



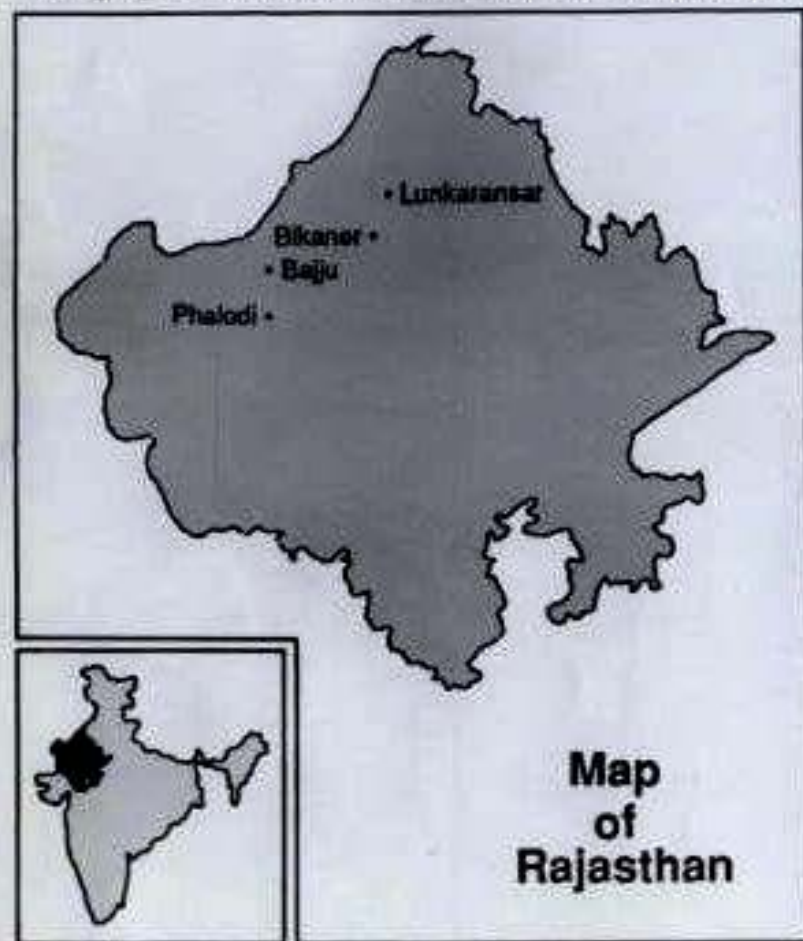
T H E
U R M U L
T R U S T
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THE URMUL TRUST 1986-1991



Project Area – The Land and the People

- Bikaner district in Rajasthan bordering Pakistan is spread over an area of 27,244 square kilometres and forms a part of the Great Indian desert of Thar. The climate and the terrain make it one of the most inhospitable areas in the world, with temperatures ranging from sub-zero in winter to 48°C in summer.



- Potable drinking water is a problem. The water table is at a depth of 250-300 feet. Monsoons are infrequent and for the last six years the area has been under the grip of drought. Several villages rely on wells and reservoirs many kilometres away. The population density in some parts is as low as six persons per square kilometre.
- Less than 30% of the area is cultivable. With the advent of the Indira Gandhi Canal, some areas cultivate two crops a year but for the most part agriculture is restricted to a *kharif* crop of inferior cereals and millet.
- Animal husbandry especially dairying has proved to be the mainstay of the people through the drought years. Over 80% of the population depend on the sale of milk for their livelihood.
- Although primary schools exist in almost every village of the district, overall female literacy is reported to be 17.5%. Even this is concentrated in the urban and semi-urban areas. In the villages covered by the Trust, the literacy rate was found to be less than 2%.
- Most villages in the district are electrified but the power situation is unstable with sand storms disrupting supply for days together.
- Medical facilities are scarce. According to the census report of 1981, 118 of every thousand babies born in Rajasthan died before their first birthday.





How It All Began

URMUL (Uttari Rajasthan Milk Union Ltd) was established in 1972. Milk procurement increased from 200 litres in 1972 to 1,50,000 litres a day in 1984. Over the years newer activities like mobile veterinary care, supply of balanced cattle feed, vaccination and artificial insemination were added on.

The Urmul Trust was established in 1984 by farmer members of the cooperative, with the objectives of **reaching out to the under privileged in the rural areas especially women and children to provide them access to good health care.**

The Trust decided to work with the Government, to avoid duplication of facilities. The Board of Trustees include the District Collector, the Principal of the Bikaner Medical College and the Chief Medical and Health Officer of the District as ex-officio office bearers.

