

ANNUAL REPORT (2005-06)

Vision

To build a society free from social, cultural, economic, religious, gender, and geographical discrimination.

Mission

Prayas believes that only revitalization of self-esteem of the poor can bring about an everlasting improvement in their quality of life.

Objectives

- **Enable the poor to have opportunities for their social, economic, physical and cultural growth.**
- **Create alternative knowledge and mechanisms for community development.**
- **Lobby to secure social, economic, political and cultural rights for all.**
- **Respond to contemporary poverty related community needs.**
- **Campaign for gender sensitive conduct and equity.**

Initiatives at a Glance

People Centred Area Development It aims at working extensively with the Dalit community in Chittorgarh region and to make efforts for community unity, education, economic development and health empowerment of these families. The stress is not on availing various facilities to them, but to support and motivate them to voice for their rights themselves.

People's Initiative for Health Empowerment The objective is to ensure that safe, effective, rational, and inexpensive health care services are available to people as a matter of their essential right. Running parallel to the field based work, Prayas has built up a state level advocacy campaign for development of health policies and the right to health care.

HIV/AIDS Prevention & Care Programme for Rural and Tribal Youth It is aimed at tribal youths between the age of thirteen and twenty-five who are outside the formal education system. Through this AIDS program, Prayas hopes to spread information about reproductive and sexual health, creating an environment in which these issues can be discussed and treatment sought.

Natural Resource Management The main objective is to support the local community for forest protection, regeneration and development in Pratapgarh Tehsil of Chittorgarh District. The programme focuses on promotion of entrepreneurship keeping environment in the centre. Current effort is to focus not only to upgrade the skill of bamboo uses but also to increase the varieties of the products so that they can be sold in the open market individually or through institutional processes.

Tribal Awakening and Bonded Labour Emancipation Project The goal is to ensure a better quality of life for seasonal migrant workers from South Rajasthan who are primarily tribal. It seeks to remove extreme hardships associated with the phenomenon and ensure that the migrants exercise their basic human rights.

Rural Housing It aims at ensuring people's accessibility to safe, secure, affordable and gender sensitive houses through decentralized financing systems, PRIs and community participation. The concept of CEEEF (Cost Effective, Energy Efficient and Environment Friendly) housing technology is being disseminated in the community and local people are being trained on the same.

Tribal Self-Rule It aims to empower tribal citizenship rights at the grassroot level as well at the policy level. The tribal Self -rule aims at reducing the land alienation and different Atrocities done to many tribal directly or indirectly. Ensuring forest rights, implementation of PESA and empowering women are the main concern of the Tribal self-rule.

Child Empowerment Project It aims at ensuring basic child rights with assurance of education and quality health care. Most of the children who are devoid of their basic rights belong to the Dalit Community and hence the project stresses upon the fact that in order to achieve overall advancement of the Dalit community, it becomes utmost that significant efforts are made for the development of children belonging to this section of the community by ensuring them their right to life, right to development, right to participation and right to protection.

Universalisation of Education The main objectives are to ensure quality primary education in Tribal villages to make the child self motivated and independent learner, to develop sensitivity, democratic and egalitarian values, dignity of labour and skills. It stresses on continuous interface between the child's learning and family and community's beliefs and assumptions to resolve discrepancies and arrive at universally accepted facts of knowledge. Hence family is carried along as an equal partner in education and endeavour.

Organising Community Action for Primary Health Care in Border Districts of Rajasthan The aim is to ensure primary health care facilities in all the project villages through sensitisation of community and enhancing community action and participation. It envisages increase in immunization coverage, increase in quality antenatal coverage, increase in utilization of the public health facilities for management of childhood issues and increase in proportion of safe deliveries.

National Advocacy and Communication Project for Population and Development Activities

While efforts are being made to provide better health care, it would be useful to interact with the very people for whom these services are meant, in order to gauge effectiveness of these efforts and fill any lacunae found. Keeping this in mind, a mass health awareness and advocacy program was started as National Advocacy and Communication project by Government of India under sixth nation program of United Nation Population Fund in four districts of Rajasthan namely Barmer, Bikaner, Dausa and Banswara. At State level Prayas Chittorgarh in collaboration with different district level organization is implementing the activities.

Garima, Family Counselling Centre The counselling centre, Garima was initiated with the aim to provide appropriate counselling to women who suffer mental or physical violence from the family or the community and to guarantee that they avail proper judicial and medical support if and when required thus ensuring them justice and dignified life ahead.

Short Skill Training Programme for Livelihood under Rajasthan Mission on Livelihoods It aims to address the problem and perspectives of vocational education and training in the state of Rajasthan. It intends to enhance individual employability, ascertain the role of new economic jobs in creating more livelihood opportunities and expansion and optimum utilization of vocational education and training infrastructure in the state.

Overview

For over twenty-five 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 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 originally registered in Delhi by Dr. Narendra Gupta with like-minded associates under the Societies Act. In 1979, Dr. Narendra started working in Devgarh, one of the most backward tribal areas of Rajasthan, by setting up a dispensary in the crumbling building of Devgarh palace and then in a room in a Jain temple in the village.

Currently, Prayas is working in 32 Panchayats of Pratapgarh Tehsil, 7 Panchayat Samitis of Chittorgarh and has also undertaken work in Dhariyawad area of Udaipur district. In addition, various activities and health programmes have been initiated in the districts of Barmer, Bikaner, Banswara, Dausa, and Dholpur, in collaboration with local NGOs. Prayas is deep into fighting for social cause with its 13 regional offices and strength of over 100 members.

Beginning with a dispensary in the crumbling palace of 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 thus 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.

This report is a slight reflection of Prayas' endeavours in the year 2005-06 towards community empowerment. There are still miles to go and Prayas with its inexorable efforts is dogged to achieve the unachievable. Endeavours will go on.....

Your critical comments, observations and feedback are most welcome.

Human Rights and Civil Liberties

"You are a human being. You have rights inherent in that reality. You have dignity and worth that exists prior to law". ~Lyn Beth Neylon

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.

Below poverty line struggle:

Poor and the weak have always been subjected to injustice. Whenever there has been a course of action to hold up and empower them, the rich and the powerful have attempted to restrain the process and tried to grab the benefits. One such case came into light lately, when it was noticed that the BPL survey conducted with the intention of identifying the BPL families in the region were not held in a just manner and that the results were unacceptable. It was discovered that the people who should actually have been incorporated into the list were barred while the affluent people who by no means could be labelled as BPL were included in the list. It was a sheer illustration of how poor and the ignorant are subjugated and demoralised by their counterparts and starved of what is rightfully theirs.

