



Sahaj Sansthan

Annual Report 2022-2023

About Us

Sahaj Sansthan is a Non-government Organization (NGO) and was founded on 01 October 1999 by a group of social activists from Phalodi (Jodhpur), Rajasthan with a vision of social and economic empowerment of rural communities living in Western Rajasthan. The primary focus on children, women and marginalized groups of society. Sahaj Sansthan is registered as NGO under “Rajasthan Societies Registration Act 1958” and also registered under Foreign Contribution Regulation Act (FCRA) and eligible for foreign donations/aids. Currently, Sahaj Sansthan is active in over 300 villages of Jodhpur. Sahaj also work in partnership with Central and State run schemes/programs, National and International Organizations, Corporate, etc in Jodhpur and neighboring districts of Barmer, Pali, Jaisalmer ,Nagaur and Sirohi.

Vision

Our vision is “to empower communities with a vision of gender equity to enable an environment of fulfilling human aspirations with highest moral values”

Mission

Our mission is to “aware, educate and empower poor and marginalized communities to participate in rural development missions and programs for the alleviation of poverty among the masses. Our mandate is organize local level institutions to identify the local level issues and raise voices of the masses at the appropriate forums and bring solutions for the advancement of the poor and marginalized communities”.

Objectives

Sahaj Sansthan since inception has emphasized on raising the awareness and educating the poor and marginalized communities towards the process of democratic decentralization. This was introduced by the government of Rajasthan for the development of rural areas of the state to cultivate a sense of leadership among the people. It aimed to help in the implementation of development-work in future.

Despite decentralized governance, the development-work in the rural areas remained negligible. Geographically Rajasthan is the largest state in India. Two third of its geographical area is either drought-stricken or semi drought-stricken while the remaining area is green and fertile. Human beings as well as live stock largely depend upon nature. Human conditions of living are not equitable and there is very slow progress towards a non discriminatory, violence free society. In such a situation, the role of civil society to accelerate development becomes all the more necessary. Therefore, the organizational aims and objectives are aligned towards but not limited to:

- a) Awareness and education primarily to the children, women and adolescence to support the issues faced by them. Community based organizations (such as Self Help Groups, Children, Aganwadi, School Management Committees, Panchayats, etc) are instrumental in improving the overall health and education standards of the children, women and adolescence by providing better access through government run schemes, Corporate Social Responsibility initiatives and the other resources available at the local level;
- b) Regular capacity building of the community, community level organizations, volunteers and local level Panchayati Raj Institutions (PRIs) to enhance the level of awareness at the community level on various focal areas and the core competencies of the Sahaj Sansthan;

- c) Sahaj Sansthan brings direct support for the people or groups in special need (Deaf and Dumb, and special circumstances (natural calamities such as drought) through voluntary contribution at the community level or from the various donors in order to protect such type of groups and circumstances;
- d) Community development without the participation of the community and local level institution usually remain unsustainable. Therefore, Sahaj Sansthan keep sustainability of program/project activities as the primary mandate and the programs/project are implemented with the participation and aspiration of the community and local level organizations/institutions.
- e) There are enormous issues and challenges at the community level and communities have been trying to cope with their level best. However, the emerging Issues such as climate change is one of the serious challenge and will have multiplying effects or impacts for our as well as for the future generations. Sahaj has been building its capacities to aware and educates communities in days to come to mitigate the effects of the climate change
- f) Sahaj Sansthan has highest level of accountability to serve the communities without compromising the rich traditions and cultural diversities of Rajasthan. Gender sensitivity and equity of the community is the primary mandate for Sahaj Sansthan;
- g) Sahaj Sansthan is grown over a period of time and is open to add value to its focal areas by developing strategic alliances for expansion of its activities and bring the convergence for the activities that are implemented.