A long term grant from **Action Aid** to the Trust in 1986 helped in initiating an integrated rural development project at Lunkaransar covering a population of 30,000 people in 33 villages in Lunkaransar Tehsil.

Drought ...

1987 saw the worst drought of the century and Bikaner was one of the worst hit districts. It became imperative to provide employment to people faced with near starvation.

Till then, the Urmul Trust programme was essentially a service delivery programme, providing "soft" services such as health and education. Village groups, in most cases women, were organised to pressurise the district administration to sanction "Famine Relief Works." The

Trust, through 1986-88, carried out several such programmes to create infrastructure, including a campus for itself.

- In **Sui**, the *Mabila Mandal* (women's group) which administered the famine work, also organised the procurement and distribution of 10 tonnes of fodder.



At a *Mabila Mandal* meeting, Rajasthan

- In **Dhani Bhopalaram**, the village community contributed Rs 72,000 to leverage four times that amount in Government funds to run a "cattle camp." After the drought, the upkeep of orphaned animals was paid for by the community on a voluntary basis. In **Malkisar**, a village outside the project area, a similar *Gosbala*, with 6 hectares of irrigated land was handed over to the Trust. Calves reared at this *gosbala* as a part of the animal restocking programme to replace herds decimated in the drought, will be provided to the needy poor. **Oxfam** financed the start up costs of this programme.

- In **Aadsar** village, the community contributed labour worth almost Rs 1,50,000 for laying a pipeline for bringing potable water from Nathusar located about 12 kms from the village.

- Also during the drought, the Trust ventured out to **Sundra**, in Sheo Tehsil in Barmer district, to organise the country's first and only "camel camp" to keep abandoned camels alive.

- After the drought was over, many of the poor who had worked on and managed relief programmes organised themselves into *sangathans*, groups of poor persons, usually women with support from the extension staff of the Trust.

The initial agenda of these village organisations was to provide access to credit to purchase seeds and plough land. For the first two years, this programme was administered by the Trust, but in 1990-91,



recoveries were transferred directly to village *sangathans*.

- In April 1991, members of the **Rajpuria** *sangathan* contributed a third of their daily wages to get access to a government employment programme, leveraging the rest of the funds from the District Rural Development Agency (DRDA), under the *Apna gaon, apna kaam* scheme.

Men and women from Rambagh, Lunkaransar help construct the Training Centre at Bajju

NEW HORIZONS: THE BAJJU PROJECT

In 1988, **Aga Khan Foundation** agreed to support a Primary Health Care programme for provision of community based health services to a highly dispersed desert population of 6000 persons at Bajju, located in Kolayat Tehsil.



At a village clinic, Sberuvala Basti, Bajju

The **Ministry of Human Resource Development** is financing the creation of training infrastructure, and supporting recurring expenditure incurred on the non-formal women's education programme.

In Bajju, villages are smaller and are farther apart. New settlements are developing rapidly, along the **Indira Gandhi Canal**. Working with the **Sodha Rajput** communities who were refugees from Pakistan was very difficult initially. Visitors were not allowed into houses and had to stay in the village *uttara*, a common "guest room" a short distance away from the main settlement. However, less than 3 years later, an evaluation survey carried out in November 1990, revealed this:

Percentage of women, age 15 through 45 years, aware of and using available services:

• Maternal and Child Health	95.4
• Family Planning	92.8
• Immunisation	98.7
• Medical Care Services	99.3
• Know VHW by name	91.5
• Visited by VHW this quarter	92.8
• Pregnant women who received ante-natal care at least once	59.3
• Average number of prenatal contacts per pregnancy	2.3
• Pregnant women delivered by trained attendant	30.4
• Pregnant women who were immunised against tetanus	42.2
• Use of a modern FP method	28.3
• Mothers starting supplemental foods to infants by age 4-6 months	25.9

"... Group development has begun in other areas... within these tangible achievements, there are more subtle changes that are noticeable in the status of women, especially those who are affiliated with the programme such as VHWs.

Most heartening, the achievements to date, in a relatively short period of time, under extremely adverse conditions indicate that much can be achieved."

— From the Evaluation Report of the URMUL Trust's Bajju Primary Health Programme 1990

The Impact of the Indira Gandhi Canal

Along with increased prosperity, the canal has brought a few problems in its wake as well. For women, the work has increased throughout the year. The family has disintegrated, the elders usually staying behind to manage their original holding.

A study carried out by the Trust indicated that despite increased incomes the nutritional status of children especially girls seems to have deteriorated. Two of the possible hypotheses suggested were (i) an increased burden on the woman, leading to preferential time-allocation in favour of male children and (ii) the switch over from traditional cereal crops to high value cash crops, such as mustard and cotton.

