

IMPACTING OLDER PEOPLE'S HEALTH



Impacting Older People's Health

An impact assessment study

under the project POC



EUROPEAN UNION



GRAVIS



HELPAge INTERNATIONAL

Impacting Older People's Health

2013

GRAVIS

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List of abbreviations used:

1. ANMs Auxiliary Nurse Midwife
2. AWWs Anganwadi Workers
3. CHCs Community Health Centres
4. CPMC Community Project Monitoring Committee
5. GOI Government of India
6. GRAVIS Gramin Vikas Vigyan Samiti
7. HAI HelpAge International
8. NCOP National Council of Older Persons
9. NGO Non Governmental Organisation
10. NREGA National Rural Employment Guarantee Act
11. NSS National Sample Survey
12. PHC Public Health Centre
13. PMC Project Management Committee
14. SHG Self Help Group
15. TAC Technical Advisory Committee
16. UNCRPD UN Convention on the Rights of Persons with Disabilities
17. VHWS Village Health Workers
18. VOPA Village Older Persons Association
19. WHO World Health Organisation

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Executive Summary

Purpose of Study

The villages that fall under Bap and Fatehgarh Blocks in Jodhpur and Jaisalmer districts respectively have more than 50% of the population comprising older persons. It had also been observed that 93% of the households suffered from one or more common diseases. A negligible percentage of persons take medical treatment from government health centers, most other persons rely on traditional and non-qualified medical professionals. The entire village relies on open defecation as there are no provisions of toilets in their home or publicly. Further, these older persons were the last to receive nutritious food, water or medicines. The older persons in the family had little or no say in matters that concerned the household/family or the larger community. They were the most vulnerable persons in the community. GRAVIS undertook several activities under this project, so as to change the situation outlined above.

This assessment report was undertaken to try and understand the impact that the range of activities conducted over 4 years, have had on improving the health situation of the aged in the desert communities. Provision of clean drinking water and nutritious food has resulted in a healthy lifestyle as a residual advantage. If the basic requirements have been taken care of, then a person was bound to lead a healthier lifestyle. The report tries to gauge if there has been an improvement in the social standing of the older persons in the community.

Methodology Adopted

The report is divided into three parts.

Section I elaborates on the situation of healthcare delivery systems and policies for the aged in India and Rajasthan; and the intrinsic link between provision of water and adequate health status of a community.

Section II discusses the findings that were gathered over the field trip that was made in April 2013 over the selected project areas in Bap Block (Jodhpur). The tools adopted for this were questionnaires administered to the Gravis staff, Village Health Workers (VHWs) and the VOPA community members. Key profiles have been drawn up based on one-to-one interactions conducted with beneficiaries and decision makers alike.

This section understands the role of various stakeholders in a project, the impact the project activities have had on improving healthcare services and socio economic status of older persons living in the area. It also assesses the other areas that Gravis could work on post this phase is over.

Section III discusses the conclusions that can be drawn from the findings and recommendations that can be made for any changes that may be required in the next phase of the project.

Findings of the Assessment Report

The reach of healthcare services has improved in the targeted areas of the project, and the improvements have come by the way of GRAVIS facilitating better linkages with the government health agencies and their staff. The number of older persons seeking medical treatment and assistance has increased. Hence, visits to the PHC by such older persons for geriatric health related requirements have increased.

GRAVIS hospital and field staff and observations from the field area also show that the incidence of water borne diseases, skin infections and malnourishment amongst older persons has reduced. Diseases that affect older persons like coronary heart diseases, hypertension, cancer, arthritis and cataract has been addressed. Preventive measures have also been put in place. Regular counseling by VHWs and government doctors at medical camps has made this possible.

The change in the life of the older persons has gone beyond just receipt of basic needs of water, food and health. The older persons in a community have a say and opinion on matters of common resources or village matters. The older persons have increased respect within their families and amongst community members in the village. Many women have been able to come out of purdah, attend public meetings, voice their opinions and take critical decisions.

There has been a creation of a cadre of para medical staff by way of VHWs in the villages. The VHWs have been able to raise the awareness of health and hygiene amongst the people of these villages. With able assistance of the VOPA committee, they have been able to bring about a new perspective on life for older persons.

Last, but not the least, GRAVIS field staff has been able to understand the problems and concerns of older persons in the area. The activities have been designed and implemented in a manner that addresses all those concerns. The staff has been able to lead the project to its logical conclusion and achievement of outcomes.

Section I:

Introduction

(A) Access to healthcare services for the aged in India and Rajasthan

Developments in medicine and improvements in the quality of life have resulted in an unprecedented increase in human longevity. This has led to a phenomenon of population ageing all over the world. According to the World Health Organisation (WHO) and the National Institute on Aging (2011)¹, *“The world is on the brink of a demographic milestone. Since the beginning of recorded history, young children have outnumbered their elders. In about five years time, however, the number of people aged 65 or older will outnumber children under age 5. Driven by falling fertility rates and remarkable increase in life expectancy, population ageing will continue, even accelerate. The number of people aged 65 or older is projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050, with most of the increase in developing countries”*.

Transitions in human health have been taking place for many years now. Changes have been seen to include a decline in fertility rates, increase in life expectancy at birth and at older ages, shift in leading causes of death and illness from infectious and parasitic diseases to non-communicable diseases and chronic conditions². Although this is a commendable feat, the low and middle income countries face a number of challenges in this respect. Healthcare systems in these countries have focused on prevention of infectious diseases. They will have to evaluate what kind of treatments need to be given focus – as chronic diseases will see more focus now.

The population over the age of 60 years has tripled in the last 50 years in India and will relentlessly increase in the near future. In 2001, the population of older people was 7.7% which will increase to 8.94% in 2016³. According to the 2001 Census, there were 75.93 million Indians above the age of 60 years of them 38.22 million were males and 37.71 million were females. The projections for the next five censuses till the year 2051 are : 96.30 million (2011), 133.32 million (2021), 178.59 million (2031), 263.01 million (2041) and 300.96 million (2051).

¹“Global Health and Aging”, National Institute of Aging and World Health Organisation Publication, October 2011; from the website - http://www.who.int/ageing/publications/global_health/en/

²Dodge, Brooks Alton (2008), Primary Healthcare for Older People – A Participatory Study in 5 Asian Countries, HelpAge International, Chiang Mai (Thailand); from the website - <http://www.helpage.org/what-we-do/health/>

³National Program for Health Care of the Elderly – Operational Guidelines, Directorate General of Health Services. Ministry of Health & Family Welfare, Government of India, August 2011; from the website - http://mohfw.nic.in/WriteReadData/1892s/2612656526Operational_Guidelines_NPHCE_final.pdf

A survey of literature shows that the burden of morbidity in old age is enormous. Most non-communicable diseases common in older people are lifestyle oriented or are degenerative in nature. The National Sample Survey (NSS) of 2004 states that almost 8% of older Indians are confined to their beds/homes. Hospitalization rates were also higher for persons in this category. Disabilities are more frequent and affect functionality in old age. The NSS 2004 illustrates that as high as 27% of persons are immobile or at home after the age of 80. In this, women are more frequently affected than men in both villages and urban areas.

The primary responsibility of healthcare in India lies with the government –the central and state government bodies. Policies are framed at the Centre, but execution and implementation lies with purely with the state. In the rural areas, it is the Public Health Centre (PHC) which is the principle care giving agency for the young and old alike. Yet there are innumerable instances reported where PHCs exist without any of its staff or the staff is actually functioning as private medical practitioners instead.

The Indian government recognizes the increasing population of elderly in India and announced a National Policy on Older Persons in January 1999⁴. The Policy provides a broad framework for inter-sector collaboration and cooperation both within the government as well as between governmental and non-governmental agencies. The policy identifies a number of areas of intervention – financial security, healthcare and nutrition, shelter, education, welfare, protection of life and property, etc. for the well being of older persons in the country. In addition, the Government of India (GOI) constituted a National Council for Older Persons (NCOP) under the Ministry of Social Justice and Empowerment to operationalise the National Policy on Older Persons.

In June 2010⁵, the GOI approved a “National Program for Health Care of the Elderly” in response to its ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and Section 20 of the “Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisions for medical care of senior citizens. The Program intends to provide preventive, curative and rehabilitative services to the elderly persons at various levels of healthcare delivery systems in India. The Program emphasizes that PHCs, CHCs, district hospitals and regional geriatric centres would be the main points of service delivery. But the problem is addressing geriatric health concerns starts from exactly here.

Rajasthan is one of the largest states in India, situated in the north western part of the country and houses more than 5% of the country's population. The decadal growth rate of the state is 28.4% and the population of the state continues to grow at a rate much faster than the national rate. It is divided into six zones covering 33 districts, 237 blocks and 41, 353 villages. The state is largely rural and 80% of the population is dependent on agriculture for a livelihood. Water availability is low with 60% of the area being a desert. Drought, scarcity and conditions of food shortages are common here, pushing the state into one that categorizes it as one of the most impoverished in the country. A large proportion of the populace belongs to Scheduled Castes (19%), Scheduled Tribes (14%) and Other Backward Classes

⁴Senior Citizens in India: Benefits and Facilities; from the website - <http://www.silverinnings.com/docs/ageing%20indian/facilities%20for%20senior%20citizens%20in%20india.pdf>

⁵Press Release for the National Program on Health Care for the Elderly, Press Information Bureau; from the website - <http://pib.nic.in/newsite/erelease.aspx?relid=70639>

Nutrition

The desert environment inhibits the growth of green vegetables and fruits. Scarcity of water exacerbates the problem. Hence, the area witnesses a number of cases of malnourishment amongst older persons and children. Anaemia is very common amongst women of all ages in the project areas. Strenuous work during the lifetime and lack of attention in old age worsens the situation for older persons in most families here.