Core Competencies

Over a period of more than 20 years, Sahaj Sansthan has attained the competencies in following areas:

- Mother and Child Health and Nutrition
- Adolescent reproductive sexual health
- Girls Education
- Youth Empowerment
- Family Welfare
- Child Rights, Human Rights, Right to Education
- HIV/ AIDS Prevention Awareness
- Water and Sanitation (Total Sanitation Campaign)
- Environment & Forests
- Formation of Self Help Groups, Micro Credit and enterprise enhancement
- Local Institutions Building, Policy advocacy and local governance

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Health, WASH and Nutrition

Safe drinking water through Solar Water disinfection

163 *families surveyed*

72 *families covered*

36 *families had no water source*

50% *families were poorest of poor*

The project aims at providing safe drinking water to rural communities in Bap Tehsil of Jodhpur District in Rajasthan. The target group of the project is households boiling unsafe drinking water using non-renewable biomass (e.g., firewood) and/or consuming unsafe drinking water due to common barriers (suppressed demand). The project focuses on the provision of the UV indicator WADI to up to 100 households (approx. 500 people) of rural communities in Bap Tehsil of Jodhpur District in Rajasthan. WADI is a UV-indicator device for the method of Solar Water Disinfection (SODIS).

Highlights of Base line report analysis

- Every surveyed Household relies on dung cake and firewood as fuel for use in the summer and winter season.
- 92 % respondents spend 1-10 hrs per week for fuel wood collection
- No family buys fuel wood, all collect
- 73.4 kg and 92 kg of fuel wood is used per week in summer and winter respectively
- In summer 98.16 % HHs use delivered water, i.e tanker trucks for drinking others use dug wells and surface water
- In rainy season 94 % use rainwater collection for drinking
- In rainy season 87% HH use surface water for other purposes such as cooking and hand washing
- 10 % respondents find the taste of the water they drink unacceptable



Intervention

Participants from 101 families were engaged in community meetings and trainings. Men, women and children were equally encouraged to participate. Men as they are the decision makers of the household and can encourage long term change in practice. Women and children, as they bore the burden of water and fuel collection as identified in the survey and they would be the ones whose daily struggles could be improved through the project.

Participants were sensitized on the impact of water on the health of a person. Common diseases caused due to unclean water were also discussed. This initial conversation established the need for this project. To improve drinking water practices important habits were discussed

- Drinking water must always be filtered to remove impurities
- Containers for storage and utensils used for drinking must be cleaned regularly
- Water should be stored 2- 3 feet above the ground
- The area must be dry and clean to avoid pests
- Sampling of drinking water can be done to test its purity

In addition these families were provided with the SODIS with WADI equipment, 20 bottles, and a sample test vial to check their source of drinking water. The entire set up provides a family with 20 liters of solar sterilized water per day.

By sampling of the drinking water source ; visible evidence on the quality of water was provided.

Live demonstrations of the equipment helped the participants understand the process to use the WADIS on a daily basis.

Highlights of findings of impact assessment

- 100 % respondents who answered the question treat their drinking water all year round * 2-4 % did not answer
- 98 % of those who treat leave their bottles in the sun (SODIS with WADI)
- 97 % families reported they do not boil water additional for drinking water but this did not match with responses given when asked time spent in boiling water
- 98 % families feel there is a reduction in waterborne diseases in the household causing less medical expenses.
- Clear responses were not obtained on how the time saved in boiling was being used.
- 90 % household did not have water available at the handwashing area, or soap.
- A longer program would be required for significant and sustainable behavior change in hygiene practices.
- Overall most respondents reported a high positive influence on availability of safe drinking water, reduction in water borne diseases, less need for firewood and less time spent on boiling water.
- On observation 90% WADIs were in good condition and 100 % families reported it was easy to use

Testimonials

“After doing sample tests we realized that we have been drinking impure water”

“By drinking purified water our children fall less ill from stomach ache, diarrhea and vomiting”

“There has also been a change in the taste of the water”

“The health of the whole family has improved”

“After receiving information on cleanliness we have started keeping the areas around our home clean”



Promoting Preventive Health Care in Rural areas of Jodhpur

3 camps

310 participants

This program provides access to quality health care, promote wellness, early diagnosis of some highly prevalent Non-communicable diseases such as diabetes, hypertension, anaemia etc and ensure care is provided to improve health conditions in the community. The health camps cater to the remote and rural populations of 2 villages. Key challenge areas that were addressed