Large tracts of land in the upper reaches of the canal have become water-logged and saline, unable to cope with the intensive irrigation required by the groundnut

and other cash crops. The area in Bajju also has a "hard pan" layer of impermeable gypsum just a few metres below the surface and there is a danger that this phenomenon might develop here as well.

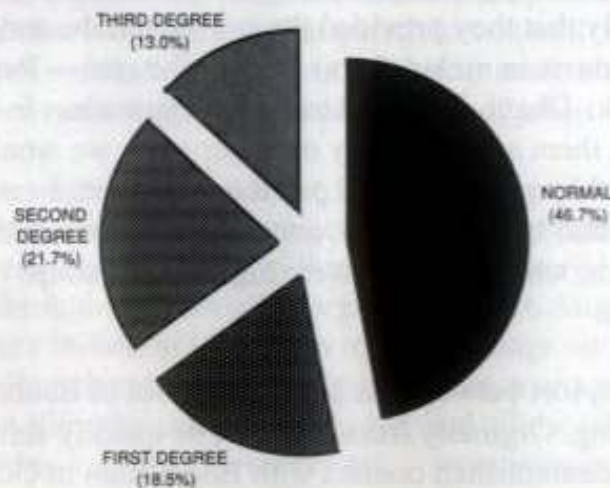
Urmul held a workshop on the socio-economic impact of the Canal in February, 1991. This will be followed with a "Padyatra" along the entire length of the canal, in September 1991. The collective experience will be published as a Citizen's Report in March 1992, under the aegis of the Rajasthan Voluntary Health Association.

The Trust plans in 1991-92, to lease out tractors on a no-profit, no-loss basis to new settlers who cannot afford the massive investment in land levelling. The Trust will also test out new water-conserving irrigation technologies, such as drip and sprinkler irrigation. If cost effective, they could be replicated throughout the entire command area of the canal.

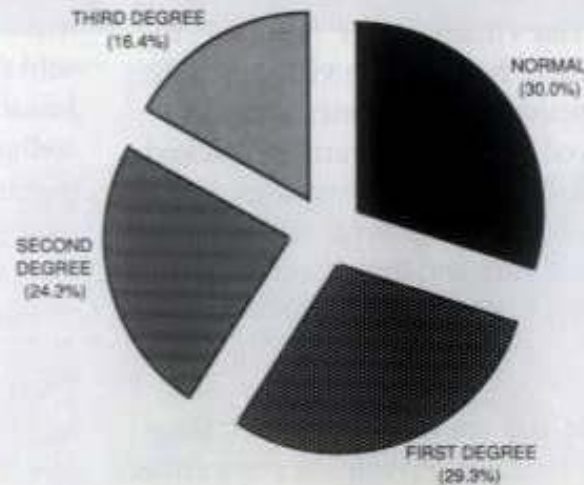


NUTRITIONAL STATUS OF GIRL CHILDREN

NON IRRIGATED VILLAGES



IRRIGATED VILLAGES





F R U I T S O F T H E L O O M

In 1987, we had a *mahakal*. The sixth year of drought broke the backs of thousands of families. Government relief programmes kept them from the brink, but the norm of one employed person per family kept them close to the starvation line. Traditional migration was of no help – the drought

extended into neighbouring Punjab and Haryana as well.

From among the search for alternative means of employment, wool spinning stood out as a possibility. It was local raw material, local skills, and local markets. It seemed simple. All we needed was someone to pay for the wool and then we would distribute it, have it spun, pay on the basis of the Khadi “rate chart,” and then sell the yarn to Khadi institutions. Minty, who worked for Save the Children Fund – a financing agency – came to the rescue and by the winter we had groups of women in several villages spinning. The idea was to federate the women’s groups and then put them in touch with Khadi, who would buy the yarn they produced.

In the Khadi set up, institutions are “certified” and then “allotted” areas where they can work. Lunkaransar villages were “allotted” to the Khadi Mandir, but nobody from there had been to villages in the interior for the last 15 years. Indu Bhushan, their Mantri, seemed quite cooperative, but when we showed up with the yarn, he backed down quickly. But you are not certified, he said, so we cannot buy yarn from you. So we said, then why don’t you provide employment instead? No response. Certification is a long and bureaucratic process, with such requirements as all Trustees and employees should wear Khadi, and the like.

