migration involves heavy social cost. The workers are mostly invisible and therefore face several problems like low wages, long hours of work, lack basic facilities at the place of destination like suitable living spaces; health, education and ration facilities. Work conditions are very difficult and there is lack of social security of any kind. The present project was formulated to intervene in these exploitative and hard conditions for the benefit of the seasonal migrant labour like better wages, improved work conditions and social security.

This was the first year of the three-year project. The work strategy included (a) empowerment of migrant labour through the process of education, awareness and mobilisation and organisation; (b) initiate these processes at both the places- origin and destination; (c) work with specific migration streams; (d) understand the wage labour markets and specificities of the streams; (e) forge linkages and do advocacy with government and media. The destination area of the project is the same- plain of Gujarat.

The first task under the project was to set up work units at multiple locations across three states and with nine partners. This has been successfully done. The network is now functional. The project operates in both - the source areas from where workers come and the destination areas in Gujarat. Work Units are now operational in all the source areas, namely, Dungarpur and Udaipur districts of South Rajasthan, tribal areas in Sabarkantha and Banaskantha districts of North Gujarat, Chhota Udaipur taluka in Vadodara district of Gujarat, and Alirajpur districts in MP. A network of NGOs undertakes source end mobilization. A Central Support Unit (CSU) head quartered at Ahmedabad anchors work in destination areas across specific migration streams - cottonseed plots, cotton ginning factories, brick kilns, and construction.

The project visualized work over several migration streams over the period of three years. Till date organisational work has started in four streams, namely, cottonseed production, ginning and oil industry, brick-kilns and construction work. The wage labour mapping has also been done in all the areas.

### **Migration stream related to Cottonseed Production:**

Study of this migration stream suggests that the main problems relate to extensive use of child labour, low wages and sexual exploitation among others. The South Rajasthan and North Gujarat areas under the project saw extensive mobilization during the cottonseed migration season in July – October, 2008. A voluntary moratorium on movement of labour was imposed for almost one month. The workers' organization, Dakshini Rajasthan Majdoor Union (DRMU), operated border check posts to stop children from going to work. The Union sent back 357 children being trafficked to farms.

The initiative has been responsible for raising the issue of child trafficking in cottonseed plots. The project played a key role in shaping the state response. Due to intense lobbying with the governments, several circulars have been issued by the state of Rajasthan as well as Gujarat. Rajasthan government set up task forces in border districts to combat child labour. DRMU was a member of the task force set up in the Rajasthan districts to combat child trafficking.

The effectiveness of the interventions in this migration stream can be gauged by the fact that a whole range of vested interests – seed farm owners, large labour contractors, taxi operators involved in trafficking, and the local political clique – all combined together to oppose the Union in Dungarpur district. This opposition has forced the project to rethink its organizational strategy and adopt new approaches.

### **Migration Stream related to Brick-kilns**

Project covered brick-kilns workers originating from Rajasthan, Chhatisgarh, Uttar Pradesh and reaching about 300 brick-kilns in around Ahmedabad, Mehsana, Pataan area. The project documented the profile of the workers, hard work conditions and near bondage like conditions, low wages, and pathetic living conditions prevailing in the brick kilns and so on. The violation of basic civic rights of the workers also emerged as major concern for the workers like lack of education or even ICDS facilities for children, lack of health facilities, lack of PDS facilities, etc.

The empowerment processes unleashed under the project gave good dividend. The empowered workers achieved major success in the brick kilns stream where a large majority of workers were able to secure a 30% wage hike after asserting their rights. Various forms of actions like memorandum, discussions, meetings and work stoppages to seek their rights. The estimated benefit to workers works out to Rs. 7.85 crores in incremental wages.

Under the project, hundreds of workers were also released from bondage. As the season ended, the workers' organization was flooded with requests for

intervention in season end wage settlements by workers in distress. It was able to call upon for mediation efforts in 18 brick kilns and the number is still rising.

A health initiative was also taken under the project wherein health camps were organised at different places. In all more than 2500 workers got themselves examined. Lot of data has been also gathered to understand the health profile of the workers.