Prayas took up the issue and strived to bring about justice. People were mobilized and appeals from those excluded were collected. The appeals were further sent to the district administration for consideration but all in vain. When no action was taken, Prayas had to get into protests and demonstration. A dharna was started outside the collector's office in Chittorgarh. Hundreds of people participated and displayed their annoyance towards the administration in serene comportment. Ultimately, the administration had to succumb and a face to face discussion with the collector was held. It was agreed upon that the appeals will be reconsidered and that the survey will be reconducted to bring about a fair BPL list. The struggle is still on and Prayas is firm at bringing about the justice.

Khat Aandolan:

Caste discrimination is one of the major social problems in rural India. The so called lower castes have always been looked down upon by the so called upper caste people and are considered to be inferior and treated no less than slaves. They are even regarded as untouchables. Sitting, eating or even walking with them is considered to be disgrace by the so called upper castes. Such incidents where the lower castes were denied seats among the higher castes were quite common. Even if a lower caste sits at the same level as the higher caste by mistake, he was humiliated and even beaten. It was not only a disgrace to the particular person but a disgrace to the whole society.

Prayas along with the local community called for a massive protest against the higher castes and their ruthless practices against the poor and the lower castes. More than thirteen hundred men and women gathered together. Hundreds of khats (cots) were gathered and the lower castes were made seated on them along with others belonging to the so called higher castes. It was a great success in the sense that the aandolan was able to revive and instil the lost self respect and self confidence among the lower castes. It was also a warning bell for the higher castes, saying that the so called lower castes are no more in mood to face injustice and exploitation and when required they are all ready to fight for their rights.

Issues of Bonded Labourer:

Even after 59 years of independence several cases of bonded labourers are still evident in the country. They have always been denied their identity, dignity and human rights. Also since years they have been objects of exploitation and inhumanity. Keeping this in mind Prayas has taken up the issue of bonded labourers with stress on releasing the bonded labourers from the captivation of the landlords, making the upper caste pay the amount that the labourer deserves as per the tenancy Act of Rajasthan State, giving back the land and to free the children from the trap of bonded labourers.

In the year 2005-06, 8-bonded labourers were released from the captivation of the land lords.

Issues of land:

Most of the dalits have very little or no access and control over the productive resources. They have holding over lands that are largely infertile or have very low productivity. In spite of that the dalit's land are always forcefully occupied and their fertile land has been under the forced occupation of the non-dalits.

Prayas has been making constant efforts to regularize the land rights to the marginalized section of the society, especially the schedule caste and the schedule tribes. The emphasis is not only on preventing land alienation and assertion of rights but also to create awareness about their rights, tenancy Act of Rajasthan etc among the Schedule Castes and the Schedule tribes and to fight against the injustice.

Prayas succeeded in getting back the forcibly occupied land to the farmers to whom the land actually belonged. In 2005-06, 14 people got back their land, which was taken away by the landlords. Total land released was 100 ½ acres. Over all cost of this land was Rs. 1 crores. Ultimately they got the legal rights and control over their own land.

Issues of Minimum wages:

Agriculture and animal husbandry are the principal sources of livelihood in Rajasthan. Apart from that there are many of them who do not have their own land and are subjected to low wages, gender discrimination and poor working condition. Moreover they are also denied the minimum wages of Rs. 73/- what the state Government of Rajasthan has declared. Further more women are often objectives of sexual abuses. There is very little protective legislation and even the implementation of minimum wages Act is practically non-existing for women worker.

While the whole scenario is this disappointing, Prayas has been working to spread and monitor an effective implementation of upcoming employment guarantee Act and Programme. Not only this but the motive is also to raise voice and question government's accountability on employment and livelihoods for poor and excluded people and proper implementation of minimum wages. In this context, people have been mobilized on various occasions to participate in various protests related to minimum wages and successful results have been achieved.

The efforts have been successful in making people avail the minimum wage per day as their right. Today they are happy to get what they should rightfully have. This has not only helped them improve their living condition but also generated confidence amongst them. In the year 2005-06, 50 men and 150 women got back the full amount of Rs. 73/- as per the Tenancy Act of Rajasthan which they were earlier denied of.

Striving for better health for rural poor

“If you have health, you probably will be happy, and if you have health and happiness, you have all the wealth you need, even if it is not all you want”
~Elbert Hubbard

Prayas' initiative towards health began in the year 1979 itself. As compared to other states Rajasthan lags far behind when it comes to health care standards. In rural areas there are neither enough facilities for health care nor are the people aware about the simple ways of preventing even the minor diseases. As such diseases of various kinds are rampant and morbidity due to diseases is also quite high. Statistics clearly indicate that expenditure on medicines and treatment is the biggest cause of indebtedness among the rural poor. Prayas' work in health is focused on putting pressure on decision makers, governments and the private sector to improve health services, as well as on increasing awareness among rural communities about the causes of disease, disease prevention, and promotion of healthy lifestyles.

Poor socio-economic status with low self esteem had led to state of affairs that health care is regularly denied to people in the government health facilities in the form of non-availability of care providers, long distances to cover and high cost of medicines. Accessibility and availability of quality health care services for women is also an area of concern.

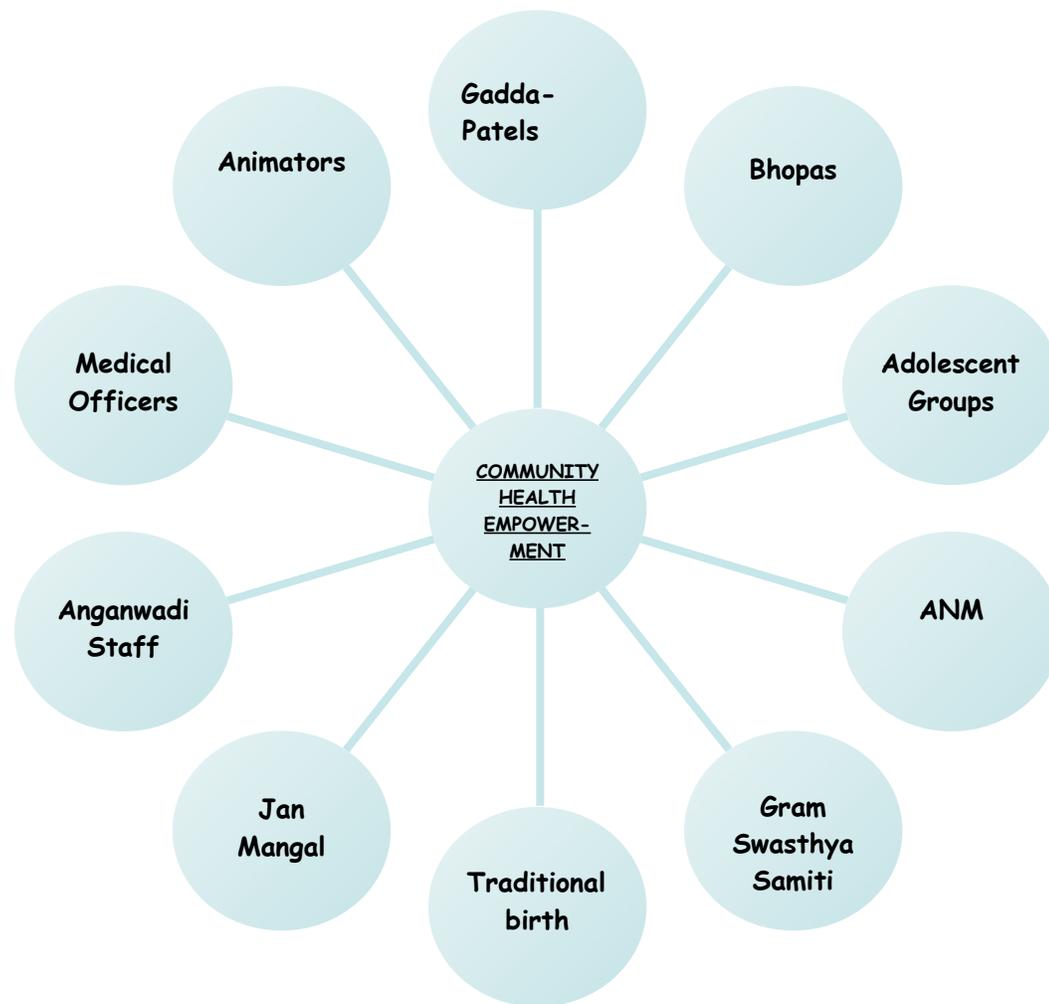
In keeping with the ideals of Prayas, empowerment of rural and tribal poor is the final outcome and is evident in the process and strategy by which Prayas works. The community is lead by, not Prayas, but people from within the community. Our partners in the endeavour for attaining the goal of health for all are given in the diagram in the next page.