- i. Improved accessibility and availability to quality affordable health care services
- ii. Community centred impact for sustaining health outcomes
- iii. Empowering communities for transition from illness to wellness
- iv. Inculcation of awareness about preventive, promotive and curative healthcare
- v. Promoting good health and hygiene in rural areas

Activities undertaken

- Mobilisation of the community
- Registration of patient details and history
- Measurement of vital health parameters
- Maintaining case details for consultation with physician
- Prescription and distribution of medicines
- Referral to higher care hospitals for further diagnosis and treatment if required
- Providing awareness on ill health impacts of smoking/tobacco/gutkha, importance of health and hygiene



The areas identified for the camp has households of SC, ST and minority communities. There is no health care facility for 20 kms. Women especially struggle with poor awareness on reproductive hygiene and suffer from untreated infections.

310 unique patients were given treatment on a variety of health issues including non communicable diseases and Sexually transmitted diseases.

A team comprising of 1 medical doctor, 2 nurses (male and female), 1 assistant, 1 project coordinator and sahaj supporting team were present to organise and conduct the camps.

Mobilisation was done with the involvement of front line workers and elected representatives. Their encouragement allowed young and old members to trust the team providing diagnosis and treatment. Presence of community influencers helped spread the awareness provided on ill health impacts of smoking and change in lifestyle. As 31 patients of Asthma were diagnosed self care and prevention from harmful habits were very important for long term health. Similarly precautionary measures for pneumonia were also discussed with 28 cases being diagnosed.

स्वास्थ्य जांच एवं चिकित्सा शिविर आयोजित किया गया



फलोदी। सहज संस्थान खीचन एवं विकटर ग्रीन प्रयागराज सोलर लिमिटेड के सहयोग से एक दिवसीय स्वास्थ्य जांच एवं चिकित्सा शिविर भड़ला ग्राम पंचायत की कलरों की बस्ती एवं गनमे की बस्ती में आयोजित किया गया। स्वास्थ्य कार्यकर्ताओं द्वारा शिविर में आये समुदाय के लोगों को संस्थागत प्रसव, सम्पूर्ण टीकाकरण, मौसमी बीमारियों से बचाव एवं उपचार, स्वास्थ्य के प्रति सजग एवं जागरूक रहने के संबंध में विस्तार से जानकारी दी गई।

चिकित्सा एवं स्वास्थ्य जांच शिविर में रक्तचाप, मधुमेह, गर्भवती एवं धात्री महिलाओं की जांच, अस्थमा, डायरिया, जोड़ों का दर्द, खुजली, संक्रमण तथा मौसमी बीमारियों की जांच कर उपचार किया गया। सहज संस्थान खीचन के अध्यक्ष बाबूराम बिश्नोई ने बताया कि शिविर में 206 लोगों की निशुल्क जांच कर उपचार किया गया। शिविर में विकटर ग्रीन प्रयागराज सोलर लिमिटेड के प्रतिनिधि अशोक प्रजापति तथा सहज संस्थान खीचन के याकूब अली एवं रविंद्रपाल सिंह चौधरी ने उपस्थित रहकर सहयोग किया।

स्वास्थ्य जांच एवं चिकित्सा शिविर आयोजित

दैनिक पर्वट बाजार

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Promoting Sanitation- Constructing toilet for Girls in schools

3 unit toilets with water storage

214 girls impacted this year

The program has been designed to provide infrastructural support, capacity building of students and school staff for sustainable behavioral change. Key challenge areas that were addressed through this program

- i. Accessibility and availability of good quality dedicated sanitary facilities for girl students
- ii. Improved attendance of girl students
- iii. Ensuring good health & hygiene practices at school involving teachers, school management committee, students and local stakeholders
- iv. Promotion of sanitation, health & hygiene in rural schools