Construction of taankas and khadins has eased the problem of provision of nutritious food to a large extent. Over the project years, *khadins* have helped grown fresh and green vegetables. Water supply is maintained through *taankas* and *naadis*. Distribution of cows and goats help in providing milk and milk products to the family. The horticulture units started will support fruit trees and fodder for the animals. All of these have been provided for the older members of the family.

They are thus able to make independent decisions about their own diet and health, in addition to those of the rest of the family.

(45%) making it difficult to avail and access basic health services. Public health infrastructure is sub standard with below requisite number of health centers, human resources and facilities. Literacy levels of the population is low and abets the problems of depending on traditional faith based healers. The existence of extreme arid conditions and far flung villages makes it difficult for people to access basic health services.

According to Tyagi⁶, there is an unquestionable lack of adequate healthcare services for older persons in India. In the desert area of the Thar, the older persons are most vulnerable. They are dependent on family members or neighbours for their daily water and food requirements. Medical care for the elderly has not been easy to come by in this area. Expenditures on healthcare for the older persons eat into the savings of the families. Hence, the older persons are neither taken to a doctor or PHC nor do the older persons go themselves. When they do reach the PHC, the situation is still difficult for them to address.

A number of problems affect efficient service delivery at PHCs :

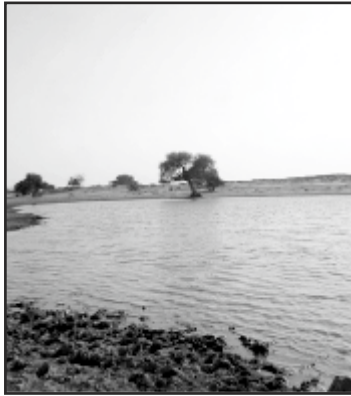
- a. In a remote location, a building in the name of a PHC stands. It has no staff and no doctor too. Wherever, a PHC is to be found, they are too far for older persons to travel to.
- b. When older persons visit PHCs, they are not given preference or not checked fully. Only their immediate concerns are addressed since these persons would visit the doctor only if their daily activities were hampered.
- c. There is a lack of communication on health concerns by the medical staff at the PHCs.

For the older persons to reach the stage of a lack adequate healthcare is a pathetic situation. As if stress from the familial and societal requirements of them were not enough, their situation becomes worse when basic needs are not met. Lack of clean drinking water and food & nutrition are some of them.

(B) Watershed development programs for Older Persons conducted by GRAVIS

Lack of water and a harsh climate has posed numerous challenges for the people living in the Thar Desert. Water is the basis for anything and everything that needs to survive in these arid zones of India – be it plants, crops, and human beings. Droughts have been synonymous with the area that the Thar

⁶Tyagi, Dr. Prakash, "Providing Healthcare to Older People in Thar Desert, India", Journal of Aging in Emerging Economies; from the website - <http://www.kent.edu/sociology/resources/jaee/upload/providing-healthcare-to-older-people-in-the-thar-desert-india.pdf>



Desert is. The result has been extreme poverty, poor health care, high levels of migration and indebtedness.

The baseline survey conducted by Gravis in 2008, for the areas in Jodhpur and Jaisalmer district, found that 64% of the population depends on ponds, hand pumps (12%), open tube wells (8%), wells (5%), taankas⁷ (2%) and 6% on wells and other sources. It also found that people generally use water from naadis⁸ in the months of July to September (monsoon). For the period of scarcity, the taankas are used. GRAVIS has consistently worked on improving the situation of scarce drinking water supply in these districts. Construction of taankas, naadis and conservation of traditional water harvesting techniques has

been undertaken in the projects.

According to Gravis staff and reports⁹, “potable water becomes scarce in the periods of drought. The know-how of storing rain water, over the years, has diminished and many of the traditional water harvesting systems lie in a state of neglect and disuse. The dependency on the state run water supply system suffers from various ills; leakages resulting in limited water to the end users being just one of them”. Fetching the water by foot is not always possible for all, because of incapacity or distance involved. Many families therefore have to hire tankers to carry water for them up to their homes. This means an additional expenditure, often amounting to 20% of the total house hold income. This is a huge cost which further accentuates the existing vulnerabilities in the region.

It was also observed that it was usually the older persons who had to first bear the brunt of scarcity of water in a household. At such times, the older persons are also looked as an additional burden. For the older persons, it is a physical challenge to secure water for their needs such as keeping themselves hydrated, take medicines, and sustain their energy levels.

GRAVIS brought about a significant change in this scenario by building low cost taankas for the older persons in a household. The ownership of the taankas has lent a high degree of social, economic and physical security to the people. The security of availability of water has effects on health and hygiene of older persons and their families. Consumption of clean drinking water has reduced the occurrences of water borne diseases. Women can keep sanitary conditions with the use of water. Regularly bathing is possible now and has reduced skin infections. Hence, provision of water has been useful as the first step to establishing a healthy lifestyle for the aged and their families.

(C) Gravis, HelpAge International and the POC project

What is the POC project?

⁷ A taanka is a cemented structure, constructed by digging underground 10 foot by 10 foot cylindrical pit; having a storage capacity of 20,000 liters. Taankas provide storage for rain-water that is collected in the prepared catchment area and allowed to run into taanka through filtered inlets made on the external wall of the structure.

⁸ A naadi is a village pond, used by the community for collecting and drinking water. It is the oldest rainwater harvesting and storage structure in Rajasthan, where water is stored for drinking and other purposes by human beings and livestock. Naadis are generally built where natural low areas would allow water to collect.

⁹ 'Improved Water Security for Older People in the Thar Desert', Page 9, GRAVIS Publication, Jodhpur.

Gramin Vikas Vigyan Samiti (GRAVIS) :

Gramin Vikas Vigyan Samiti, known as **GRAVIS**, is a non-governmental organization (NGO) fostering rural development through Gandhian ideals. Their efforts focus on the health and livelihoods of rural communities in the Thar Desert. Founded in 1983, GRAVIS is headquartered in Jodhpur, Rajasthan, but runs most of our projects from rural field centers located throughout the western part of the state.

It works on the two principles of *Sarvodaya* and *Gram Swaraj*. Following from the same, GRAVIS believes in empowering rural communities to take control of their situations, thus getting out of a system of dependency. Through each project, a sense of ownership is fostered within the community members. The goal has always been for communities to independently and sustainably meet their own needs.

GRAVIS implements a practical strategy of rural development, emphasizing meaningful community participation. The people of the Thar take an active role in their initiatives and thereby maintain control over their environment, their institutions, and most importantly, their future. Their approach blends traditional knowledge with scientific innovation, producing results that are both effective and well regarded within the community. Through these methods, GRAVIS is committed to permanently bettering life in the Thar, delivering valuable and responsible support where it is needed most.

HelpAge International (HAI) :

Help Age International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. The organisation is driven by a fundamental understanding that older people have the wisdom and the personal drive to contribute to their own wellbeing and that of their families. Its work in over 75 countries is strengthened through global network of like-minded organizations – the only one of its kind in the world. HelpAge is governed by a board of trustees that includes representatives of network affiliates. Help Age has offices in London and Brussels, six regional centres coordinating its work in Africa, East and South Asia, Latin America, the Caribbean and Eastern Europe/Central Asia, and a number of national programs and emergency response programs.

“Promoting older people-led community action to reduce poverty among vulnerable groups in rural Rajasthan, India” – The POC Project :

The POC Project aims to “reduce poverty and improve living conditions of the poor and marginalized communities living in the Thar Desert” by improving the socio-economic status and social integration of marginalized and vulnerable groups in 12 villages in the Jodhpur and Jaisalmer districts through people led community action¹⁰.

For communities living in the Thar Desert access to water is a primary concern. Their poverty, food and income security is inextricably linked to limited and insecure access to a regular, clean source of water.

¹⁰ As per Baseline Survey conducted by GRAVIS for POC project – Sagar, K. (2008). *Baseline Report - POC Project*. Jodhpur: GRAVIS.

Without water, agricultural activities and livestock are difficult to maintain. Rain-fed crops fail during regular episodes of drought. Community ponds, where they exist, are poorly maintained and provide water for a limited period over the year. Groundwater sources are either running low or are not suitable for consumption.

Families are obliged to pay for water and/or travel great distances on a daily basis to collect it. The burden of water collection falls on women and girls with particularly older women finding it difficult to walk long distances, and girl missing out on school due to time spent on discrimination on the basis of age, gender and social status.

Vulnerable groups are often not accessing entitlements (e.g. Pensions) and services (e.g. health) due to poor coverage by the state government, and because of lack of awareness of entitlements and services.

In July 2003, GRAVIS began working on a new initiative focusing on the empowerment of the elderly in the Thar Desert. The initiative, entitled Assimilated Development of Older People in the Thar Desert (ADOPT) was funded by the European Commission through Help Age International (HAI) and aimed to support the socio-economic development of disadvantaged older people through the organization of community based organizations for the elderly, the construction or reconstruction of rainwater harvesting structures, organic agriculture trainings and technical assistance, and livestock distribution. The program benefited 8000 direct beneficiaries in 18 villages in two districts¹¹. Based on the learning from the ADOPT program, GRAVIS started the project for promoting older people-led community action to reduce poverty among vulnerable groups in 12 villages in two districts viz. Jodhpur and Jaisalmer.

Dr. Prakash Tyagi, Executive Director, GRAVIS

GRAVIS has been working in the Thar Desert and its communities for over 25 years. Over these years and the many projects, the focus has been on using holistic approaches so as to lift the rural poor out of poverty. The activities are designed in a manner that will promote empowerment of the community towards a sustainable and equitable future.

Mitigation of drought in the desert regions is the overall focus of all the programs. To this end, the projects have ensured that communities receive clean and safe drinking water, improved efficiency in the agricultural practices they follow, promotion of livestock development as a means of nutrition and income, promotion of increased economic activity and providing formal and non formal education to all. However, over the years, the work around healthcare - especially health care for the aged, has increased and gained prominence.