The specific issues that Prayas is working with respect to health are:

- Primary Health
- Personal hygiene
- Right to health care
- Strengthening public health care services
- Awareness of the community so that the demand is created and accountability of the health services is ensured.

To obtain approval from the larger community and build a favourable environment the first round of meetings was held with the elected people's representatives i.e. *panchayat* members. To take the message forward in the community ***kala jatha programmes*** (cultural programmes through troops) were held in every village. The *jatha kalakars* (actors) performed plays on issues like prevention of diarrhoea and other infectious diseases, immunisation, causes of maternal deaths, bad effects of child marriages, consequences of beliefs in myths and superstitions and proper usage of public services.

After the environment building and initiating curiosity and awareness in the community about health, the first activity was to form village level health mobilisation groups commonly known as the ***Gram Swasthya Dal (GSD)***. One GSD is formed in every village consisting of an equal number of men and women, based on relative representation of the people. These members are given training, which aim at developing a scientific understanding about health. The GSD helps in spreading awareness in the villages.



Gram Swasthya Dal is followed by a more formal structure called **Village Health Committee** (VHC) called the *Gram Swasthya Samiti*. A VHC essentially is a truly representative body taking gender, caste, neighbourhood and economic status into consideration. Other members of the GSS are village level social sector functionaries viz. *anganwadi* worker, senior most teacher of school, literacy instructor, trained dais etc. Each VHC develops a tentative health charter with goals to accomplish. Each VHC meets once a month to take stock of the health of people, to discuss the health charter, other problems and to plan health care services availability.

Working on community health are also the **animators**, who are agents of change at this level. An animator is a young, active, educated person (preferably a woman) of the village, who is identified to facilitate different health activities in the village. The community in the village selects the person through a consensus. An animator is mandated to convene regular meetings of village health committee. The animator is the '*Uttprerak*', who mobilises the community to seek effective control of their health problems by disseminating information about health, keeping the surroundings hygienic, washing hands with soap or ash before eating and after defecation, getting deliveries conducted by trained health personnel and other basic information on healthful practices to combat illness and diseases etc.

The group in the village, which is most ready for change, is the **adolescent group**. They are growing up, are curious not only about themselves but also about the opposite sex. They have not yet totally internalised the traditional narrow-minded attitudes of the society and if correct information is given to them at this time then lifelong healthy changes can be brought about. Keeping this as the background adolescent boys' and girls' groups are formed in the village known as the *kishori samoohs* and *kishor samoohs*. Usually the age group that is included as members of this group falls between 11 to 19 years. The group meetings give them the freedom to be themselves, ask questions that they have not been able to ask anybody, share problems about personal issues or even otherwise. Often girls have questions about their bodies, and changing emotions, which are taken up in these meetings.

In spite of all the efforts to institutionalise deliveries a large number of women continue to give birth at home itself. These deliveries are assisted by either the other members of family or neighbours or by the traditional birth attendants locally called **dais**. But most of these deliveries are conducted through unsafe procedures and in very unhygienic surroundings such as the cowshed. Thus, the TBAs were identified in all the clusters of every village so that they can be trained in practicing the techniques of safe delivery and safe motherhood. The *dais* are also provided disposable delivery kit (DDK) called *Mamta kit* that comprises of a bag containing mackintosh, disposable gloves, mucus extractor, packets of condoms, oral contraceptive pills, and iron tablets.

In this area, due to a combination of factors such as traditional practices, superstition, extreme poverty leading to fatalistic attitude, etc., normally people seek healthcare from faith-healers or the traditional healers. They are also the religious heads and are commonly known as **Bhopas**. The villagers have a lot of faith on them. The *bhopas* encourage this blind faith, which further establishes and strengthens their hold on the community. Prayas was successful in organising the *bhopas* and initiate their curiosity in the health programme activities. Orientation training was organised for the *bhopas* to get their cooperation in the project. This training is of special significance as traditionally *bhopas* have been a hostile group and has never agreed with any of the health programme activities. Their cooperation would also ensure deeper penetration within the community.

Gadda-Patel are the local community heads and as such they have a lot of say in their respective areas. Thus they can act as strong agents to spread general awareness among the masses in their concerned regions and thus contribute in a large way towards motivating the people to adopt healthy practices. This aspect prompted Prayas to include *Gadda-Patel* in its campaign for public health. Hence Prayas took the initiative for mobilising the *Gadda-Patel* and imparting them health education.

To strengthen primary health care services of the district and review and plan the health activities Prayas was able to initiate the formation of **District Level Committee** under the Chairmanship of CMHO. Prayas is the member secretary of this committee. The other members of the committee are the District Reproductive and Child Health Officer, Dy. CM&HO, Medical Officer Incharge of CHCs, Child Development Project Officers and Block Development Officers of the respective blocks. This committee meets once in 3 months for review and planning.

Similarly, **PHC/CHC committees** have been formed and are instrumental in bridging the gap between the service providers and the community. These committees provide a platform for the health service providers- medical officers, ANMs, MPWs, LHVs and the village animators and representatives of the VHCs to sit together and work out strategies for better delivery of primary health care services in their area.