### **Migration stream relating to Cotton Ginning Industry**

The project work related to ginning industry is centred around Kadi area, about 30 kms away from Ahmedabad. In the cotton ginning factories, the project highlighted the high incidence of industrial accidents through a public hearing. It documented more than 100 cases of serious accidents over the last five years. This has already forced the state to respond. Directorate of Industrial Health and Safety has assured that all new accidents will be taken note of and compensation ensured to victims. Twenty cases of workmen compensation are in the process of being filed. The project is also in the process of developing a comprehensive rehabilitation package for the disabled.

### **Migration stream related to Construction Workers**

A beginning has been made in the construction workers sector. A preliminary study has been completed of the construction workers of Ahmedabad. It provides the broad understanding of the construction workers issues. Findings reveal several aspects of pathetic work and living conditions of the workers. For instance, almost 25% workers are living pavements. Housing is a major concern. Equally important concerns related to access to basic entitlements like PDS, education for children, etc.

The project has undertaken initial mobilization activities at construction *nakas*, and enrolled 225 workers in the Construction Workers' Welfare Board.

### **Research work**

A baseline survey was undertaken in all the areas. This has been completed in Alirajpur area. A destination study of agriculture and construction workers in Surat, the major work streams for tribal migrants from Alirajpur, has also been launched. In other areas, data entry and draft report are under preparation.

Study on Construction labor market in Ahmedabad has been completed. Study on brick kiln workers has also been completed and a draft ready. The study on industrial accidents is also at the draft stage.

## **Workshops**

Three major state level workshops were organized during the year corresponding to the three migration streams. The workshops carried forward the policy level agendas. A national level workshop on the issue of rights of seasonal migrant workers was organized in the national capital in March, 2009. This has resulted into setting up of a national level campaign to ensure citizenship rights of seasonal migrant workers. A number of rallies and other mobilisational events were also undertaken during the year.

The project has by and large justified the hypotheses that underlay the proposal. It has shown that it is possible to rapidly organise large masses of workers in the unorganized sector and secure them better wages and decent work conditions. It has also thrown up new challenges. The principal challenge lies in the organizational realm – organizing workers rapidly enough so that they are able to meet the employers’ backlash when it takes place. This is also forcing the project to move into new areas not envisage under the proposal.

## *Child Empowerment Project*

All human beings are born free and equal in dignity and rights. Everyone has the right to life, liberty and security of person. Having said so, it is not hidden from anyone that inequity and discrimination is widespread all across the world whether it be in terms of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Situation is even more critical in India which is a land of diversity with people belonging to different religions, various castes and creed and innumerable languages.

Like many other states of India the state of Rajasthan also paints a picture of large-scale violation of human rights denial of constitutional rights and dalit atrocities. Prayas with its rights based approach has always envisioned a society free from any kind of inequity and discrimination and has been persistently working to protect the rights of the poor and the weak. Because of this discrimination it ultimately affects the development of child. Children are mostly deprived of their fundamental rights and they belong to dalit community. There is a need to focus on the upliftment of the dalit community then only we can develop their children in all aspects.

Prayas took an initiative to work of this community, so Prayas is a nodal agency of this project. Other partner organisations are Pratirodh (Bhadesar), Samgra Jaagriti Avam Vikas Sansthan- Baravarda (Pratapgarh), Arunodya (Badi Sadri), Jansangarsh (Badi Sadri), Nav Nirmaan Sanstha Bengu (Chittorgarh & Pratapgarh).

**Advocating health:** for the better health of the community many programme were organised which were very useful for creating awareness like, meeting at village level, health camp, slogan writing, more involvement of youth in health meeting, participation of the members in state and national level meetings. Created better understanding and transparency about the Government health facility in the community.

**Public Dialogue:** Whether it is health, social status, education or opportunities to access services and livelihood, women are always deprived of them. Keeping this as focus, direct Public dialogue was organised.

A panel was established to hear the Public grievances in which members of State Women Commission, senior Health Department representatives, and District Magistrates of different districts were present. Their major role was to analyse the fundamental reasons of the emerging social problems of women rather than take immediate action. The core objective of Public dialogue was to establish a link between community and accountable stakeholders for an analytical study on the

health resources and expectation from government and to find out the gaps between them, which are responsible for degradation of health status of women.