According to Dr. Tyagi, "lack of clean water enables the spread of disease, lack of food inhibits adequate nutrition, lack of money prevents people from receiving proper care and lack of awareness propagates misleading information. All of these factors constantly threaten the health of rural communities. Moreover, health centres are few and far between, so the people of the Thar must travel long distances

to seek treatment. What has been noticed is that ailments such as respiratory illnesses, chronic diseases, eye problems, itching, fever and water borne diseases have become common in the rural areas. Health has been a core concern for GRAVIS since the 1990s". Tyagi further states that the elders in the desert community face severe challenges due to economic and social insecurity. Lack of proper health care and financial support leaves the aged with a low morale and no motivation in life.

Through the POC project, GRAVIS has been able to improve their water security, nutritional base, income security, and adequate health care. Construction of taankas, khadins and naadis has ensured availability of water for drinking and sanitation purposes. This has facilitated growth of vegetables in the khadins. Specialised medical camps with doctors from PHCs organised in the project area have addressed the older person's need for treatment of respiratory, water and skin infections; anaemia, allergies, hypertension, and eye related problems. This enhances the community's link with government health facilities.

The GRAVIS hospital at Tinwari and the cadre of Village Health Workers developed under the POC looks at enhancement of health related activities too. The hospital data and recent survey conducted in the areas shows that there is a significant reduction in communicable diseases like Malaria, respiratory tract infections and waterborne diseases. The study also reveals that awareness on health and health seeking behaviour has increased.

Under the POC project, it was important that the elders in a community lead the project activities and decisions. This would be able to lead their remaining life with dignity and healthily. To support the project, academic partnerships have been taken up with AIIMS, S. N. Medical College (Jodhpur), government functionaries and other likeminded organisations. GRAVIS is also part of a regional research project on self care for older people in association with SCOPE (Singapore).

GRAVIS is keen that women's health and independence be given as much focus as the other components of the POC project. Village health workers link the local ANMs and PHCs towards this end. SHGs comprise and are run by older women to facilitate economic enhancement in order to empower the women at the individual level and then collective action at the community level.

(D) Impact Assessment Report

(a) Purpose of Study

The arid climate and low inhabitation of the Thar Desert forces communities to lead an impoverished life. The lack of water and a hostile environment cannot fully take care of a variety of crops and vegetables to grow. Some of the areas are so far flung that basic services such as food rations, healthcare and other benefits accorded by the government cannot be met. The few services that do reach the desert areas are underutilized due to many reasons. The underprivileged communities are affected the worst due to traditional gender roles, cultural and religious beliefs.

In the areas selected for the POC project – Jodhpur and Jaisalmer district, it was found that almost more than 50%¹² of the population comprised older persons. It was also observed that 93% of the households suffer from one or more common disease. A negligible percentage of persons take medical treatment from government health centers, most other persons rely on traditional and non-qualified medical professionals. The entire village relies on open defecation as there are no provisions of toilets in their home or publicly.

It was found that the older persons were the last in a household to receive nutritious food, water or medicines. The older persons in the family had little or no say in matters that concerned the household/family or the larger community. They were the most vulnerable persons in the community as they did not have a regular income, were landless – basically nothing that the younger persons in the family could hold on to.

GRAVIS undertook several activities under this project, so as to change the situation outlined above. Final beneficiaries included 15,000 people from various communities, local NGOs, government departments and national and international development agencies.

This assessment report was undertaken to try and understand the impact that the range of activities conducted over 4 years, have had on improving the health situation of the aged in the desert communities. Provision of clean drinking water and nutritious food has resulted in a healthy lifestyle as a residual advantage. If the basic requirements have been taken care of, then a person was bound to lead a healthier lifestyle. The report tries to gauge if there has been an improvement in the social standing of the older persons in the community.

(b) Methodology adopted

The report is divided into three parts. **Section I** elaborates on the situation of healthcare delivery systems and policies for the aged in India and Rajasthan. This discussion is based on material that Gravis and their staff members have prepared over the years of working with older persons, government initiatives and policy documents on geriatric healthcare and other bodies of work that

¹² As per Baseline Survey conducted by GRAVIS for POC project – Sagar, K. (2008). *Baseline Report - POC Project*. Jodhpur: GRAVIS.

have been compiled by civil society organizations, research agencies and the like. This section also shed a brief light on the intrinsic link between provision of water and adequate health status of a community.

Section II discusses the findings that were gathered over the field trip that was made in April 2013 over the selected project areas in Bap Block (Jodhpur). The tools adopted for this were questionnaires administered to the Gravis staff, Village Health Workers (VHWs) and the VOPA community members. Key profiles have been drawn up based on one-to-one interactions conducted with beneficiaries and decision makers alike.

This section understands the role of various stakeholders in a project, the impact the project activities have had on improving healthcare services and socio economic status of older persons living in the area. It also assesses the other areas that Gravis could work on post this phase is over.

Section III discusses the conclusions that can be drawn from the findings and recommendations that can be made for any changes that may be required in the next phase of the project.

Section IV – the '**Annex**' section lists some limitations that have been faced in conducting this study, the copy of questionnaire that was administered, a map of the area and a summary of activities that have been conducted by GRAVIS in this project over the years.

Section II :

Findings

A) Background of the POC Project

(a) Health scenario at the beginning of the project

A baseline survey conducted in September 2008 at the beginning of the project determined the situation of the healthcare related facilities for older persons in designated villages of Jodhpur and Jaisalmer. Eight villages surveyed in Jodhpur showed that 92% of the population comprised older persons. Four villages surveyed in Jaisalmer district showed that 52% of the population comprised older persons.

The survey also revealed that :

- 93% households suffer from one or more common diseases
- Highest incidence of diseases was malaria (66%), diarrhea (61%), fever (15%), Jaundice (3%), skin diseases (1%) and pneumonia (0.3%)
- 16% households take medical treatment from government health centers, most other persons rely on traditional and non-qualified medical professionals.
- 95% households do not have built in latrine and rely on open defecation

The household surveys revealed that most of the diseases suffered were related to :

- Unsafe drinking water
- Unhygienic conditions and practices
- 93% households suffer from one or more common diseases
- Highest incidence of diseases was malaria (66%), diarrhea (61%), fever (15%), Jaundice (3%), skin diseases (1%) and pneumonia (0.3%)
- 16% households take medical treatment from government health centers, most other persons rely on traditional and non-qualified medical professionals.
- 95% households do not have built in latrine and rely on open defecation
- 75% households take traditional medicines or consult private medical practitioners
- 16% households take treatment from government health services
- 8% households take treatment form non qualified medical practitioners
- Problems reported by older persons :
 - Arthritis 42%
 - Vision and hearing loss 20%
 - General impairment 12%
 - Pulmonary diseases 5%

- Depression 4%
- BP 3%
- Senility 2%
- Osteoporosis 2%
- Incontinence 1%
- Pressure sores 0.4%

Income for the older persons :

In most of the villages the income source of older person's households comes from daily wage labour. Some receive it from agricultural activities and livestock rearing. Others sources for income are those like begging, as has been observed in some areas such as Kohra (Jaisalmer).

Vulnerability of the older persons :

The baseline survey identified the most vulnerable population in these villages based on factors such as those who :

- Owned a kutch house
- Landless
- No livestock owned
- One earning member only – many consumption members
- One or other members faces an illness at any point of time in the year
- Unskilled and uneducated family members
- No family support
- No respect in the society
- Always in debt/torn clothes/no livelihood
- Could not afford treatment
- Cannot get a loan

(B) Role of stakeholders in this project

1. Gravis Field Staff:

a. Area Coordinators – 2

The area coordinators are in charge of strategizing, implementation and management of the programs at the field level. They are the persons who are responsible to see that the activities are completed efficiently. They are also assigned the task of monitoring the progress of the activities planned under the project.

“Older women should continue to stay healthy”

Poverty and harsh climatic & environmental conditions affect women and children the most in the Thar. Cultural and social traditions of the area dictate women to remain in *purdah*. This directly affects the decisions she can take with respect to her diet, work and health. In the desert, water is scarce and women have to walk several miles to fetch water. Suffering from malnutrition, hypertension or cataract, the older women are most vulnerable and the worst affected. Sharing the family resources for better health of the aged does not take place very willingly.

GRAVIS has addressed these issues in this project as women are brought to the forefront. Many women have come out of *purdah*, are part of the VOPA and take decisions regarding their own well being. Medical camps, taankas & khadins, and women field workers especially look after health problems that concern older women. ANMs and PHC staff have better contact with the women in these areas at the end of the project.

b. Field workers – 8

The field workers are responsible for the planning the implementation schedules of the activities and also for the actual implementation within the community members. They work with the VOPA members; organize the medical camps; look into referrals at the government hospitals; conduct awareness building sessions with older persons in the community; counsel youth on related issues; assisting the VHWs in providing primary treatment and care for the elders in the community; and; counseling older women to come out of 'purdah'¹³, being aware of their health needs and instilling confidence.

c. Administrative Staff:

The administrative staff includes Field Accountants (2); Office Accountant (1); Office Assistant (1) and a driver (1).

2. VOPA committee members:

- a. Men – 96
- b. Women – 46 members

The older persons in the villages of Jodhpur and Jaisalmer districts had very low standing and respect among the villagers. There was complete lack of awareness of health and/or income related issues amongst the older persons. The younger generation in their families discouraged their participation in the daily lives and the panchayat meetings. Moreover, the panchayat meetings took place far from their villages¹⁴. With as much as 52% and 92% of the population being older in Jodhpur and Jaisalmer districts respectively, the active involvement of the older persons in the everyday life of the village and its inhabitants was quite essential.

The VOPA was constituted in the first year of the project so as to support the better functioning of the facilities and assets created in the POC project by Gravis. Twelve (12) such committees were formed. In addition to facilitating the selection of beneficiaries, the VOPA was brought together to increase the capacity of the older persons. The VOPA is responsible for mobilizing the community and create a healthy environment of the ageing people in Jodhpur and Jaisalmer districts. Their major contribution and involvement in monitoring the project progress have lead to more disciplined project implementation.