Women's health camps:

Apart from the other health problems, women in the villages often suffer from RTIs and STIs. There is least awareness about these diseases among the village women. Most often due to

introversion and ignorance these women never go to the doctors or share their problems. Hence at times the disease takes up serious form and by the time the patient is taken to a health care centre, it often gets too late. Hence awareness about RTIs and STIs is being created among the people, especially women who are more vulnerable to them, with the help of adolescent groups, village health animators, ANMs etc. Also in order to provide less expensive and quality treatment of these diseases, RTI/STI Camps are being organised.

This year two such camps were held. The first camp was organised on 26th of May 2005 at Mujwa, wherein about 200 people from nine villages showed their presence. The second camp took place on 27th of May 2005 at Kevalpura, wherein about 350 people from nine villages attended the camp. Besides providing treatment to the patients, they were also advised on how to prevent such diseases. Stress was laid on maintaining hygiene and safe sex.

Swasthya Melas:

In order to create awareness among women on common health issues, various health schemes, and their health rights and to bridge the gaps between the community and the health care providers two day Mahila Swasthya Mela was organised. This year the *mela* was conducted with the objective to campaign for ensuring better health facilities and education to women, children and those people who lack even the basic health care.

Similarly, on the occasion of Children's Day, a two day Kishori Mela was held with the aim to increase the confidence in kishoris, to generate awareness on health issues by using sports as an effective and popular medium and to unite and strengthen the kishori samooths. About 1500 adolescent girls from more than 70 villages participated on the occasion. Ten kiosks were formed, which involved the girls into various activities and also provided them various information.

Women's Health Assembly:

Prayas in collaboration with Rajasthan State women Commission has been incessantly advocating for quality health services for women, by organising public dialogues in relation with gender and health management issues in the six districts of Rajasthan (Chittorgarh, Banswada, Bikaner, Dausa, Badmer and Dholpur). It is in continuation of these public dialogues that a state level women's health assembly was organized by Prayas on 1st of February 2006 in Jaipur wherein a future strategy was planned out in accordance with the various decisions and conclusions derived from the public dialogues that were conducted earlier. More than 500 women from five districts of Rajasthan participated in the assembly. State government officials were invited to interact with the women. Dr. Pawan Surana, the head of Rajasthan state Women Commission was the chief guest on the occasion.

Campaign on Water and Sanitation:

Campaign on water and sanitation has been started in a large way. The *dandi lotta* campaign to keep drinking water free from contamination has been very successful. Hand washing practices also show a considerable improvement with a majority of people using soap or ash to wash hands instead of mud. People have begun to realise the importance of a closed space for bathing, especially for women. Hence many households have built makeshift bathrooms covered with thatch and wood where women are able to have bath comfortably that helps them in maintaining personal hygiene. In the tribal belts of 50 villages, 60 toilets and bathrooms have been constructed. The people in these belts were imparted training on constructing low cost toilets and bathrooms and were also provided some amount of raw material (cement) for the same. Apart from this an attempt is also being made to promote construction of separate kitchen in the houses. About 60 women from 50 villages have been trained on building blocks and *Kavelu* (used for building roof tops) for the construction of kitchen.

Campaign on Right to Health Care:

"Right to Health Campaign Rajasthan" has links to National Jan Swasthya Abhiyan and International People's Health Movement. One of the activities under campaign was a march in five districts - Alwar, Jhunjhunu, Churu, Hanumangarh and Ganganagar from 24th-28th, March 2006.

Apart from the participation of the village people, media persons, several administrative officers and health activists also participated actively in the campaign. The campaign began with rallies wherein males, females and children, all were involved. The rally was further followed by public meeting and later by media workshop addressing the various issues related to health.

Campaign for Standard Treatment Protocol (STPs) and Essential Drugs List (EDL):

Prayas in support with many national and trans-national campaigns and movements has been advocating for health equity to ensure that health care is not only available as a matter of right by all segments of society but also that the treatments provided are in conformity to rational use of drugs and standard care procedures. The sustained efforts have been effective in generating public awareness and build concern on the subject in senior positions of the Government in the state of Rajasthan.

Using the evidence generated by the WHO and many other academic institutions through field studies, Prayas in support with other organisations has been demanding for a state ban on irrational drugs, formulation of essential drug list and standard protocols for diagnostic investigations and treatment at various levels of health facilities. The persistent campaign from various quarters led the Government of Rajasthan to constitute committees of clinical experts, which produced Rajasthan Essential Medicine List 2005 and Rajasthan State Standard Treatment Guidelines 2006. The Government orders issued on 25th July and 24th November 2005 accepted the list and guidelines. The orders directed all the medical care providers in publicly funded health facilities to strictly follow the recommendations of the medicine list and treatment procedures. The order warned that any violation will be viewed seriously and disciplinary action may be taken against the person concerned if found.

Prayas has been taking up the issue of STP and EDL time and again in various activities organised by it or other organisations in a campaign mode. One of the specific demand of this campaign is for the constitution of a directorate of rational therapeutics, which carries out periodic prescription audits, publish reports and initiating actions against the providers violating the norms. The other demand is to bring the private providers also follow the same norms.

Campaign for a state health policy:

Consultation on Health Equity in India: Ground Reality and Operational Challenges

Health equity can be defined as the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically. Despite the fact that India has made significant progress in disease control and development of infrastructure for health care, major inequalities persist in health and access to health care.

Keeping this in view, a one-day consultation **on "Health Equity in India: Ground Reality and Operational Challenges" was held on 25th Feb 2006 in Jaipur**. The consultation was attended by various concerned individuals and civil service organisations to deliberate upon the idea of

developing an agenda for comprehensive action to arrest health inequity in the region. Prof. Suzan B. Rifkin from the London School of Economics was the special guest on the occasion.

JSA meeting on establishing Citizen's watch on NRHM

As is known to all, National Rural Health Mission (NRHM) is currently being implemented in Rajasthan. This is an important initiative specifically for the public health in the rural areas. Among other things it has also given a new hope to the otherwise hopeless scenario of public health services in the state. As a part of the strategy, the NRHM has inbuilt mechanism for community monitoring and social audit. However, due to conceptual weakness, certain ambiguities and inherent loopholes, there is a certain amount of uncertainty regarding the fate of the NRHM. Thus, it is important that concerned citizenry takes proactive action to ensure that the objectives of the Public Health/NRHM do not remain just on paper.

In this context, a consultative meeting of civil society organisation was held under the banner of Rajasthan Jan Swasthya Abhiyan in Udaipur on February 11th, 2006.

Seminar on Health Equity in South Asia

On March 28, 2006, Centre for Health Equity, Jaipur and Prayas, Chittorgarh organised a seminar titled "**Health Equity In South Asia: Ground Realities and Operational Challenges**" in **World Social Forum, Karachi**. The participants focused on the obstacles towards health equity in South Asia as well as means to overcome them. Professor Kausar Khan from Agha Khan University, Pakistan chaired the seminar.