That was not looking like working out and we were stuck with huge amounts of spun wool, with nowhere to sell it. Private weavers either

have the wool spun in their own households or buy it from the efficient Khadi black market; so that option was out. It was ironic – paying at the Khadi wage rate (as enshrined in their “rate chart”) – for a kilo of wool that is spun so fine that 25 metres of yarn weigh one gram, the woman is paid a princely sum of Rs 50, but it would take ten days to earn that much. Women were earning a pittance, but it was still too expensive.

In the meantime – I remember that day well, although it has been almost five years – we (Bhawar Nath, the then Chairman of the Dhiridan village milk cooperative, and a couple of others) were sitting out on the *chowk* (verandah) of our Lunkaransar house, when an itinerant salesman, with his ubiquitous cloth *jhola* swung across his back, dropped in to show his wares. They were beautiful, hand-woven, embroidered *Pattus* (blankets), two pieces sewn together, selling for Rs 400. Bhawar Nath and I thought of it at the same time: Where were they made? And so that chance encounter with Jivan Ram Sansi led us to Surjan Ram, five hours’ journey away, in Bhojasar, near Phalodi, in Jodhpur district.

Surjan Ram and his father Uma Ram “managed” the *khaddis* (looms) which meant basically that they provided the raw materials, and then sold the finished products in *melas* (fairs) all over the state – Pushkar, Jaisalmer, Panditon-ki-Dhani, Jasol and to the *baniya* traders in Jodhpur. We offered them a deal: if they used our yarn, we would purchase everything they produced, and pay them on a piece-rate basis. We explained that in the long run, once they figured out the market for themselves, where margins were higher, they could manage on their own.

Then Tarun joined us, lost between the London School of Economics and a career in banking. Originally from Bikaner, he quickly settled down to his roots. He established contact with Bhera Ram in Gomat

and Ramchander in Thaat and weavers in villages around Phalodi and Pokaran. Simple idea – why not improve on their traditional designs, and in the meanwhile train local people in Lunkaransar? So the *bunkars* (weavers) arrived and batch after batch of trainees – from Dhiridan, Surnana, Dulchasar – all the villages in Lunkaransar where we worked.

The first two years were chaotic, if not disastrous. The quality was indifferent, the colours were not fast and like the yarn had piled up earlier, now it was *pattus*. By the end of 1988, money ran out. It was a cruel dilemma. The weavers who had cut links with their traders had the choice of going back, but on *baniya* terms – less wages, and higher interest rates. Then, the continuous prodding of Tarun and friends finally provided the impetus to organise. To bail themselves out, they decided – all 70 of them – to invest a thousand rupees each in the venture and developed their own quality control standards. Girish, a trainee from the National Institute of Design, who had come to do his diploma project and then just stayed on, had developed a dyeing process that solved the colour problem. The other decision they took though was a blow – they wanted to switch to cotton. It was cheaper and had a year-round market. It made sense – but then six hundred spinners were out of jobs.

In July of 1989, Tarun left, to go back to London. He came back late last year to get married and twenty weavers paid their way to Bangalore and danced their way through the formal Coorgi wedding. In August, the *bunkars* shifted to Phalodi to try and manage on their own. Ramchander became the marketing manager, Surjan Ram the accounts manager, and all the other activities – dyeing, inventory etc. – were managed by the original group of weavers.



We were all sceptical. How would Ramchander, who had only nine years of schooling, manage with all the sophisticated English-speaking types Tarun and Co. had made contact with? And Bherji, who was absolutely illiterate, how would he be able to read the labels on the dyes? And could Surjan Ram, who had basically been a weaver all his life, replace Dinesh, who was almost a chartered accountant?

We need not have worried. With a little help from their friends, they registered themselves last month as the Urmul Marusthali Bunkar Vikas Samiti. Last week they had their first Board meeting, with Surjan Ram chairing it. The agenda – how much of the Rs 2,70,000 profit to distribute to the weavers, and how?

Reproduced from Village Voice, a monthly column on the URMUL Trust in the Indian Express.

Income Generating Activities

The spectre of recurring drought has forced the Trust to examine income generating opportunities, combined with "insurance" type agriculture, with emphasis on common lands and fodder cultivation.



Spinning on the Ambar-Charkha

A. OFF-FARM ACTIVITIES

To find appropriate activities – that can generate income, have regular and assured markets and be financially viable on their own – has been difficult, but the Trust has developed three **craft** alternatives based on local skills and modified with the help of design input from the National Institute of Design (NID), Ahmedabad.

- *The Ambar-Charkha*

The Trust trained 35 women from Rajpuria village in use of the *Ambar charkas* for spinning of cotton yarn available in the neighbouring area of Ganganagar. The women can generate a daily income of Rs 12 to 20 from this activity.