¹³ *Purdah* meaning curtain, refers to a religious and social institution of female seclusion in Muslim-majority countries and South Asian countries. The Arabic equivalent is hijab. The term purdah is predominantly used in South Asia. Purdah has “visual, spatial, and ethical dimensions”. It refers three main components: veiling of women, segregation of sexes, and a set of norms and attitudes that sets boundaries for Muslim women’s moral conduct. It varies broadly according to religions, region, nationality, cultures, and socioeconomic classes.

¹⁴ As per Baseline Survey conducted by GRAVIS for POC project – Sagar, K. (2008). *Baseline Report - POC Project*. Jodhpur: GRAVIS.

The VOPA conducts monthly meetings and maintains records. They are responsible for organizing and monitoring the community welfare programs introduced by Gravis. A comprehensive understanding has been developed among the members of VOPA's towards the goals and objectives of the project which has helped VOPAs to consolidate cordial relations with the target group and as well as increased the interaction level with government functionaries at block level.

Additionally, they have also forged relationships with the government functionaries at the Block and Panchayat level – addressing their problems and accessing benefits provided by the government for their age group of persons. The VOPA members get together to organize medical camps in their village, availed of monthly pensions, awarded with horticulture units, *taankas*, *khadins*¹⁵ and naadis, etc.

The staff at Gravis outlines the following as the major achievements of the VOPA :

1. VOPA members helped in organising trainings, awareness sessions and regular monthly meetings.
2. There is a considerable increase in the percentage of female VOPA's representatives in the monthly meetings of VOPAs.
3. VOPA members have been utilising *Gramkosh* (village funds) in community welfare programmes like pensions of older people, widow and handicap children.
4. With the efforts of VOPA members, 18 older people, 7 widows and 14 handicapped children have started to receive their monthly pensions. The VOPA members associated in the beneficiary's process of formation of their pension card from the welfare board.
5. VOPA members have also utilised *Gramkosh* (village funds) in the process of making passports of the members elected for the International Exchange visit to Bangladesh.
6. VOPA members in the target villages have been voluntarily providing their services in the community welfare programmes like closely observing the school teachers of Government schools, the payments done in NREGA scheme (National Rural Employment Guarantee Act), check on Water Supply Programme and plantation programme run by Government.
7. VOPA members have began to address their problems regarding fodder, health, water, pensions etc before the local Government.
8. Recently, VOPA members have appealed the government concerning the accidental deaths of two kids by falling in the pits dug up by the State Railway contractor.
9. VOPA collaborated in organising medical camps in the target villages and benefited more than 600 elderly people.

VOPA members are contributing in the ongoing process of insurance of goats distributed in the reporting period of the project.

¹⁵ A '*khadin*' is a traditional rain water runoff-based farming system using a bund/dyke to harvest rainfall. It is used to store and disperse water throughout an agricultural field rendering the soil more conducive to cultivation. *Khadins* enable farmers to utilize their land in the current monsoon as the dyke around the *khadins* retains water from the rainfall. *Khadins* enable the farmers to grow winter crops from the moisture retained by the land during the monsoons. Land within *khadin* produce fodder for animals and support trees like *Khejri* and *Bordi* that provide fodder, pods and fuel wood.

3. Village Health Workers (VHW) :

Twenty-four (24) Village Health Workers (all males) were inducted into the program in year 1 of the project. They were trained by Gravis doctors and mainly on topics such as :

- TB in older persons
- Nutrition for older persons
- Health issues of older women
- Minor treatments
- Hygiene and health
- Mental health counseling

Field visits in the program areas outlined that over the years, the VHWs have provided every person in the village with information related to health, creating awareness on medical issues and assisted in increasing the reach of health programs to the community members. The VHWs have laid immense priority on prevention of any illness and build awareness amongst the community members along those lines. In case of graver situations, the VHWs have taken persons to the government hospitals or arranged for referrals. This way, the VHWs are the community's answer to medical help in case of emergencies. The VHW is able to provide medicines and also advise on the course of action to be taken immediately.

4. Community Project Monitoring Committee (CPMC) :

The CPMC is conducts community based monitoring of the programs and activities carried out under the POC project. Two committees have been formed – one each in Baap and Fatehgarh blocks. CPMC members come from Village Older People's Associations (VOPAs) and regularly monitor the project progress.

5. Project Management Committee (PMC) :

A Project Management Committee (PMC) was established in the first year of the project. The PMC comprises VOPA members and management representatives of both HelpAge and GRAVIS. The PMC plays an important role in guiding the project throughout the year through technical and practical suggestions on implementation and monitoring. The PMC meets 3-4 times (depending on the requirement) over the project reporting period. In these meetings the preliminary discussions remains on accounting progress of project and then other propositions like drought, scarcity of water and fodder, school teachers remain the major topics of discussion.

6. Technical Advisory Committee (TAC) :

The TAC was formed in the beginning of the project. The 15-members TAC brings together experts from different fields including agriculture, hydrology, engineering, medicine, social sciences, horticulture and animal husbandry, representation from various local government departments as well as HelpAge and GRAVIS. Over the year, the TAC provides valuable technical support to project activities. The TAC meets up to four times in each reporting year.

(C) Impact of the project:

(i) Improved access to healthcare services in the area

The situation with respect to provision of healthcare in the villages has changed for the better since the start of this project. Over the 12 villages surveyed, most respondents agreed that health had become a priority in their lives. It is no longer about just having access to water and food. Those requirements were met by the construction of *tankas* and *khadins*. Awareness on healthcare has become higher over the duration of the project.

This has come about in a number of ways:

- a. Communities with the help of Gravis staff has been able to identify the illnesses that frequent the villages – cataract, tobacco and opium consumption related illness, blood pressure, diabetes, arthritis, asthma, etc
- b. Health seeking behavior of the community has improved. Older persons are no longer neglected and do not visit fraudulent doctors anymore.
- c. The community members now understand that it is most essential to keep their surroundings clean so as to prevent illnesses – especially those which are seasonal in nature. This has been made possible only because water is available round the year.
- d. Illnesses have decreased.
- e. The VOPA committee has given importance to discussing issues that concern the older persons.
- f. The residual effects of construction of *khadins*, *tankas*, *naadis* and horticulture units have been realized. Fresh vegetables, fruits and clean drinking water are more readily available.
- g. The distribution of cows has increased the level of nutrition consumed by families on a daily basis.

Other impacts that have been noticed are as follows:

- a. Access to government schemes and facilities have increased
- b. Increased confidence gained for women (more) and men to participate in meetings and taking decisions.

Medical camps have been helpful for the elderly and a big success.

At the beginning of the project, the local PHC in the area was understaffed and too far for the older persons to travel to from the remote areas. The baseline survey revealed that only about 16% of persons visited the government health service facilities. People preferred to go to PMPs or faith based doctors.

Older persons did not seek medical assistance and when they did, it was at the expense of the savings of the rest of the family. The burden on the family and the mental stress brought on by the situation overwhelmed the aged persons to completely not seek any health related assistance or benefits whatsoever.

Recognising these issues, Gravis organized specialized medical camps twice a year during each year of the project. These were focused on providing medical advice, treatment and education on arthritis, cataract, and hypertension, consumption of opium and tobacco, and skin diseases. The aged men and women did not have to walk to far off PHCs nor take expensive transportation to Block centres.

Gravis has been able to cultivate a health seeking behaviour amongst the older persons. A healthy rapport has been encouraged between the government medical staff and the older persons, are now aware of entitlements that they can avail of at minimal or no cost at the PHCs.

- c. Interpersonal and inter-generation relationships have become better.
- d. There is a willingness amongst all community members to help each other.
- e. A positive and encouraging environment has been fostered in the community and the area.
- f. SHGs with participation of older women have enabled them to come out of their homes, save money independently and become decision makers in their own home and in the public space.
- g. Mental stress and tension has reduced to a large extent
- h. Migration to the towns and cities is also beginning to reduce.

The project had many aspects to the programs carried out. However, some were more noticeable and impactful than the others. Those related to the health module, listed during the field survey were as follows:

- a. **Village Health Workers (VHWs)** have played the most important part in the whole process. The creation of a cadre of such health workers locally from the village has negated the need to refer to fraudulent doctors in the village. The VHWs offer assistance at the times of an emergency and also assist the community members in preventing illnesses in their day to day lives. They have facilitated in increasing the reach of the government programs and benefits for rural areas/communities and vice-versa.
- b. **Medical camps** have been helpful for the elderly and a big success. Through organization of the camps, medical services have been brought to the door step of most elderly in the villages.
- c. The focus and importance given to leading a less impoverished life through the **village elders** has been most noticeable. The **VOPA** is a culmination of that effort. It has now become the most important agency in the project and the village.
- d. **Tankas** that provide clean drinking water through the year has had an all round effect on each and every aspect of their daily life.
- e. **Awareness and education on health** has increased manifold. It is not just the elderly, but through them, each and every member of the family is better aware of health and hygiene, has adopted preventive measures, and reduced illnesses have been noticed.

The staff at Gravis and the VHWs also agreed that the basic aims of the project with respect to provision of adequate health care services with strengthened linkages to the government medical staff and PHCs.

The project has been successful in achieving its stated aims (increased access to healthcare services for older persons in the project areas)

Response Received	Gravis Staff	Village Health Workers	Total
Strongly Agree	3	18	21
Agree	3	6	9
Impartial			
TOTAL	6	24	30

“Focusing on geriatric medicine and requirements”

GRAVIS places special focus on ensuring better geriatric health in all of its projects. This POC project lays special emphasis on the aged and thus additional work on promotion of better geriatric medicine and care is an ongoing area of work in GRAVIS. Comprehensive studies and workshops have been conducted on geriatric health in the Thar. GRAVIS has worked with the WHO and S. N. Medical College on the theme of active ageing over the years. It has also collaborated with the All India Institute of Medical Science (Jodhpur Campus) to develop a geriatric medicine department in the city. In addition, every project that is in operation factors in the special needs of the aged men and women.