Rural Housing

The Rural Housing & Habitat Development Unit working with the Cost Effective, Energy Efficient and Environment Friendly (CEEEEF) Technology aims to ensure people's accessibility to safe, secure, affordable and gender sensitive houses and reduce vulnerability by generating micro-enterprises in CEEEF building materials through decentralized financing systems, PRIs and community participation. It seeks to provide affordable houses to indigent families and intensify the sustainable construction process as well as building material in a consistent manner. The broad objectives are:

- Increasing the internal financial resource base through micro-credit and savings groups
- Tapping up grants, loans and subsidies available through the schemes of the Government, Banks and other financial institutions
- Promoting PRI's role in ensuring housing security to people in the rural areas
- Identification and promotion of CEEEF building materials in the area
- Building a movement and a framework for policy dialogue for appropriate gender sensitive housing solutions and habitat development

Most of the rural houses are built of inferior quality building materials and covered with leaking country tiles, indicative of poverty. 100% of the housing infrastructure in the project area is built of local material, which is *Kutch* and requires regular maintenance within a month. The description of the houses depict that each household has an average of 1 room having multipurpose utility. The roofs are made up of local tiles or modern *Kelhus*. The roofs provide improper lightening in the house, which adds to the fact that people are adamant to cleanliness. Through its intervention, Prayas not only aims to provide simple, affordable and cost effective solutions for a quality habitat for tribal people, but also to provide sustainable livelihood to local people through promotion of various construction materials based micro enterprises preferably using manual

processes which can provide livelihood to more number of men and women and the target market is mainly local to avoid marketing problems.

Over the period the team of Rural Housing and Habitat Development, PRAYAS has created huge demand for the CEEEEF building materials in the area, and it has been the need to establish the supply units by generating micro-enterprises within the community. Unlike the other micro-enterprises where the market poses the threat to the production activity, this trade has the local market and higher acceptability among the vulnerable community.

The testing of the local materials available was carried out aggressively at different sites. The proportion of the mix varied, for which parameters for the proportion of the mix were set accordingly. The types of CEEEEF building materials, which came out to be cost effective in the use of construction of Rural Housing, are as follows:

- **Stabilized Mud Block**

For walling application Stabilized Mud Block have been introduced, which are having very high rate of acceptability by the community on account of cost effectiveness compared to the other traditional walling systems

- **Ferro-Cement Roofing Channel**

Local community, BDO, PRIs and other Govt. officials have appreciated this item as it totally eliminates the use of wood, which is otherwise required in traditional roofing. This product is gradually becoming popular among tribal community owing to speedy installation; no shuttering required, 30% cost saving over RCC roofing, lower dead load on the walls, usable as an intermediate floor, high strength to weight ratio, elegant profile and uniform sizes and large span possible with intermediate supports.

- **Precast Door and Window Panels and Chajja**

It is a women friendly production activity and can be easily made with fewer resources. Concrete door & window frames are being produced and sold in the local area and soon some SHGs will undertake this activity for livelihood.

- **Jallies and Garden Tiles**

Cement Jallies and Garden Tiles were introduced as a construction materials as well as livelihood option for women. Concept of the use of cement *jallies* is being introduced among tribal households for the light and ventilation purpose.

- **Micro-Concrete Roofing Tiles**

- **Precast Door and Window Frames**

Further research is being carried out on other CEEEF building materials, Roof Water Harvesting units and quality maintenance of the building materials.

The project has trained around 290 masons, artisans and unemployed rural tribal youths including women in and around the project area. They have been trained on CEEEF building materials and technologies under different training programmes. Entrepreneurship Management and Development Institute (EMDI), an autonomous body of the Govt. of Rajasthan and National Bank for Agriculture & Rural Development (NABARD) have also shown keen interest and provided financial support for training of the unemployed rural tribal youth on CEEEF building materials and technologies.

To develop skills in CEEEF building materials & technologies a training programme was held for rural tribal people, who usually migrate during the off agricultural seasons to the nearby states to work as labourers in construction works. The training programme was from 1st – 30th March 2006; wherein 60 trainees were trained. The objective was ***“To generate livelihood option for the rural population”***.

A one-day workshop and a series of meetings were held with the Bankers to appraise them with advantages and business opportunities of the CEEEF building materials. As a result CEEEF building materials have got a prominent place in the Swarna Jayanti Gramin Swarozgar Yojana (SGSY), a Govt. of India rural employment programme. Bankers are also willing to finance housing and micro-enterprise activities based on this concept to boost construction trade.

As on date 40 houses and 23 other structures like bathrooms, toilets, sheds etc. have been constructed using CEEEF building materials.

Spreading Awareness About HIV/AIDS Amongst Youth

"History will surely judge us harshly if we do not respond with all the energy and resources that we can bring to bear in the fight against HIV/AIDS."- Nelson Mandela

The tribal areas of Pratapgarh block were thought to be pretty much untouched by the menace of HIV/AIDS. As it was unheard of, there was also no awareness about this infection and the subsequent disease, AIDS. But now as more and more young men from the area seasonally migrate to cities such as Jaipur, Ahmedabad, and even Mumbai, some cases of HIV/AIDS were reported, mostly after the death of the person.

It has in fact, in one way become a challenge to introduce a 'new' disease among the people and in another way a strength because when people do not have knowledge then they are less likely to have preconceived notions. The only way to combat HIV/AIDS is prevention and that is possible only with the spread of correct information and awareness. Prayas has initiated a

programme called “HIV/AIDS Prevention and Care Programme for the Rural and Tribal Youth in India”, also known as “**Hillore**” which means ripples.

The objectives of the programme are:

- To increase access of youth-oriented and gender-sensitive information regarding health issues such as HIV/AIDS prevention and sexual health education.
- To engage with the population on issues related to reproductive health in a manner that is appropriate and relative to the culture and area of focus. Also, to create activities relating to reproductive health issues, especially for females, including HIV/AIDS prevention care.
- To advocate the reproductive and sexual rights of young people, and facilitate a supportive environment that addresses their reproductive and sexual health issues.

Currently the programme is operational in 80 villages of Pratapgarh Tehsil, in Chittorgarh District of Rajasthan, reaching out to 2400 rural and tribal, out-of-formal education system young (13-25) people as direct target group.

Health Camps: RTI/STI camps for women

It has been observed that people suffering from RTIs and STIs do not initiate a visit to the doctor due to myths, lack of health awareness and hesitation. In order to combat these myths and to encourage individuals to visit a physician, 41 health check-up camps were held for women this year. At the camps more than 2450 patients were diagnosed with RTI/STI, indicating a high prevalence of such diseases in the tribal areas where inaccessibility to services and lack of education are huge problems. The following services were provided during the camps:

- Health information (sexual health, general health, reproductive health)
- Counselling
- Treatment

Community Youth Recreation Centers

As the programme operates in 80 villages, 8 Youth Resource Centres (YRCs) have been established which provide Sexual and Reproductive Health information, Life Skill Education (LSE) ¹ sessions, vocational guidance², counselling, and condom demonstrations and distribution. In addition, these YRCs organize and host health check-up camps for women with RTI/STI symptoms. YRCs are maintained by Peer-Educators and Gram Swasthya Dal (GSD) and are suitable meeting places to conduct meetings, discussions and sports activities. Additionally, there are books and other educational materials available at each YRC to improve health knowledge within the community.