- *The improved dburry loom*

A modified loom developed by another NGO in Bassi, Rajasthan has helped to quadruple productivity and incomes – and is producing a unique craft product. Ten women in **Kishnasar** and **Uttamdesar** have been trained so far and in the next two years the number will go up to seventy.

- *The traditional Charkha*

The Trust, with the help of the NID, has revolutionised the weaving and use of *khadi* Blending wool of different colours, and then

hand spinning it, the resulting product is a vibrant designer yarn which can be used effectively as raw material for *dburry* manufacture, without need for any additional design input by the weaver. At the same time, because the *dburry* requires a coarse yarn, there is no premium on "fineness", so women can spin a kilo of thick yarn every day, earning as much as Rs 27 – against the maximum of Rs 5 earlier.

- *Patchwork and embroidery*

Mona, an NID student, spent four months with forty women in Sheruwala Basti, a small village of refugee settlers, who are traditional quilters. She has developed new designs using local colours, patterns and motifs resulting in a new concept in yardage, upholstery and cushion covers.

- *Pida and kbeemp fibre yarn*

Some communities in the desert area use *kbeemp*, (a weed-like wild grass) to weave *manchas* (cots) and *pidas* (stools). The processing is tedious and takes almost a year. URMUL is working on an alternate technology to reduce this processing time, and then dyeing the yarn (called *aankalo* in the local dialect) to use as a raw material for stools and *manchas*.

The products from Phalodi, Lunkaransar and Bajju are marketed through *Abhivyakti*, a showroom inside the magnificent Junagarh fort

in Bikaner, Dastkar, New Delhi, and other outlets all over the country who stock the products on a consignment basis. Recently the Trust received an export order from Oxfam (Bridge) for Phalodi products that now figure in the Oxfam international mail-order catalogue.



Explaining the intricacies of embroidery

B. FODDER PRODUCTION, STORAGE AND INPUTS FOR AGRICULTURE AND ANIMAL HUSBANDRY

To help overcome the chronic fodder shortage, the Trust is working with five village communities. In Sui, the *Mabila Mandal* will plant 25 hectares with *sevan* grass, a high protein fodder that grows naturally in the area, which consistent overgrazing and deep tractor ploughing has depleted. In **Nathwana**, the Trust is rehabilitating twelve landless families on a 50 hectare plot of land leased for

25 years from the Urmul Dairy. They will grow thousands of the high yielding grafted *ber*, hardy desert fruit trees.

In **Dulhasar**, Aadsar, and Nathusar the Trust has purchased large quantities of dry fodder, which have been traditionally preserved, to be sold in April-May, when the rates in the open market are high – on a no profit, no loss basis.

In addition, the Trust has made available funds from the Urmul Dairy to village *sangathans* to purchase and distribute fodder on the same basis.

C. DRINKING WATER FOR PEOPLE AND CATTLE

The Trust has been pressurising the Government by organising local communities, and using the media and public opinion to get drinking water to severely affected areas. In Rajpuria and Kishnasar, two of the pucca **diggis** (open reservoirs) built by the Trust will be linked with the canal at Nathwana in 1991, after a four year long struggle. In both these villages, the *Mabila Mandals* have taken on the responsibility of maintenance of the structures.



A chronic shortage of fodder means imports from Punjab every year

HEALTH FOR ALL

Health Status of the Population

Bajju and Lunkaransar are among the most under served areas in the country for health and education services. A baseline survey conducted in 1988 revealed that 75% of children under five years were suffering from various degrees of malnutrition and 21% from severe (third degree) malnutrition. Only 2-3 percent children under five were immunised.

The infant mortality rate in the Bajju area was 217 per 1000 live births, almost double that officially reported for the State.

Community Participation

Organising the community, mobilising collective action and developing skills to make communities self-reliant are long-term goals which can be achieved only with intensive and sustained interaction with the community.

The process of self-reliance was initiated by training the Traditional Birth Attendants as *Swasthya Saathis* (community based health workers). The status of women in this part of the country is very low even today. It is one of the few places where *purdah* or the system of veiling is still practiced regularly. The status of women is reflected in a popular adage "A good wife is one who can

walk ten miles to fetch water for the home."

In this social environment, the programme encouraged women to leave their villages and come to Bajju for training as health workers. It suggested that women go from house to house providing health services to people of all classes in their community. Against social pressure, 25 women were motivated to undertake this responsibility. Two of these were excommunicated. A few dropped out. Seventeen of them are continuing to function.



Swasthya Saathis at their monthly meeting, Lunkaransar

Even in casual conversation the transformation these women have undergone is apparent. They have removed the social veils behind which they had led their entire lives and are today involved in social welfare for their own communities. They are undertaking health work, organising other women in their communities and helping them to become socially aware.