- **70%** of the respondents comprising Gravis field staff and Village Health Workers (VHWs) “**strongly agreed**” that the project was able to meet its short term goal of providing basic health care to the community.

- **30%** of the respondents were also in agreement of the same.

Listed below are some of the ways in which attainment of short term goals of the project have been noted.

- **Empowerment of the older people in the community:**

The elders in the community realize that such healthcare benefits (as those in the project) were never provided to them before this project came in. It was difficult for them to go to the nearest PHCs and could not afford to have a doctor come visit them as and when required. However, the presence of VHWs has changed that situation. The latter are available in their very

villages 24*7 and organization of regular medical camps have bridged the gap of government doctors treating the aged persons on a priority basis. All of the above has only increased and instilled greater confidence in the elders – men and women alike. There is a reduction in the age gap between the youth, young adults and the aged now. The VOPA has also been given a public platform to voice their opinions and lay demands to the government bodies for better access to better services vis-à-vis the aged in the community.

The field survey assessed responses from Gravis field staff and VHWs on their experience in working with the community members and the elders in the community.

With respect to the older persons :

- **70%** of the respondents comprising Gravis field staff and Village Health Workers (VHWs) “**strongly agreed**” that working with the community was a pleasant experience. They were able to learn a lot from the wisdom of the aged.

Response Received	Gravis Staff	Village Health Workers	Total
Strongly Agree	4	17	21
Agree	2	7	9
Impartial			
TOTAL	6	24	30

- **30%** of the respondents “**agreed**” with the same.

Increased health seeking behaviour and improved health conditions :

There is increased awareness on health related issues. People have been given advice on how to maintain hygienic living conditions so as to prevent health.

Gravis has also made it possible for older persons in the community to consult government medical practitioners on diseases related to arthritis, cataract, irregular blood pressure, skin diseases, etc at specialized medical camps organized twice a year. Many of the respondents have got minor surgeries done at these camps along with receiving prescribed treatment and medicines for the illness affecting them. This has assisted the older persons to form linkages with the government hospitals and PHCs. As and when required, the older persons/their family members can consult and avail of healthcare services from the government clinics.

Access to water through the year has resulted in better health for the older persons and their family members. The provision of clean drinking water has reduced the prevalence of stomach infections. It has also been seen that they are able to use it efficiently for farming, horticulture units, etc. The construction of khadins has facilitated cultivation of vegetables and grains. This has increased the amount of nutritious food being consumed by older persons and their families. So much so, the Gravis field staff has noticed a significant reduction in malnutrition amongst children from these villages.

Distribution of cows and goats amongst project beneficiaries has resulted in consumption of milk and milk products amongst older persons and their families. This has improved the level of nutrition amongst the aged, women and children alike.

Women's health has received attention to in this project. The first step was to free women of 'purdah'. In the four years of this project, there is an immense amount of confidence that has been instilled in women. Women have been encouraged to look at their health concerns. In addition healthcare facilities have been provided to other younger women too – counseling against child marriage, use of contraception, and prenatal and ante natal care. Through the above the PHCs & anaganwadi workers(AWWs) have been brought in, in addition to the VHWs.

Nuridin and Chanda Khatun



Nuridin and Chanda Khatun are model examples of what happy older couples in a community should look like. Nuridin is a Village Health Worker (VHW) and Chanda Khatun is a VOPA member from Jaitdasar village in Bap Block. They are also beneficiaries of a taanka.

Well over the age of 70, **Nuridin** has a fair bit of knowledge of medicines, and is thus able to understand symptoms and dole out medicines to those who need them. The initial kit for medicines was provided by Gravis, but there after the patients pay for their medicines and that is how the purchase of new stock is sustained. He has assisted Gravis in organizing the medical camps and convinced many older persons that the doctors at the camp would be able to diagnose their problems and treat it.

He has constantly spoken with community members – men and women alike and made them aware of what preventions to keep in mind in a particular season, how to keep their environs clean, to avail of government healthcare services at the PHC, and that women should best deliver their babies in a clean hospital facility.

The change has been gradual, but has definitely come about. Older persons are no longer shy of putting themselves and their needs ahead of the younger persons. There is a noticeable change in the health related disorders that take place in the villages now. He even goes on to say that “working with the community has been an entertaining experience”!

According to Nuridin, the bigger change that is yet to come is one where VHWs will be women and women specific illnesses are given more priority. He feels that there are some women who would be agreeable to working as VHWs. Right now women have just come out of purdah, they need to be literate to be able to take up this work. Hence, some amount of ground work and preparation is required in this area.

Chanda Khatun is a VOPA member and is a beneficiary of a taanka, cows and horticulture unit. She has been one of the few women who have had a very strong involvement in the execution of this project. She has been instrumental in getting women out of purdah and instilling women to be more confident persons.

According to Chanda Khatu, rainwater harvesting systems has benefitted the villages positively. Water is available through the year, enhancing the quality of life for most families who have been beneficiaries. Khadins have increased crop yield and added variety, provides fodder for animals, which in turn provide milk and milk products.

What are lacking now are sanitation facilities like toilets. Chanda Khatun is confident that the community members will be able to keep it clean too.

Where healthcare is concerned, it would be good to have women from the villages train as VHWs or ANMs or AWWs. That way they would be settled in the village and still function as trained medical staff.

(ii) Improved socio economic status of the community

Increased savings have been noticed for the families who have been beneficiaries in this project. They are no longer the most vulnerable members of the community. Some of the changes in the socio economic status have been observed thus:

- **Increased incomes and savings:**

People's savings have increased. With an improved health situation, the field surveys have reiterated the point about a significant change in the savings of the family.

Incidence of people falling sick due to infections has reduced. The staff at the Gravis hospital has also stated that the level of communicable and seasonal diseases (Malaria, waterborne infections and respiratory tract infections) has fallen. This fact has been further supported by a study that Gravis has recently conducted on the issue.

Since a large part of their earnings/savings is not being spent on medicines and seeking healthcare; the families have had increased savings that is being used to meet other requirements of the family. Eating habits have improved. The respondents also state that the mental stress has reduced and they are able to live a more complete and satisfied life.

Under this project the older women have formed SHGs too. This has directly resulted in an increase in their savings independently. Moreover, the women have benefitted especially since benefits under government schemes (pension and medical) for them have been made possible.

Nabiyat Ji



Nabiyat ji is over 60 years old and is part of the older women's Self Help Group. She had almost lost vision in both her eyes because the cataract was left untreated. After participating in the medical camp she has been able to get a cataract surgery done in one of her eyes and is waiting for the other one to take place.

Nabiyat ji has never regretted the day she went to the medical camp and life changed for her. She now regularly visits the government doctor at the Primary Health Centre (PHC) and gets her blood pressure checked or takes prescriptions for her medicines.

She has now advised most people to go ahead and attend the camps, build up a rapport with the doctor and medical staff and follow up on their medications with the PHC. The ANM staff and other government doctors come to the village on a regular basis. Gravis staff and the medical camps have made that happen.

The villages are so far flung apart and far from the PHCs, hence the presence of VHWs was extremely essential. Now emergency medical services are available throughout the day every day. Women hesitate a little when women related medical issues are to be discussed, but nevertheless, the VHWs help out even then. What is required is for women and young girls to be encouraged to take up the task of VHWs too.

The SHG started by older women was a novel idea. Nabiyyat ji never thought that she would be able to save money so actively at this age. Out her savings she has been able to buy electronic goods such as fans, coolers, etc. The family is amazed at how much savings can be augmented when saved the right way. There is a new found respect for such women in the areas where SHGs have been made operational by Gravis. Despite a little opposition that was faced initially, the SHGs have taken a shine with most women in Bap Block. The income that's been added by better yields in the *khadins* have facilitated the SHG savings to be healthy.

The SHG that Nabiyyat ji belongs to, is planning to take a loan to open a convenience store for their village. The closest market is many miles away. It is not possible for persons to go that far every day. However, a small shop that can stock essentials and sell surpluses grown in the *khadins* will be useful for the village where she stays.

Nabiyyat ji has travelled to places outside her village now. She has visited Udaipur to see how other SHGs work. Exposure visits for the SHG members give them fresh insights into running their own group. Also, it widens horizons and scope for these old persons who had begun to think life is all but over for them.

Strengthening of community organizations :

The community organizations have played a big role in the successful implementation of the programs under the POC project. The Village Older People's Association (VOPA) came in to being through this project. Besides being taking decisions on the selection of beneficiaries, they have contributed towards improvisations in the project on a day-to-day basis so to speak. The VOPA members have facilitated the increase in respect for the elders in the community and established a connection with government health agencies (PHCs, hospital, doctors, schemes and medical staff). The regular trainings and capacity building sessions have assisted them in renewed confidence, increased awareness and fresh perspectives on issues that concern them. Women have been able to come out of purdah – participate and make decisions in the meeting too.

With respect to working with the community members :

- **70%** of the respondents comprising Gravis field staff and Village Health Workers “**strongly agreed**” that working with the community was a pleasant experience. They were able to contribute towards reducing the burden of poverty on the community.

Response Received	Gravis Staff	Village Health Workers	Total
Strongly Agree	4	17	21
Agree	2	7	9
Impartial			
TOTAL	6	24	30

- **30%** of the respondents “**agreed**” with the same.

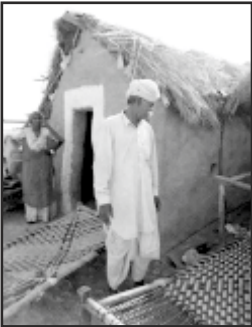
This was further substantiated by the fact that all the Gravis staff members and VHWs agreed that they got full support from the community in their work.