Activities Undertaken

- Preliminary study conducted by having conversations with students, teachers and parents to understand the need for sanitation facilities and prevailing hygiene habits of the girls in the school
- Plan was formulated to set up toilet with water supply and dedicated hand washing area
- Components of safety, privacy and convenience of girls considered while planning location, height of enclosure and ventilation of structure
- Best quality material and labor made available to construct facility
- Name plate stating contribution of Polepally Solar Parks Private Ltd (Sembcorp Green Infra Ltd.) added to recognize efforts of initiative
- Process supervised with support of local stakeholders to ensure accountability and ownership
- On completion, sanitation facility has been handed over to the school management committee and students oriented on usage and hygiene habits

Stakeholder support

The school management committee very impressed by the initiative has contributed material cost to create a third toilet enclosure, where the proposed budget was for only 2 units. They have also pledged to keep the unit in use and clean it regularly. This additional contribution of available funds to improve the conditions of the school shows the commitment of the stakeholders to support change in the area and encourages girls of the community.



Kitchen garden

343 *women*

14 *villages*

Kitchen gardens have become a vital component of our community-based efforts to improve household nutrition, food security, and women's empowerment. By promoting the cultivation of vegetables, fruits, and herbs in small backyard

187 vegetable kits weighing 100 grams/kit and comprising of 12 types of seasonal vegetable seeds (Onion, Coriander, Fenugreek, Spinach, Cowpea, Carrot, Radish, Chilli, Brinjal, Tomato, Drumstick, and Peas) were purchased and provided to the nutrition garden beneficiaries followed by a demonstration at the field level. Demonstrations were done for fencing of the area, applying fertiliser to prepare the soil and make furrows for the plants. These gardens not only supplement family diets with essential nutrients but also reduce dependency on market produce, encouraging self-reliance and climate-resilient practices.

65 members not identified as beneficiaries have also been inspired and are planning to cultivate and maintain their own nutrition garden.

The initiative continues to grow, nurturing healthier communities—one garden at a time.

Nutritional Supplements

6500 *children for vit A*

4000 *children for deworming*

Vitamin A and Albendazole doses are supplemented in consultation with health department of the region to plug gaps of supply

Challenges

- a. Vitamin A Supplements: Shortage of supply and non-availability of staff and transportation is big issue so essential items not available related to SAM/MAM management and anemia.
- b. Deworming: Shortage of supply and non-availability of staff and transportation, many children are not enrolled in anganwadi and school so they are missed out.

We will coordinate with front line health worker at anganwadi and health & wellness centre level through our staff and distribute the supplements on VHND and mangal-diwas. The list of child is prepared in Panji 6 and Panji 9 of the Anganwadi centre.