About 500 to 600 women from respective development blocks participated in the programme and kept their views in front of the panel on different social problems like safe motherhood, reproductive and sexual health, violence against women etc and shared their experiences.

**NREGA:** sit in was held for the employment of the people in the Barawarda Gram Panchayat. total 650 participants from 12 villages and on 16th Jan they all got job.

**Women's Meeting:** the condition of women in Bhadesar is very critical. Women are not feeling safe in their home. To fight from this situation there is a need to form one committee for women which is responsible for addressing problem of women. This committee wrote a letter to Chief Minister regarding some discrepancies in Rozgar Guarantee Yojana. Further Chief Minister wrote letter to Prime Minister which results in employment for 200 days for aadiwasi. And it was a very big achievement of the organisation.

**Minimum wages for Tendupatta:** meeting were organised in Gundalpur, Afro ka talab, Keetkheda, sabalpur, Ratichand ji ka kheda. The objective of the meeting were to fix the minimum wage for the worker who involves in Tendupatta, empower the people involve in Tendupatta and to create understanding about the rights in the community.

**Adiwasi Swashaashan Kanoon:** there is a need to work on large scale for Jal-Jangal-Zameen. Forest is very closely related to the life of the Aadiwasi people which we can not avoid. With regard to this one meeting was organised in Arnod and number of participants were 92. The objectives of the meeting were to create awareness about the rights of Aadiwasi for the Jangaland Zameen. Formation of Gram Sabha at village level who is solely responsible for the rights of the Aadiwasi family.

**Rally for the registration of every child in the school:** one rally were organised with the objective to register each and every child in the school. Many meetings were organised at the village level in addition to this to create awareness among the villagers.

**Quality of education:** to give a good quality of education to children one committee was formed who will monitor the quality of education by using some indicators like registration of children, midday meal, student-teacher ratio, etc.

**Gram Vikas Samiti:** meeting were organised at the village level with the objective to impart knowledge about the rights in the community and empower the community to fight for their fundamental rights. Other work responsibilities of this

samiti are to solve the community problem at the community level and develop their area.

**Achievement of Gram Vikas Samiti:**

In Mankesar village people were suffering from the water problem from last 6 months. Members from Nav Nirmaan took an initiative and did some efforts which resulted in setting up of handpump within 10 days.

**Rozgar Guarantee Yojana:** In Aakakudi village people were suffering because they were not getting jobs. Members of Samgrha Jaagriti Avam Sewa Sanstha organised one meeting at the village level and took some initiative like met and wrote letters to gram panchayat and officer of Rozgar Guarantee Yojana but they were not taking interest. When this case was published in Rajasthan Patrika which resulted in the employment of 50 people in road construction.

**Shortage of teacher in schools:** In Barawarda village so many teachers got transferred due to some political problems which ultimately affect the education of the children specially student of 10th class. So there is an urgent need of teachers in schools. All children of that village joined hand with the members of organisation and took some important steps. Ultimately they met Nandlal Meena (janjaati mantri) and he solved the problem.

**MUKHYAMANTRI SARVJAN SABAL ABHIYAAN:** on 3rd April 2008 Pratirodh organised one programme in Nahargarh. People shared their problems like electricity problem, problems related to BPL card and NREGA. Members of Pratirodh were successful in solving their problems.

**Locking of schools:** in village of Ratichand ji ka kheda, school teachers usually come late in schools. So villagers with the members of Arundaya sanstha started locking the schools to create pressure on teachers. Due to this teachers got afraid and apologised in the front of community and then they started coming school on time.

**Formation of Bal Panchayat:** Bal Panchayat were formed with the objective of create awareness about the rights of children. Members of Bal Panchayat regularly organised meeting once in a month. They tried to register every child to school and also helped in solving the problem of village.

**Giving opportunity to the children for the higher education:** every year residential educational training were organised. The objectives of the training were to impart quality education and guidance to the children. Helping them to clear admission test of Navodaya Vidyalaya so that they can receive good education for their bright future. Total 87 boys and 16 girls participated from different villages like Bhadesar, Nimbaheda, Kapasan, Dungla, Chittorgarh.