Response Received	Gravis Staff	Village Health Workers	Total
Strongly Agree	4		16
Agree	1	8	9
Impartial	1		1
TOTAL	6	24	30

- **66.66%** of the respondents comprising Gravis field staff and Village Health Workers VHWs “**strongly agreed**” that the community members in all villages gave them more than adequate support in successfully executing the project

- **30%** of the respondents “**agreed**” with the same and another **3.33%** were “**i m p a r t i a l**” towards the statement.

According to the Gravis staff the VOPA has been empowered enough to be able to lead the process even after Gravis were to move to other villages to take up similar activities there. They feel that a positive development of the village is taking place through the constitution and work of the elders and the VOPA.



Maggaram
Maggaram Ji belongs to Ravra village in Baap Block (Jodhpur). He stays in a hamlet called 'Ghani' and is one of the many esteemed VOPA Committee members under the POC Project of GRAVIS.
Living in absolutely austere conditions in the Thar Desert, his only sustenance is cultivating crops to feed his family, thereby living from one day to another.
The POC project has not only given him an opportunity to become a revered member of the community in Ravra, but also helped him in gaining access to clean and safe drinking water through the year.
Canals bring water to the village and facilitate cultivation of crops for a few months in the year. However, that situation changed when he became a beneficiary of a 'taanka' and a 'khadin'. These rainwater harvesting options now provide him with water through the year or definitely for 6-7 months after the rains.
He is now able to cultivate some fruit trees (lemons, pomegranate) in his fields too.
For the older persons in the community, these kinds of schemes have been helpful and new start to their withered life. Not given any respect from their families, the older persons are left to look after themselves. The project emphasized that benefits would be given to the most vulnerable older persons

in the community. This was carried out in all earnest by the VOPA committee. Persons like Maggaram have had a new lease on life when they see water and food more easily available at the end of every hard working day.

Access to better healthcare has been much awaited benefit to Maggaram. Health becomes a priority for older persons. In this matter the family leaves them alone to fend for themselves because it becomes difficult to support amongst all other needs of a family. The medical camps held in the village have been welcomed. However, he feels that they should be held more often than just twice a year. Also though the VHVs are always there to consult, what is pertinent is that the government run PHC should be better operational for the villages. The government medical staff must be present at the villages on most days of the week. They should also make sincere effort to eradicate malaria in the area.

Maggaram is also a VOPA committee member himself. He is proud of the position that he has been elevated to all of a sudden. His own younger members of the family are Panchayat members and he stands tall at par with him now. The VOPA has attained that much presence in the communities in Bap Block. However, he also states that all of this was possible only because Gravis came and stepped in.

What would happen when Gravis were to move the schemes to some other villages?

(iii) Participation of the stakeholders

Any project can be successful only when all stakeholders work in tandem with each other. The efforts have to be coordinated and complimentary to each other. In the POC project the VOPA committee members were instrumental to selection of beneficiaries and implementation of the programs at the village level.

Questions administered to VOPA committee members stated the following :

- **68.13%** of respondents agreed that the project was implemented with their input through the course of the project. Being VOPA members this is essential since some key inputs about the nature of the community's response to a particular scheme/benefit would be known and understood better than the other Gravis staff.

Response received	Name of Village												Total
	Andasar	Degawadi	Mandli	Savra Gaon	Ghator	Ravra	Bhojo ki Baap	Jaitdesar	Kohra	Nimbali	Bhadli	Chippasarya	
YES	-	5	7	-	12	8	8	3	3	4	6	6	62
NO	9	7	-	4	-	-	-	9	-	-	-	-	29
Total	9	12	7	4	12	8	8	12	3	4	6	6	91

- **31.86%** of the respondents believed that the project was not implemented with their input. This issue needs to be explored further, but the initial inference could be that there is a perception of limited involvement in the project decision-making among these respondents or unresolved concerns regarding their role vis-à-vis GRAVIS' role in the project. This recommendation is further supported by the fact that a negative response was seen in just 3

villages and not distributed across all the villages in which the project is operational.

This was probed further :

Response received	Name of Village												Total
	Andasar	Degawadi	Mandli	Savra Gaon	Ghator	Ravra	Bhojo ki Baap	Jaitdesar	Kohra	Nimbali	Bhadli	Chippasarya	
YES	7	8	7	4	12	8	8	10	3	4	6	6	83
NO	2	4	-	-	-	-	-	2	-	-	-	-	8
Total	9	12	7	4	12	8	8	12	3	4	6	6	91

- **91.20%** of the respondents felt that it was essential that they were involved in the implementation of the project. This is crucial since the VOPA committee members are an integral part of the decision making process in the successful implementation of the programs under the POC project.
- **8.79%** of the respondents felt that it was not really essential for them to be involved in the decision making process. Some cognizance could be taken of this fact since being VOPA members; they would need to play a proactive role in the implementation of the project.
- The higher percentage also indicates positively towards a sustainability issue for the community members. If the VOPA committee members have been involved in most aspects of the programs, then there is a stronger likelihood that they would be able to sustain the efforts made by Gravis in the past years, even after Gravis were to change the focus of these programs to some new villages that were not covered under this phase of the project.

A large part of the VOPA committee members agreed that the project responded to their needs with respect to better healthcare services:

Response received	Name of Village												Total
	Andasar	Degawadi	Mandli	Savra Gaon	Ghator	Ravra	Bhojo ki Baap	Jaitdesar	Kohra	Nimbali	Bhadli	Chippasarya	
Strongly Agree	-	4	7	-	11	8	8	5	3	4	6	6	62
Agree	7	6	-	4	1	-	-	7	-	-	-	-	25
Impartial	2	2	-	-	-	-	-	-	-	-	-	-	4
Total	9	12	7	4	18	8	8	12	3	4	6	6	91

- **68.13%** of respondents **“Strongly Agreed”** that most of their requirements regarding healthcare – especially those related to emergency relief for the aged, was met through the activities carried out under this project.
- Meanwhile another **27.47%** respondents **“Agreed”** and another **4.39%** were **“Impartial”** to the

same question.

(iv) Capacity building of the project staff

The staff is constantly working on the project, understanding the impoverishment that the persons live in. However, it is equally essential for them to be able to learn from being a part of the project and being the main implementers of the programs on the field.

- 63.33% of the respondents comprising Gravis field staff and Village Health Workers “strongly agreed” that the project was able to equip them with skills that would be useful in replicating the programs in other villages. They also agreed that the implementation and management of the project trained them with skills that contribute towards successful completion of the project.

Response Received	Gravis Staff	Village Health Workers	Total
Strongly Agree	2	17	19
Agree	3	7	10
Impartial	1		1
TOTAL	6	24	30

- **33.33%** of the respondents “**agreed**” with the same above; and another 3.33% were “**impartial**” to the fact.
- The field surveys also indicated that with respect to the **Gravis staff members** implementing this project, there has been a significant impact in the following manner:
 - They have been able to understand the concerns of the elderly and learnt a new respect for them.
 - They have learnt that the elders in a community have a vast and in depth experience and wisdom. It is this knowledge that enables them to be better decision makers and facilitators of the benefits.
 - Through their work and active involvement with the community, the awareness on health related issues has increased manifold. The staff themselves too are able to advocate on these issues better
 - They have learnt how to access government functionaries and offices to avail of benefits from government sponsored healthcare schemes for the elderly.
 - Have been able to understand the project components from the point of view of the target group. This facilitates better monitoring of the project and its activities.
 - Working with women has left the field staff with a better understanding of women specific issues within the problems faced by the aged. To quote a staff member “..I have become a self reliant and confident woman myself”.
- For the VHWs, the learning has been similar to those of the staff members, but more specific to their personal evolvment as members and facilitators of community :

- Have become better informed about ageing specific health related issues. This assists them in better dissemination of information on health and hygiene for the community.
- They have a better understanding of what illnesses are; why they occur in the areas they live in and also how to prevent it.
- They understand the wisdom that comes with old age and use it efficiently in implementation of their programs.
- There has been a remarkable change in the health and hygiene that is followed by the community members now. Community persons are more aware and equipped to be able to keep themselves and their surroundings clean so as to prevent infections and diseases.
- They have earned a new found respect from the larger community. In addition to this, there look at their environment and situations with a new perspective. VHWs have stated that they “feel satisfied” with the work that they have been able to do.

(D) What more can we do?

For most persons in the villages where the POC project is running, life has become much better. The elders in the villages have an occupation and an improved social standing – whether in their own families or in the community at large by virtue of being VOPA members.

Stress levels in the families has reduced remarkably simply because their basic needs and requirements are being met. Life for most people in these areas is only about sustenance and this has been met adequately by having tankas to store water, khadins to grow crops and vegetables, horticulture units to grow fruits and enhance greenery in the village and facilities of a VHW for health related emergencies.

The VOPA members state that the education and learning from the project activities have equipped them for the remaining part of their lives.

A new found respect has been achieved for the aged by the younger members of the family. Responses also recorded that VOPA members and the aged realize that for the above to continue, they have to remain healthy. To quote a VOPA member - “If I stay healthy, my family members will respect me more”. To conclude, the elders in the communities envision a much better life for themselves. It is one without any mental stress and a renewed vision of life.

Interviews amongst the VOPA members showed that some of the areas in which more work could be done were as follows:

- a. Medical camps could be held more often than just twice a year. The most common response received demanded for them to be held once every month or once in every 2 months.
- b. More programs related to women's health would be in order
- c. Toilets for the elderly
- d. Community centre for the VOPA meetings and joint community purposes.

- e. Rearing of goats could be enhanced in the program. They are not as expensive to maintain as cows and have more or less similar benefits.
- f. The program could be implemented in more villages
- g. Facilities to be able to conduct medical tests for seasonal ailments within the village itself.
- h. Assistance in availing pension schemes by the government.