Education

Pragati Second Chance Project

31 *village volunteers*

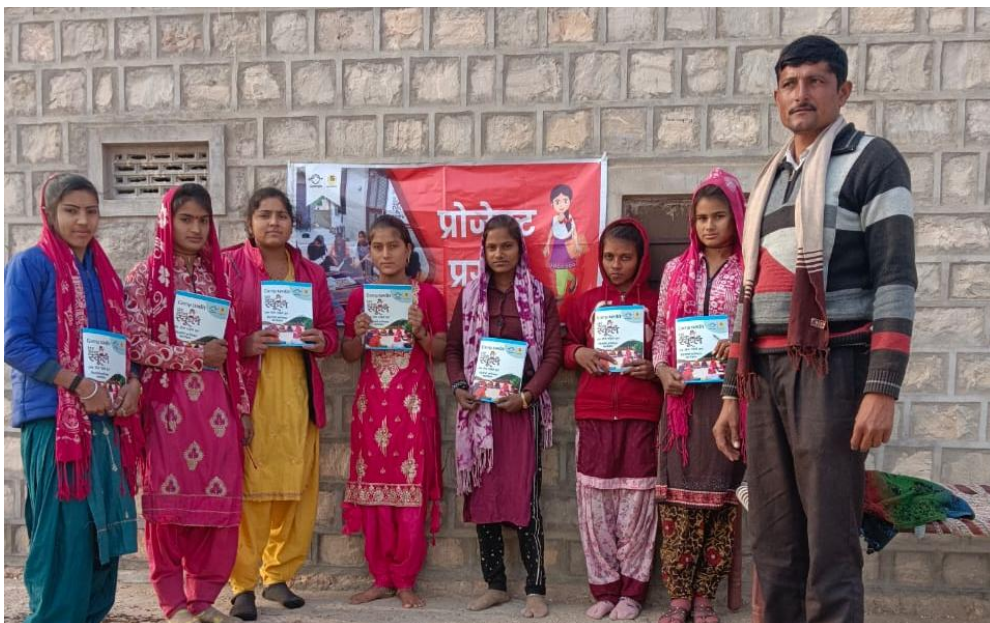
418 *learners of 14-29 years*

Pragati Project is a second chance program implemented in Phalodi district, Rajasthan. Through the program we aim to reach out to 14-29 years learners and create pathways towards completing 10th Grade and opportunities like further education, employment, and training so that adolescent girls and young women have choices and can reach their full potential.

The focus is on building life skills of learners such that they can the confidence and critical thinking for self learning. The program maintains data on the progress of each learner through live applications and dashboards.

Activities

- Identify and train preraks at the village level to support learners. Preraks act as facilitators not teachers
- Ensure RSOS enrolment of learner and collect enrolment receipt
- Liasion with stakeholders (families, teachers, principal, nodal) for document completion and support of learners
- Regular training and review of preraks
- Provision of learning material, text books and tips for learners
- Prerak to conduct high quality camps for 3 hours each day to build capacity of learners
- Capacity building of learners to gain confidence, communication, problem solving and do self study
- Learners to give mock tests to practice for exam
- Learners to attend all subjects in exam and be sufficiently prepared
- Online reporting of all activities done on field by prerak and coordinator



Promoting Education- Providing education aid in schools

61 primary school children

21 sets of bench and desks

The program aims to create a positive impact on students and teachers promoting the quality of education in rural areas. The program has been designed to provide support with sitting furniture for students in rural schools. Key challenge areas that were addressed through this program

- Enhance the interest of students leading to decreased absenteeism and drop outs from schools
- Enhance the infrastructure of the schools by educational aid supports and provide value added service to communities

Impact

Teaching quality is not the only benchmark for students to attain a good education. The facilities available in a school play an essential role in providing a safe comfortable environment for a child to learn. The program has benefitted 61 children currently enrolled in the identified school. The furniture has given new energy for the students to study. The school has also been given sanction for a secondary school thus with the inflow of additional students the infrastructure provided will promote more students to enroll and avail a good standard education.

The 21 bench and desk have been handed over to the school management committee in the presence of students, teachers and community members. The SMC has accepted and undertaken responsibility for the future maintenance of the assets.



Social and Economic Empowerment

Usha Silai School

305 *Silai schools till date*

in 5 *districts*

405 *trainee days this year*

3000 *flags made*

The Usha Silai School Program is an initiative of Usha International Ltd. aims at:

- To reach out to the most marginalized women residing in the remotest corners of the country
- To skill them on sewing and stitching
- To provide an income generating opportunities at their household premises
- To improve their social standing within the community
- To create a multiplier effect of skill development
- To address distress migration by generating self-employment opportunity within the village





Schools are established in 2 models. Classic and Satellite; the schools vary in expertise of women and advance equipment. Through this entrepreneurship model each women earns 5000 to 6000 every month by teaching others, basic repair of machines and stitching various outfits.

During identification of women, priority is given to women led households and those with greater economic hardship. The process of receiving multiple day trainings gives a lot of confidence to run the enterprise. Familial support is also encouraged by keeping panchayat heads in the know how about the intervention and success.

Gender Training

435 women

16 villages

Training for gender equality is a transformative process that aims to provide knowledge, techniques, and tools to develop skills and changes in attitudes and behaviors. The objective of the training is to enhance awareness and understanding of assigned gender roles and discriminations. A one-day gender vision training was conducted for 412 members of 34 Self Help Groups. During the training, discussions are done on- why gender equality is important, gender discrimination, and how boys and girls are equal.