The decision to use the *dai* – who is normally of a low caste – was to ensure acceptability not only among the Scheduled Caste and the really poor, but also to neutralise the bias inherent in working through the milk-cooperative infrastructure, which tends to be elite.

Because of close links with the Government the Trust is able to leverage significant Government resources to implement its primary health care programme.



In addition to routine curative care, tuberculosis detection and the treatment and rehabilitation of drug addicts, the project emphasises the following major maternal and child health (MCH) services through the *swasthya saatbis*:

- growth monitoring
- diarrhoeal disease control
- introduction of better weaning practices
- immunisation;

- prenatal, perinatal and postnatal care; and
- family planning.

As an extension of her role, the *swasthya saatbi* looks after children in a creche, and helps women with their income generating activities.

She is paid a small honorarium, and a task-based incentive payment.

Beyond that, the Trust provides a support structure comprising of

- Lady Health Extension Workers – who impart training to the *swasthya saatbi* and visit villages regularly and maintain a record and database for the village the Trust is operating in.

- Professional nurses and doctors, who visit each village at least once a month and deal with more complicated cases. A doctor and two nurses manage the hospital and mobile route at Lunkaransar. A doctor and nurse manage the Bajju Hospital, with facility for twenty indoor patients. It was built by the Indira Gandhi Canal Board and handed over to the Trust in September 1990. Both hospitals are equipped with diagnostic laboratories, and the one at Lunkaransar has X-ray facilities as well.

- In Bajju, the Trust has been charging for medicines since the programme started and by 1991, recovery from sales of medicines covered 100% of the medicine cost including a subsidy of about 15% to treat the really poor.

- The PBM Hospital at Bikaner acts as a referral facility for emergency and specialist services.

Doctor examining patients at Lunkaransar

EDUCATION FOR ALL

The Non-Formal Education Programme

The Trust provides training inputs to teachers and supplements the budget for infrastructure. Its non-formal schools run by people from within the same community attempt to integrate dropouts and "outsiders" into the formal schooling system.

Aims

Through the non-formal education programme, the Trust aims to achieve

- *An increase in female literacy from the present level to 50% in the next seven years.*
- *To increase the attendance of children at Government primary schools.*
- *To improve the attendance of teachers at Government village primary schools through lobbying and pressure tactics by the community; and*
- *To ensure that at least 80% of children covered under the NFE programme acquire enough skills to be promoted to the next "class" every year.*



Literacy through games: the Bajju non-formal education programme

The literacy programme in Bajju is a non-formal education programme, designed to take women from illiteracy to the level of the equivalent of five years of formal schooling – in twenty four months.

Shiksha Karmi Programme

The Trust has since 1988 been implementing the Shiksha-Karmi programme (SKP), financed by the State Government through the Swedish International Development Agency. Non-functioning schools staffed by two persons from the same village – preferably one male, one female – with five to eight years of formal schooling are selected by the community. They receive intensive training followed by periodic trainings. The work is supervised by the Trust but stipend is paid by the Government. The programme is now being implemented in 13 schools in Lunkaransar, and will cover 13 schools in the Bajju area in 1992.



Communication for Development

Effective communication is the crux of the Trust programme. Whether health, education or community organisation, the way in which messages are conveyed, the impact they have are all vital. Since 1990, the Trust has developed a team of "communicators" who use a mix of song, dance, puppetry and audio-visuals to deliver messages.

Management Information Systems

The Trust has developed a state-of-the-art computer-based management information system for health care that is used for data storage, retrieval, monitoring, and analysis. The software was designed by an independent consultant and exhaustively tested before implementing the package. The computer supports analysis of information on loan recoveries, financial accounting, and monitors the progress of children in the non-formal schools. Data is centrally processed at Lunkaransar and Bajju to support extension workers in the field.

Training

Staff from URMUL have been trained at other NGOs in the country, notably CHETNA, in Ahmedabad, and the Society for Participatory Research in Asia (PRIA). Today the Trust is in a position to offer training support to other NGOs, specially in areas of primary health care, and craft-based income generation activities.



A computer-based information system helps with quick monitoring and analysis

COSTS AND SUSTAINABILITY

To sustain its many programmes and activities has been a difficult task for Urmul, mainly because scant rainfall and uncertain market conditions have made it impossible for the Dairy, the promoting institution, to maintain the level of its initial contributions.