For the GRAVIS staff the future ahead is replicating the project in new villages so that more persons can benefit.

The Gravis field staff, VHWs and community members is well aware of the fact that activities under this project would be coming to a close. But they are confident that the good practices started under this project have been learnt by the community for their remaining life now. The VOPA has been strengthened in such a manner that Gravis is sure they would be able to sustain at least some part of the work themselves.

~~In the field survey a number of responses came in with regard to replicating this project in other villages where it is not in operation currently.~~

Response Received	Gravis Staff	Village Health Workers	Total
Strongly Agree	3		17
Agree	2	7	9
Impartial	1		1
TOTAL	6	24	30

20

- 66.66% of the respondents comprising Gravis field staff and Village Health Workers (VHWs) “strongly agreed” that they would definitely want to replicate the activities in other areas, under the guidance of the older persons in a village.
- 30% of the respondents “agreed” with the same and another 3.33% were “impartial” towards the statement.

Apart from the above, the other commonly received responses pertained to the following :

(a) Provision of Toilets

The demand for provision of toilets points towards a developed sense of sanitation in the rural areas. When all other personal hygiene requirements have been met by the communities, they can think about being able to use a toilet. This has come out most strongly in all the persons who were spoken with during the survey.

The staff at Gravis also states that women are the most inconvenienced when there is no provision of toilets. They have to walk very far from the village and do so at a time when it is private enough for them. They have heard of women being in a lot of difficulty because women have to wait until dusk or dawn and for elder women this is particularly difficult.

Open defecation carries with it its own set of problems. Apart from being highly unhygienic, it puts the

vulnerable aged persons in the communities at a risk of infection. Typically the persons would defecate in areas close to water bodies. Water sources are commonly located in villages and are used for various purposes. Defecating close to these areas could lead to pollution of those areas.

(b) More programs focusing on women's health

The healthcare related programs that have been started under this project are more general in nature. It focuses on provision of basic healthcare facilities that did not reach the village for the elder persons. Hence, the project focused on that. However, those immediate needs have been met, and women have been able to come out of purdah and talk about themselves. They now are able to express their need for specific health related schemes for themselves or assistance in availing of them from the government.

- Community centre for the VOPA

The VOPA and community members want a building for their monthly meetings. This would further strengthen the importance of the VOPA in the village. It could also be used by the community members for their community functions

- Increased monitoring of the work being conducted

The Gravis staff believed that more activities could be conducted around monitoring of the project. Appraisals should be regularly conducted to assess what more members and VHWs. Capacity building should be done in a manner in which the staff members can rise up to the next level.

- Trainings and capacity buildings

The staff at Gravis and the VHWs thought that more capacity building sessions and refresher courses related to health could be conducted through the course of the project. This is of use so that information dissemination can be done better and more/new information can be given for the diseases that could inflict the community.

- Expansion of horticulture related activities

The horticulture units could be given out to more people in the village. Once they have been set up it is up to the people to look after them. Hence, more such initiatives could be taken up by Gravis.

- More linkages with government schemes and benefits

Linkages could be enhanced in terms of more schemes and benefits that cater specifically to the aged in the community.

“GRAVIS and the state government programs”

GRAVIS has a keen interest in promoting primary healthcare. During the last two years, it has made important links with the National Rural Health Mission (NRHM) of Govt. Of India to ensure that basic health services reached most villagers and older people in particular.

In collaboration with the government, GRAVIS is running a community-based monitoring program with regard to NRHM services.

GRAVIS has also been advocating strongly ensuring that older people get the health support they need within the NRHM provisions.

The doctors at the medical camps are from the government dispensaries to support continued care for the aged after the camp. Government functionaries are involved at all the workshops and trainings that are conducted on geriatric health.

Awareness camps are conducted amongst the community on government programs and schemes that benefit the elderly. Rights and entitlement kits have also been distributed.

could be expected from staff

- Replication in other villages

The benefits that the elders have received under this project have changed their lives for the better. Hence, they recommend that it should be spread to more areas and more families so that a larger impact can be seen in the Thar as a totality.

Section III :

Conclusion and Recommendations

The work of improving access to health care facilities for the older persons living in the Thar Desert has been commendable. The staff at GRAVIS has meticulously understood the problems at the ground level and worked their way up from there to design and implement the activities and programs in a scientific manner. For many of the older persons, their economic, social, physical and mental situation has taken a 180 degree turn for the better. When they had thought that there was nothing more left for them to do in their remaining lives, they have gathered strength and confidence and readily turned their own situation around. The older persons in the 12 targeted villages of Jodhpur and Jaisalmer feel that they have a fresh lease of life. They are confident that they will be able to live the remaining part of their life happily.

(A) Summary of findings

- a. The reach of healthcare services has increased since the start of the project.
- b. Linkages have been established with government hospitals, staff and related agencies
- c. The number of older persons seeking medical treatment and assistance has increased. Hence, visits to the PHC by such older persons for geriatric health related requirements have increased.
- d. The number of persons taking medicines and/or getting treated by faith based healers and other unqualified doctors have reduced by a larger amount.
- e. The incidence of water borne diseases, skin infections and malnourishment amongst older persons has reduced.
- f. Diseases that affect older persons like coronary heart diseases, hypertension, cancer, arthritis and cataract has been addressed. Preventive measures have also been put in place. Regular counseling by VHVs and government doctors at medical camps has made this possible.
- g. Older person's willingness to address their health concerns has increased.
- h. The older persons in a community have a say and opinion on matters of common resources or village matters.
- i. The older persons have increased respect within their families and amongst community members in the village.
- j. The VOPA committee's decisions are even considered supreme now and may even be treated at par with the Panchayat.
- k. Many women have been able to come out of purdah, attend public meetings, voice their opinions

and take critical decisions.

- l. Increased participation and success of SHG led activities have made women more independent economically. This is reflected on their general attitude towards life and changes that come with it at their age.
- m. There has been a creation of a cadre of para medical staff by way of VHWs in the villages. They are selected from the community itself. Hence, there are no complaints of medical staff not agreeing to be located in remote locations.
- n. Although these VHWs are not trained as ANMs, AWWs or medical staff, they are at least present in the village for any emergency needs, guidance and referrals. This situation is important keeping older persons in mind.
- o. The VHWs have been able to raise the awareness of health and hygiene amongst the people of these villages. With able assistance of the VOPA committee, they have been able to bring about a new perspective on life for older persons.
- p. The GRAVIS field staff has been able to understand the problems and concerns of older persons in the area. The activities have been designed and implemented in a manner that addresses all those concerns.
- q. The staff has been able to lead the project to its logical conclusion and achievement of outcomes.

(B) Recommendations

While the project has a noticeable impact on the lives of older persons in the blocks of Bap and Fatehgarh in Jodhpur and Jaisalmer, there are still some concerns that emerge at the end of this assessment exercise. They have been listed below:

a. Toilets :

There has been a resounding demand for building of toilets/latrine facilities in the beneficiary villages. Older persons in the villages have understood the importance of maintaining a clean and hygiene environment near their homes and in the village. They are able to associate this with the fact that open defecation does not allow for hygiene to be maintained. Hence, there is a demand for toilets to be constructed in the next phase of the project.

In my humble suggestion, this could turn out to be a daunting task for Gravis since they would have to consider several factors such as laying pipes and plumbing requirements, waste and sewage disposal techniques, etc. It is possible for the human waste to be used as biogas. But acceptability of this method has to be agreeable to community members, and then again the GRAVIS field staff would have to get involved with changing mindsets.

b. Village health Fund :

Medical treatments and expenses are a heavy burden for the impoverished families in the Thar. It is not enough that vagaries of nature ravage them, but it also leaves them extremely vulnerable. The level of awareness on entitlements and benefits is low amongst these communities flung far

in the desert. GRAVIS has seen through this project and many other before this that communities can be empowered to improve their financial access to medical benefits. The SHGs that are running currently have been successful and health benefits and micro insurance schemes for health benefits can be routed through them itself. GRAVIS already has a model for village health funds in place and should seriously consider making it a reality.

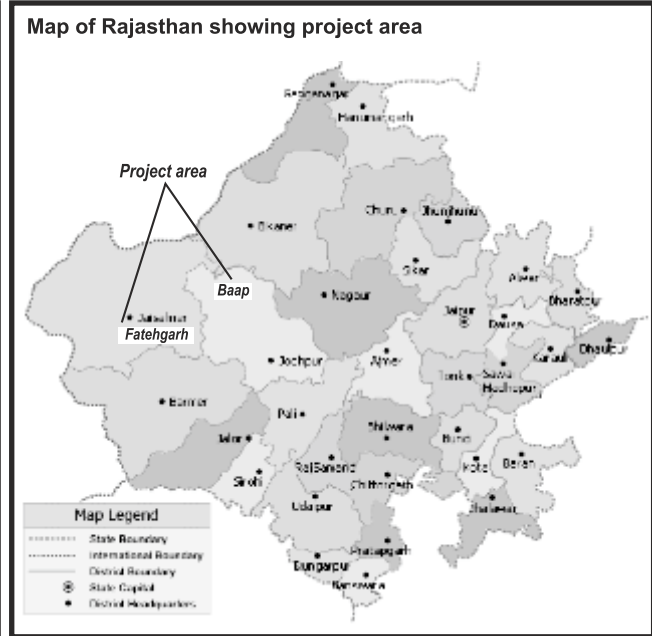
c. Capacity building of staff members

The GRAVIS field staff is commendable at their work and should be applauded for all the effort and dedication that they put into their work. Through the field visit for this assessment report, one personally saw how senior staff plays mentoring roles for the junior members. This should be developed further and the staff should be regularly sent for trainings, refresher courses, etc. There should be a mechanism for appraisals that could be put in place to monitor the capacities of staff members and hone their skills in areas they are good at or new areas that they could take charge of.

d. Replication in other villages

GRAVIS should consider implementing similar activities in more villages of Jodhpur and Jaisalmer districts. If possible even more districts. It has gathered the necessary experience and breeding ground in these 12 villages. It could look at expanding the activities with a new scope – more focus on women's health and an expansion of linkages forged with the governmental healthcare delivery system.