There have been positive responses from the members after training. Licchu Devi from Rohina has shared *“I used to believe daughters were the wealth of another household, but after attending the training, I have begun to send my daughter to school again”* (translated). Another SHG member Papu devi of Bingdi village also spoke about how the training made her realise that she was treating her son and daughter differently, and efforts to change her behaviour.

Women Leadership Academy

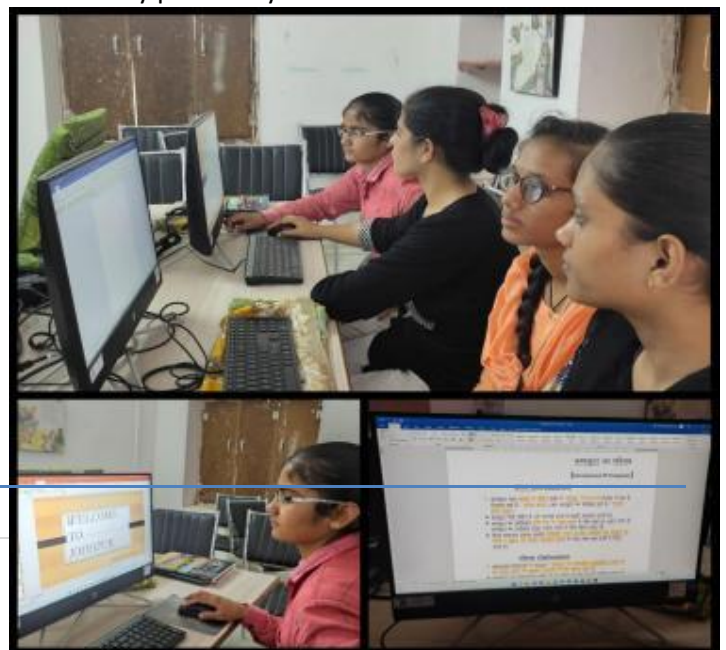
21 girls

16 villages

To empower and strengthen young girls, aged 15 to 25 years, through leadership and skill development, Women's Leadership Academy has been established at Bap with support of Women's Education Project (WEP).

For the second batch, 129 applications were received. 21 girls went through the curriculum that includes

- Healthy relationship
- Sisterhood
- LGBTQIA*
- Leadership within you and Around you.
- Leadership Styles.
- Learning from the lives of exemplary leaders.
- Leadership, Decision-making and Problem - Solving.
- Gender roles, and Stereotypes.
- Gender Discrimination and violence in Society.
- Breaking Gender Stereotypes.
- Gender Equality ,Rights and Justice
- Skill training- Beautician, computers and stitching
- Leadership, Ethical Goal setting ,Having a vision.
- Family patriarchy



Animal husbandry

Mobile Veterinary Unit

Door step free service to **100** villages

1,97,565 animals treated

8000+ animals treated each month

1150 community meetings

Project Brief

The mobile veterinary unit project has started from July 2020 onwards with the support of Saurya Urja Company of Rajasthan Ltd. in 100 villages of Bap block. Aim of the project is to establish “Mobile Veterinary Unit” for strengthening the service delivery mechanism to ensure better accessibility of livestock services in the remote field to reduce livestock mortality and morbidity. Following are the objectives of the project;

- Examine the general health condition and to treat the livestock and detect the common diseases prevalent in the area.
- Provide “On the Spot” doorstep level free diagnostic service to ascertain the disease.
- Educate people to adopt appropriate modern technology for improving the productivity and popularize the departmental schemes
- Create awareness on livestock preventive health care and other department services available

Activities under the project

1. Conduct veterinary camps for screening and treatment (50 per month)
2. Conduct community meetings with animal owners for awareness generation
3. Liaison with animal husbandry department for joint planning and activities
4. Increase awareness and utilization of government health services and programs
5. Follow up with community members on health of their animals
6. Regular monitoring and reporting of program progress and engage in additional activities as per need eg. COVID