The objectives of the Youth Recreation Centre are as follows:

- YRCs are established as cluster offices, and operate as meeting places for Peer-Educators and community members.
- YRCs create a positive environment for distribution of information and discussion of health-related issues.
- YRCs are established within and maintained by the community, creating a sense of ownership and involvement with the project.
- Information related to health is readily available and accessible to the community through YRCs.

¹ Life Skill Education targets youth and provides education on health issues and risk behaviors in a gender-sensitive manner.

² Created for out of school youth and provides skill training in various areas; water pump and maintenance training for men and training in tailoring/stitching for women are examples.

- YRCs are safe and confidential place to discuss issues.
- YRCs offer easy access to counselling services.
- Condoms are accessible to the community at each YRC.

Peer-education

This programme uses communication amongst peers as a means of widespread education. 320 peer educators have been appointed in 80 villages, with two female educators and two male educators in each village. Peer-educators are beneficial as they share the same interests as their peers and are members of the targeted age group. Peer-education, therefore, can positively influence the community through implementation of HIV prevention information, and eventually lead to change of high-risk behaviours.

Information Education and Communication (IEC) & Behavioural Cultural Change (BCC) Activities

IEC and BCC activities strive to both inform the community about HIV/AIDS and other sexual health related issues, and reduce behaviours that increase one's risk and susceptibility to HIV/AIDS. To achieve this goal, a positive environment must be created in the community where issues such as HIV/AIDS and sexual health can be discussed. *Jatha*, a popular recreational social gathering, is one such mode of communication. The program uses dance, songs and drama to convey the modes of HIV transmission and dispel myths regarding its spread. *Jatha* is both entertaining and informational, and helps create a supportive environment in the community. The ultimate goal of this IEC/BCC program is to reach as many people as possible and inform them about the risk of HIV as well as the ways to prevent it.

Universalisation of Education

"An educational system isn't worth a great deal if it teaches young people how to make a living but doesn't teach them how to make a life". ~Author Unknown

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 to 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 *Dhriyawad* 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 did not have a reach. 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 *Dhriyawad* Block of *Udaipur* (4). Total number of children studying in these schools at present is 312. 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 4th standard and the students are judged on their overall performance. After the 4th 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.

10 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 are 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.

Reducing Gender Disparities

“One of the things about equality is not just that you be treated equally to a man, but that you treat yourself equally to the way you treat a man.” ~Marlo Thomas

A woman faces innumerable obstacles throughout her life, preventing her to realize her dreams and the community plays its role in favoring the man. This attitudinal difference towards men and women exists at almost all levels of the society and faced in all fields of life whether education, job opportunities or health etc., which fall within the basic rights of a person. In rural areas the disparity is even more ruthless and the situation gets even worse for the poor. One can easily identify situations where this disparity is prevalent. Instances such as a girl deprived of education and her brother being sent to school, girl being restricted to household and agricultural work while the boy spending his time playing or freaking out with other boys, and many such other examples have become a part of life for many. All this is further complimented by the social belief that women are inferior and are capable of nothing but only reproducing and nurturing children. All this has been giving way to a male centric society which ultimately is leading to women violence and practices such as pre natal sex determination and female foeticides.

Hence an extreme need is felt to sensitize the people about the growing gender disparity and to bring about an end to all the detrimental traditions, which add to the menace. Working for the same, Prayas has been incessantly making efforts to bring about gender sensitivity in the community as a whole and in the field of health care in particular. Hence workshops, trainings and campaigns are regularly carried out on various relevant subjects from time to time.

Gender Sensitisation Trainings for the Health Care Providers

Chittorgarh has been the one out of two district in the country where gender sensitivity workshops were conducted for health care providers in 2002-03. These workshops aimed at orienting all cadres of health care providers towards the different facets of gender discrimination and how it impacts women's health. The workshops stressed on the barriers experienced by women in accessing treatment for their health problems and why it is essential for health care providers to be sensitive for providing gender sensitive health care services.

These trainings are now being imparted in other districts of Rajasthan, which are covered under the Integrated Population and Development Project of the Medical and Health Department, Government of Rajasthan.

This year five such trainings were conducted by Prayas in Chittorgarh with various medical and paramedical staff of the Medical and Health Department. These training workshops aimed at "Operationalisation of Gender Sensitivity" in health care, especially reproductive health. A large number of medical officers, MPWs, LHV's and ANMs ardently attended the training.

Campaign Against Declining Child Sex Ratio

The latest census figures have re-focused attention on gender disparity in the population. Changes in the female sex ratio in the 0 to 6 year group are cited to substantiate the theory that female foeticide is an added influence on an already skewed sex ratio. Though sex-selective abortion is an undeniable fact of life in India, especially in its urban population, what has not been analysed is how much this practice has added to the gender disparity in the population.

Declining Child Sex Ratio is an issue that needs immediate attention and intervention across the country. The sharp decline reflected in the 2001 census as compared to 1991 census is a strong warning to take stock of the rapidly deteriorating situation. This is a clear indication of the discrimination meted out to women in our society. The reducing number of girls is an interplay of the social practices and attitudes that favour male children; coercive population control policies of the government like the two-child norm further aggravate the bias against women and also mark the failure of the administration and judiciary to effectively implement laws such as the Pre Conception Pre Natal Diagnostic Techniques Act which prohibits any sex selection and sex detection during pregnancy.

To develop community concern over the issues of quality health and declining child sex ratio, a health awareness campaign was carried out in the five districts of Rajasthan. The selected five districts were Alwar, Jhunjhunu, Churu, Hanumangarh and Ganganagar, where the incessantly declining child sex ratio has emerged as a great concern. Ganganagar has the lowest child sex ratio in Rajasthan. Jhunjhunu inspite of having highest literacy rate in the state holds second place in the context of adverse child sex ratio, which portrays the patriarchal character of the educated section of society. The other districts, which participated in the campaign, have also been in news for their sharply declining child sex ratio doing sex selective termination of pregnancies.

Apart from the direct participation of the community, NGOs and media people were also included in the campaign, through which an effort was made to develop the mindset of the masses by bringing about the issue in front of them in an extensive manner. Rallies and workshop with different community groups especially NGO associates and media persons formed a part of the campaign.