¹⁶ Sharma, Dr. Neetu, 'VHF – Viability of Community Health Funds in Thar Desert', GRAVIS, Jodhpur, 2010; also available on website - http://www.gravis.org.in/index.php?option=com_content&task=view&id=143&Itemid=144



Section IV:

Annexure

	<i>Sr. No.</i>	<i>Village</i>	<i>Tehsil (Block)</i>	<i>District</i>
(A) Map of Project	1	Andasar	Baap	Jodhpur
	(B) List of Villages Sarveyed	2		
	3	Mandli		
	4	Savran Gaon		
	5	Ghator		
	6	Ravra		
	7	Bhojoki Baap		
	8	Jetdasar		
	9	Kohra	Fatehgarh	Jaisalmer
	10	Nimbali		
	11	Bhadli		
	12	Chhipasariya		

Questionnaires for GRAVIS Implementation Staff

Questionnaire aimed at Implementation Staff

- **Name :** _____
- **Role in the project :** _____
- **Name of Village :** _____

1. Could you elaborate on your role in the project?

2. The project has been successful in achieving its stated aims (increased access to health care services for older persons in the project areas)

Strongly agree	Agree
Impartial	Disagree
Strongly disagree	

3. The training component of the project gave me useable skills

Strongly agree	Agree
Impartial	Disagree
Strongly Disagree	

4. Working with the community was a pleasant experience

Strongly agree	Agree
Impartial	Disagree
Strongly Disagree	

5. Working with older persons was a pleasant experience

Strongly agree	Agree
Impartial	Disagree
Strongly Disagree	

6. I felt the community gave support to this project

Strongly agree	Agree
Impartial	Disagree
Strongly Disagree	

7. I will be willing to help replicate this kind of project in other towns

Strongly agree

Agree

Impartial

Disagree

Strongly Disagree

8. What impacts do you think this project had on the community?

9. What impacts do you think this project had on the empowerment of the VOPA?

10. What is the most significant impact on your professional work?

11. What aspects of the project would you have improved?

D. Summary of activities carried out over the project years

The main activities conducted by Gravis under the POC project are as follows:

Activities Carried out	Project Years - POC		
	2009-10	2010-11	2011-12
Increased access to clean water	<ul style="list-style-type: none"> • Tankas : A total of 120 tankas were constructed (total at 225 at the end of the project year). The beneficiaries were selected by the VOPA. • Naadi : 2 Naadis were constructed. 4 Naadis was de-silted (7 in total) • Training : Beneficiaries of tankas participated in 5 training (128 participants). The training is conducted to help beneficiaries understand the concept of rainwater harvesting and enriches their knowledge of keeping the structure clean. 	<ul style="list-style-type: none"> • Tankas : A total of 105 tankas were constructed (total at 330 at the end of the project year). The beneficiaries were selected by the VOPA. • Naadi : 9 Naadis was de-silted (9 in total) and no new ones were constructed (Total at 2) • Training : Beneficiaries of tankas participated in a training (77 participants). 	<ul style="list-style-type: none"> • Tankas : A total of 90 tankas were constructed (total at 420 at the end of the project year). The beneficiaries were selected by the VOPA. • Naadi : 1 Naadi was de-silted (10 in total) and no new ones were constructed (Total at 2) • Training : Beneficiaries of tankas participated in a training (103 participants).
Improved food and fodder security	<ul style="list-style-type: none"> • Khadin : 105 khadins were constructed (Total 192) • Trainings : 3 trainings were conducted for 86 participants; • Seed banks : 3 were set up (benefited 40 farmers) • Horticulture : 105 units have been set up. Efforts were made to protect them in the desert climate. The units have become an important source of nutrition for beneficiaries and their households 	<ul style="list-style-type: none"> • Khadin : 90 khadins were constructed (Total 282) • Trainings : 3 trainings were conducted for 81 participants; 3 trainings for horticulture units. • Seed banks : 9 were set up (benefited 40 farmers) • Horticulture : 210 units have been set up. 	<ul style="list-style-type: none"> • Khadin : 78 khadins were constructed (Total 360) • Trainings : 4 trainings were conducted for 105 participants; 3 trainings for horticulture units. • Seed banks : 3 were set up (Total 12) • Horticulture : 125 units have been set up. (Total 335).

	<ul style="list-style-type: none"> • Fodder bank : 3 have been established (98 persons benefitted). • Organic manure : 75 farming households were given organic manure and bio pesticides. 	<ul style="list-style-type: none"> • Fodder bank : 3 have been established (4000 cattle have benefitted). • Organic manure : 75 farming households were given organic manure and bio pesticides. • Pasture lands : Pasture lands were established (2) for grazing animals, where over 3000 plants were sown. The growth period for the same is 4 years. 	<ul style="list-style-type: none"> • Fodder bank : 3 have been established.
<p>Increased income security through livelihood distribution of milk cows</p>	<ul style="list-style-type: none"> • Distribution of Goats : 40 goats were distributed (with insurance) • Training of livestock owners : (3 for 84 livestock owners) on livestock management. • SHGs : A total of 36 SHGs were functional since Year 1. Capacity building sessions (4) were organized. Capacity building trainings were organized (4) for functioning of the SHGs, maintaining records, role and responsibilities of members, credit ratings and linkages, etc. -112 persons benefitted. 	<ul style="list-style-type: none"> • Distribution of Cows : 60 cows and 20 goats were distributed (with insurance) • Training of livestock owners : (3) on livestock management, distribution of kits to para-vets and their training (22) took place. • SHGs : A total of 36 SHGs were functional since Year 1. Capacity building sessions (4) were organized. Vocational trainings were organized (2) for pickles, spices, candles, soap and detergents were made - 127 persons benefitted. 21 SHGs have set up a small scale income generating unit. 	<ul style="list-style-type: none"> • Training of livestock owners : (2), distribution of kits to para-vets and their training (24) took place. • SHGs : A total of 36 SHGs were functional since Year 1. Capacity building sessions (4) were organized where 95 persons took part. Vocational training were organized (2) for embroidery based products.
<p>Improved health status</p>	<ul style="list-style-type: none"> • Medical Camps : 12 camps were organized, that benefitted 691 persons (379 women and 312 men). 	<ul style="list-style-type: none"> • Village Health Workers (VHWs) : Training of 24 VHWs took place; health workers kits were distributed; • Medical Camps : 12 camps were organized, that benefitted 602 persons (268 women and 340 men). 	<ul style="list-style-type: none"> • Medical Camps : 12 camps were organized, that benefitted 518 persons.

		<ul style="list-style-type: none"> • Trainings : District level workshops on geriatric health needs were organized. Representation from government agencies, doctors, VOPA members, ten otehr local NGOs and Gravis field staff was organized. 	<ul style="list-style-type: none"> • Trainings : District level workshops on geriatric health needs were organized. Representation from government agencies, doctors, VOPA members, ten otehr local NGOs and Gravis field staff was organized.
<p>Increased government and community awareness</p>	<ul style="list-style-type: none"> • Camps : Several camps were organized over the project year - awareness rising on government schemes (12 for 521 persons); rights and entitlements (2 for 48 persons); rights and entitlement information kits were distributed; gender training rights (12 for 454 persons) was organized. • Assistance was provided for enabling 5 older persons, 2 widows and 1 disabled person to get their pension; 15 persons got their rail and bus passes. • VOPA meetings with Block and Panchayat officials was organized. • Gravis staff (6) participated in an international exchange trip to Helpage International partners in Bangladesh • IEC materials were provided - 7 booklets • International Day of Older Persons and International Women's Day was organized by the VOPA • Project impact awareness workshops were organized at the district level to discuss the challenges rising for the older people in present society with a focus on the socio-economic dimensions of ageing in the Thar. 	<ul style="list-style-type: none"> • Camps : Several camps were organized over the project year - awareness rising (12 for 507 persons); rights and entitlements (1 for 31 persons); rights and entitlement information kits were distributed; gender training rights (12 for 509 persons) was organized. • Assistance was provided for enabling 5 older persons, 2 widows and 1 disabled person to get their pension; 15 persons got their rail and bus passes. • VOPA meetings with Block and Panchayat officials was organized. • Gravis staff (9) participated in an international exchange trip to Helpage International partners in Bangladesh • IEC materials were provided - 8 booklets • International Day of Older Persons and International Women's Day was organized by the VOPA • Project impact awareness workshops were organized at the district level to discuss the challenges rising for the older people in present society with a focus on the socio-economic dimensions of ageing in the Thar. 	<ul style="list-style-type: none"> • Camps : Several camps were organized over the project year - awareness rising (12 for 632 persons); rights and entitlements (1 for 37 persons); rights and entitlement information kits were distributed. • Assistance was provided for enabling 5 older persons, 2 widows and 1 disabled person to get their pension; 15 persons got their rail and bus passes. • VOPA meetings with Block and Panchayat officials was organized. • IEC materials was provided • Project impact awareness workshops were organized at the district level to discuss the challenges rising for the older people in present society with a focus on the socio-economic dimensions of ageing in the Thar.

Gramin Vikas Vigyan Samiti (GRAVIS) or Center of People's Science for Rural Development is a non-governmental, voluntary organization that takes a Gandhian approach to rural development by working with the poor of the Thar Desert to enable them to help themselves. Since its inception in 1983. GRAVIS has worked with over 55,000 desert families across over 1,200 villages in Rajasthan reaching a population of over 1 million, and has established over 2,500 Community Based Organizations (CBOs). Through its dedicated field work, as well as its research and publications, GRAVIS has come to occupy a leading position amongst the voluntary organizations in the region.



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