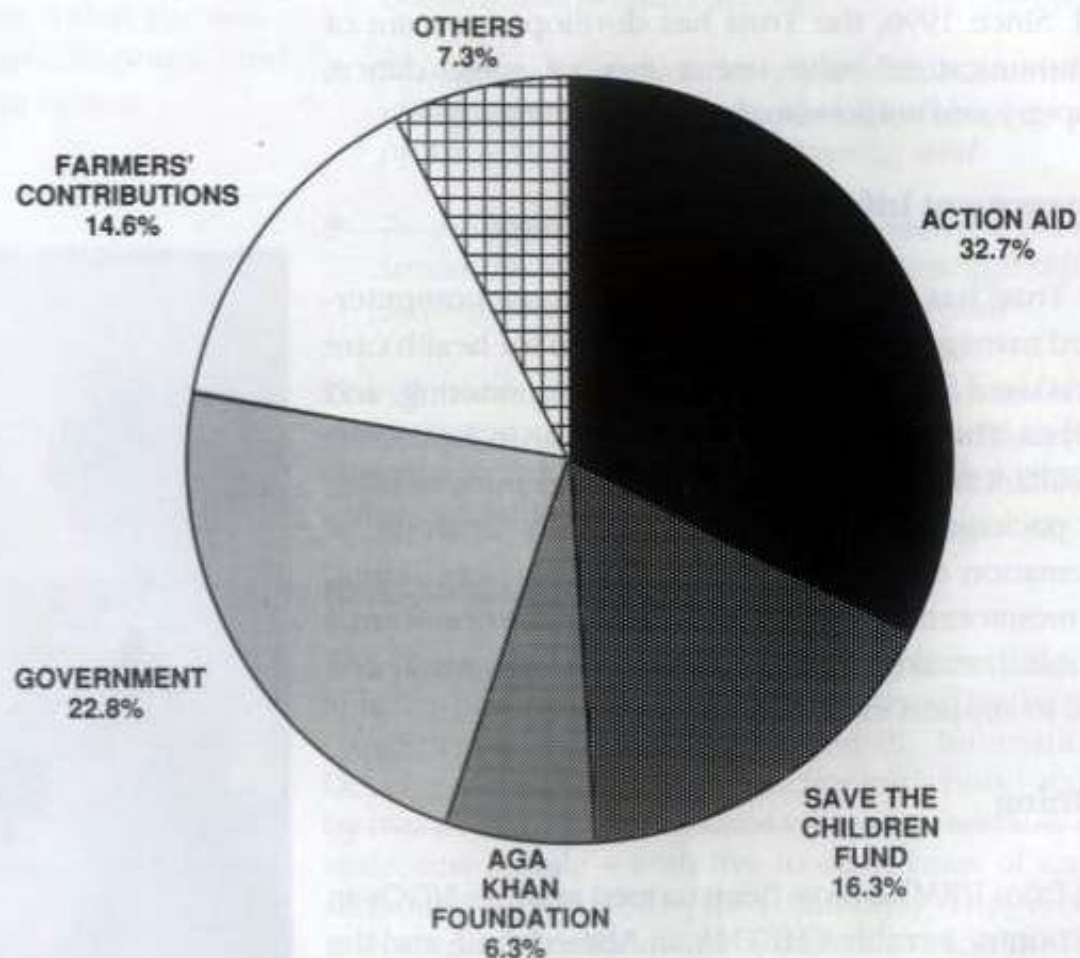
The Trust has sought, and received support from a number of agencies and individuals, both in this country and abroad, but the search is for a model that can **sustain the outputs achieved** – high levels of immunisation resulting in lower infant mortality; viable institutions that serve the interests of the poor; the integration of the poorest families into the formal educational system – **at a cost that is affordable** to the community, and to the country.

This is easier said than done.