Setting up of *Garima*: The Family Counselling Centre

Along with the activities described above Prayas is also trying to address gender-based violence directly. As a step in this direction *Garima*, a family counselling centre was set up in Pratapgarh block of Chittorgarh. *Garima* is based in Pratapgarh District Hospital Campus.

Garima has been functioning since December, 2004 and till the publication of this document 141 cases have been registered out of which 96 have been solved through negotiations. Apart from dealing with cases, *Garima* is also involved in advocacy for women's rights and spreading awareness about issues pertaining to gender based violence. In this respect workshops have been conducted with the media, and training workshops for the *sathins* are being organised.

Empowerment through Micro Credit Movement

“ Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work”. ~Vince Lombardi

In the development paradigm, micro-finance has evolved as a need-based programme to cater to the so far neglected target groups (women, poor, rural, deprived, etc.). This is one of the most promising ways to use inadequate development funds to achieve the objectives of poverty alleviation. The simple idea behind the programme is to provide financial services including credit to the poor so that they are able to start or expand a micro enterprise, which further enables them to break out of poverty.

Prayas' Micro-credit Program facilitates the creation of community groups linked to banks through which women are encouraged to save money and have the opportunity to take out loans at low interest rates. This program began with the formation of a single group in Ranpur and has now spread to all the villages in which Prayas is active.

In an effort to bring about empowerment of women through economic security, Prayas has worked extensively in the formation and facilitation of micro-credit groups in traditionally economically backward communities. In these communities, dominated by *Dalits* and *Adivasis*, women work primarily in agriculture or as marginal labourers. These women are often the victims of economic exploitation. Women do not receive remunerative pay for their work, are subjected to high interest rates on loans, and are generally looked down upon by the society. The purpose of the micro-credit movement is to create an institutionalised system through which oppressed sections of the population can meet their credit needs.

Micro-credit groups operate through monthly meetings of group members. In these meetings several tasks are performed, including collection of repaid loan instalments, disbursement of loans, collection of membership fees, and completion of cashbooks, ledgers and stock books. Additionally, these micro-credit groups serve as a venue in which problems in the villages can be discussed and information can be shared about such issues as combating drought, income opportunities for women, women's violence, availability of essential resources such as water, fodder and fuels, education of children, health problems, issues of women headed households, and local political affairs.

For the target group members, the most obvious benefit is that this programme actually succeeds in enabling them to increase their income levels. Furthermore, the poor are able to access financial services, which previously were exclusively available to the upper and middle-income population. Finally, the access to credit and the opportunity to begin or to expand a micro-enterprise is empowering to the poor, especially in comparison to other development initiatives, which often treat these specific target group members as recipients. The ultimate aim is to attain social and economic empowerment.

Forming and actively participating in micro credit groups these women could initiate new hopes in their families and community. Many families who lost their productive agricultural land to the moneylenders got their most important assets back. Others used this new economic opportunity to invest in buying other productive assets ranging from purchase of cattle, brick making, and additional inputs in land to get increased agricultural production and collection from trading in minor forest produce. Overall dependence for credit from moneylenders for quick cash has reduced. Membership to micro credit groups has assured an important economic and social position to these women within families and outside and led them to plan for more sustainable life style.

Community Based Natural Resource Management

“Coming together is a beginning. Keeping together is progress. Working together is success”. ~Henry Ford

Management of natural resources is utmost for sustainable and equitable development. All our actions ultimately have consequences on the quality and quantity of natural resources. A failure to manage these resources sustainably and equitably in many cases is already leading to conflicts and disasters. Resolution of this challenge is the key to sustainability. Hence it becomes paramount to take steps to protect and save our natural resources to which the survival and prosperity of the mankind is sturdily dependent.

Natural Resources provide important economic resources to village communities and are also tightly linked with community health. In recent years degradation of forestlands have been fuelled by scarcity of agricultural land, encroachment, transfer of land for development activities and high levels of natural resource withdrawal from forestlands. Additionally, due to droughts in the area and inadequate understanding of proper use of natural resources, there have been high levels of deforestation and degradation of forest resources in the Pratapgarh area of Chittorgarh district in southeastern Rajasthan.

Across India, Joint Forestry Management (JFM) schemes have been developed which seek to encourage participation of local communities in the management of forests in cooperation with the Forest Department. The struggle to give village communities control over natural resources has the dual purpose of protecting natural resources and providing communities with livelihood opportunities. The basic aims are to optimise the returns, minimise conflicts and linking the

forestry development with over all development. All this ultimately leads to an ideal condition where the users acquire the technical and managerial capability to sustain the system. Participatory approach has been considered crucial for achieving sustainability of the programme on account of efficiency, effectiveness, self-reliance, increased coverage and sustainability. Participation implies a greater chance that resources available to development will be used more efficiently ensuring better output.

Prayas currently is focussing on Joint Forest Management in the Devgarh region of Pratapgarh block. At present 45 forest protection committees have been formed working in southern Rajasthan and protecting more than 7000 hectares of forestland. All these committees have formed a federation known as "*Lok Van Vikas Parishad*", with its headquarters at Pratapgarh. The objectives of formation of these committees were to promote management of forests by villagers and inhabitants themselves and to carry out developmental work in the area from the income generation through rightful forest produce. Prayas has always appreciated and facilitated the concept of Joint Forest Management (JFM), and has been relentlessly working in order to empower people so that they can demand for what is rightfully theirs. Thus, under its JFM and natural resources management project Prayas acts as a catalyst in this process. Also another aim is to facilitate the marketing of the items made out of forest produce so that the people can get the real value of their produce.

Bamboo Craft as a means of livelihood

"Empty pockets never held anyone back, Only empty heads and empty hearts can do that". ~Norman Vincent Peale

Poverty is a rural dilemma and continues to be a persistent multidimensional problem. It is associated with poor farmers, small farm systems, the landless, resource endowments, the socioeconomic environment and externalities. Over 75% of the poor live and work in rural areas, trapped in a poverty–adaptation–fragile lives–little hope–low life expectancy complex, with an enduring hope for self-reliance and a more comfortable life tomorrow. Since agricultural growth is central to improved livelihoods, strategies that focus on promoting such growth are critical: improved efficiency in natural resource management (NRM) can directly contribute to productivity enhancement and reduced poverty.

Currently the project is operational in seven Panchayats of Pratapgarh Panchayat Samiti with the following main objectives:

- To promote entrepreneurship keeping environment in the centre.
- Generate employment opportunities in handicrafts based activities and generate capacity to sustain growth of artisans.
- Impart income generating capabilities to the farmers and in particular to the artisans so that they can fully participate in and benefit from the economic growth.

One of the major technical concerns of the project is dissemination through skilful training. The trainees have been provided 40 days of basic learning about the use of tools, choice of bamboo, measurements, cutting, strips formation, designing of strips etc. Training was initially given on some small articles such as tea tray, fruit basket, fruit tray, soap case, bangle stand, hanger, pen stand, file folder, bag, table lamp, etc. Later in the course people were also trained on articles like tea cup, pen, letter box, chapatti basket, axe, sword, bullock cart, wall watch and some other decorative items.

The craft items so produced are often exhibited at different fairs and exhibitions of both state and national level. The finished products can never be priced good without the skill training on marketing. The basic objective of participating in fair/exhibitions is to promote the artisans to understand the need and demand of the market. Such exposures bring forth opportunities to produce and sell their product.

The other major technical concern of the project is awareness generation regarding forest issues. The emphasis has been given on the issues of joint forest management. The key points for discussion are:

- Discussion on Tribal Bill.
- About the role, responsibilities and benefits of Joint Forest Management.
- To develop a sustainable relationship between the local forest department and the Village Forest Protection Committees.

Apart from bamboo crafts some other initiatives that have been taken to promote livelihood are as follows:

Nursery Development: A nursery has been raised for income generation and as a tool for empowering forest protection committee. The seedlings will be given to the members of the forest protection committee so that on one hand it would be the alternative of the bamboo resources in public land and on the other hand growth and protection of bamboo will be promoted.

Safed Musli Training: Locally Safed Musli is sought for medicinal purpose. Now a day's safed musli are scarce due to over exploitation from public and forest land. Therefore there is a need to enhance awareness about its cultivation, processing and marketing. For the same one day training programme was organized which was attended by 39 participants from 14 villages.

Advocating Health

"To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear" . ~Buddha

It is believed that the public health system is being expanded and strengthened, especially to reach out to the far-flung villages in the rural parts of the country. Women health has been in focus in several Government health programs and services. While such efforts are being made to provide better health care, it would be useful to interact with the very people for whom these services are meant, in order to gauge effectiveness of these efforts and fill any lacunae found. Keeping this view in mind, a mass health awareness and advocacy program was started as

National Advocacy and Communication project by Government of India under sixth nation program of United nation Population fund in four districts of Rajasthan namely Barmer, Bikaner, Dausa and Banswara. At State level Prayas Chittorgarh in collaboration with different district level organization is implementing the activities. Hence general awareness on health and health issues is being created through various means of communication such as street plays, mobile van, film screening, competitions at school and college levels, posters, news letters, signature campaign, workshops, public dialogues etc.

Street plays are the major medium of community participation, communication and advocacy program. Hence street plays are frequently carried out to spread awareness on various issues.

For awareness and advocacy on health rights and health care services available a campaign was launched this year in 240 villages by Prayas through mobile van team. The team deliberated knowledge to the villagers continuously for 60 days.

To develop a scientific thought among the community, a series of film demonstration was arranged in 60 different villages this year. This was to sensitise and generate awareness in the community about different diseases and health issues. Film demonstrations were followed by group discussions based on the film.

Various competitions and co-curricular activities were conducted in Government and private schools and colleges (including all government, private and professional institutes and colleges) in which competition were held on different social issues like violence against women, female foeticide, social gender discrimination etc.

For increasing participation of public on Population issues and Women health issues a clothesline signature campaign has been launched where people from different districts and blocks are jotting their messages and signing on a bulk piece of cloth. Along with this the cloth pieces are demonstrated and exhibited in various programs where the delegates of programs note their messages on the respective issues .In this way till now Prayas has congregated more than 4000 pieces of such cloths.

District level Media Workshop

Media can seriously influence common social problems in the society. However there is a lack of expert media representatives who have a sound understanding on different women problems and who can competently analyse and investigate on such issues. Keeping this in mind, media workshops were organised in different project districts like Banswara, Dausa, Bikaner and Barmer with National, State and Local level News Print media representatives. Through these workshops an attempt was made to sensitise media representatives on different issues related to women.

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 in three different districts of Rajasthan on the issue of Gender and Health management. The Public dialogue was organised in Banswara (30th September 2005), Dausa (2 December 2005), in Bikaner (21 October 2005) and in Barmer (27 December 2005).

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.

Capacity building programs for NGO worker

For successful implementation of program, there is a need felt to develop and build up the capacities of different workers of various implementing/voluntary organization. Keeping this in view, a four day training and capacity building workshop was organised from 4th -8th August 2005. As a result of the training the biases and misconception among the workers about sex and sexuality, population and other social myths were demolished and a new understanding on these issues were developed which will help in deliberating the concepts to the society.

Workshops

On the occasion of World Population Day a Workshop was organised where representatives of different voluntary organizations and civil societies and other intellectuals participated. Discussions were held on the issues of Women health, population policies and emerging problems and issues. About 160 participants including various media personnel for state and national level newspapers also participated.

Apart from this a two days workshop was held to prepare module for capacity building program to representatives of voluntary organizations, different health service providers and industrialists. These modules are prepared for the ongoing gender training workshops in six different districts of Rajasthan. The objective to develop the module is to develop an understanding of community on the issues of gender and gender based discrimination, which affects women health, and a prior reason of gender based violence and the community can give effort to minimize the same.

Visits and Exposures

PARTICIPATION IN THE GLOBAL EVENTS

Research Encounter & People's Health Assembly:

Second People's Health Assembly was held in the city of Cuenca in Ecuador from 17th to 25th July 2005. Prior to it the Latin American chapter of the Global Forum for Health Research organised "Research Encounter" from 13th through 15th July. More than 1500 delegates from over 80 countries participated in the health assembly and research encounter had participation of about 100 health researchers from all parts of the world but more from the countries of Latin America. At the end of assembly a People's Charter for Health was prepared called as "Cuenca Declaration".

Dr. Narendra participated in both these events and spoke on the politics of research in Research Encounter and in the session on "Nutrition, Food and Health" of the Assembly.

Commission on Social Determinants of Health:

WHO, Geneva has constituted a Commission on Social Determinants of Health. The Commission is gathering evidences on health inequities within and across nations to act on the social determinants of health. Dr. Narendra has been one of the Asian Civil Society Facilitator for the Commission and has been travelling in Asia and other parts of the World to attend Commission's meetings and organise conferences with civil society colleagues in different countries of Asia.

After one of the Commission's meeting held at Montevideo, Uruguay, Dr. Narendra held a meeting with faculty of the London School of Economics for jointly working out a framework of action on health guarantees.

EXPOSURE TOURS FOR THE VILLAGE HEALTH ANIMATORS AND THE SHG MEMBERS:

Visit to other civil society groups working on similar issues is always helpful in expanding knowledge and workable strategies. Keeping this in mind, three exposure tours were organised for the SHG members and the village health animators this year. Two of the batches visited the organization called ARTH in Udaipur, Rajasthan, while the third batch had a visit to three different organizations working for community development in Maharashtra and Madhya Pradesh. The organisations were-

- MASUM (Pune, Maharashtra),
- CRHP (Jamkhed, Maharashtra) and
- Asha Gram Trust (Badwani, Madhya Pradesh).