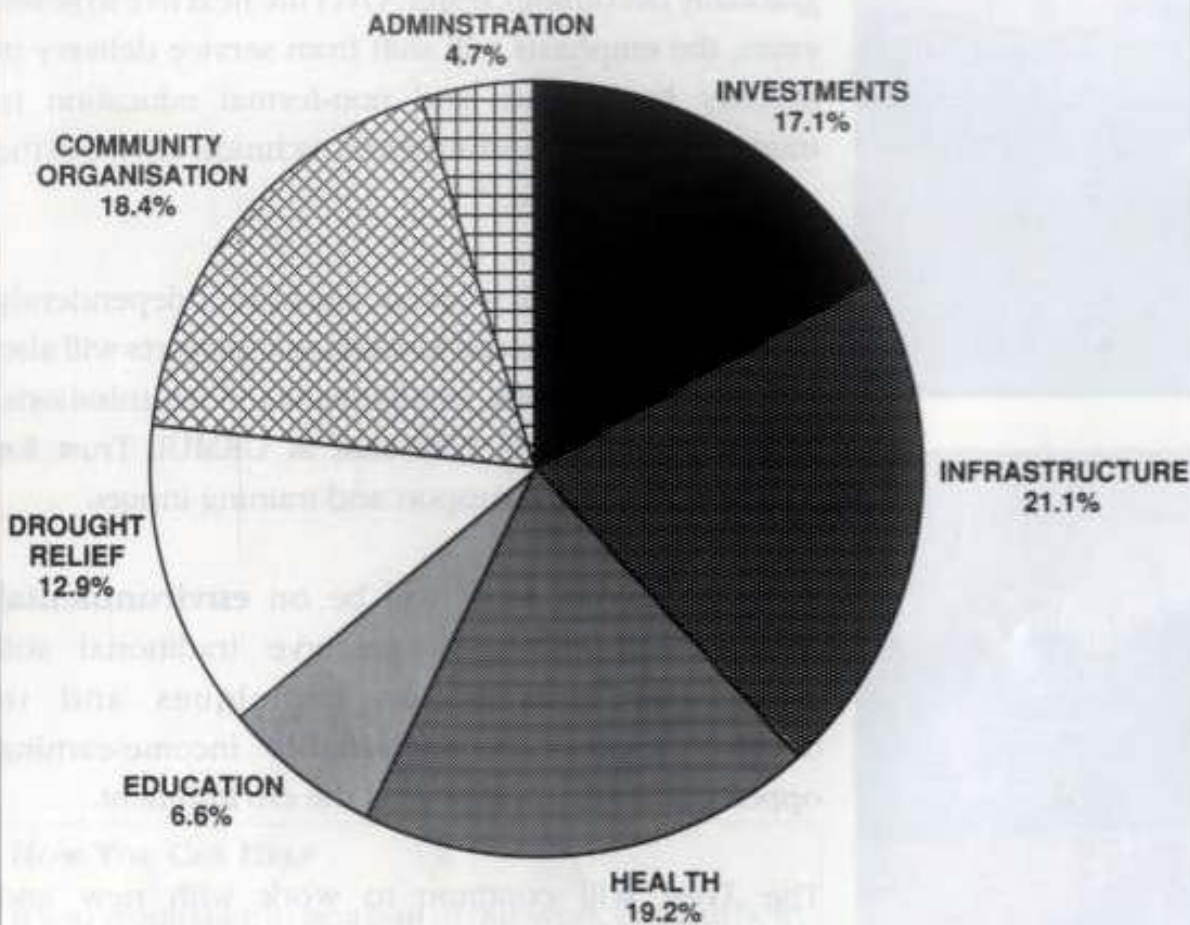
To cover sparsely settled desert populations is an expensive business, both in time and fuel costs. For instance, just to visit the fifteen villages in the Bajju project area – the farthest one 125 kilometres away from the project headquarters – takes an average of fifteen days, and a transportation cost, at current prices of Rs 4,500. The number of families covered is about 650, though this number varies depending on the particular service. For instance, the resettlement plan covers just fifty families, as also the intensive afforestation programme underway in Sheruwala Basti.

The issue is not cost of services but rather, whether the same quality of service could be delivered at lower costs.

WHERE THE MONEY CAME FROM



AND HOW IT WAS SPENT



Cost of Services

On the basis of actual data, we can say that:

	Cost per case
• Surgical removal of cataract, including medicines and transportation	Rs 250
• Opium deaddiction	Rs 550
• Full immunisation of a child against the six preventable communicable diseases	Rs 300
• Making a school age child literate	Rs 300
• Meeting a person's basic annual curative health care needs	Rs 28
Of this only Rs 7 is required as a subsidy	

The Trust is hoping to raise resources to meet these costs from five sources:

- Individual contributions;
- Corporate philanthropy;
- A regular donation from the Urmul dairy;
- Sponsorship of events, and sale of mementos/greeting cards etc.; and
- Fees for services.

The **Ford Foundation** has recently approved a grant to the Trust to systematically research and document opportunities in these areas, using professional market researchers.

THE LONG-TERM AGENDA

As the Trust continues to work closely with communities in Bajju, Lunkaransar and Phalodi, future directions are gradually becoming clearer. Over the next five to seven years, the emphasis will shift from service delivery in primary health care and non-formal education to training, research, and legal and technical advice to the *sangathans* formed.

Just as the Phalodi weavers are now independently registered, the Bajju and Lunkaransar projects will also become autonomous, locally managed organisations, with a small central core staff at URMUL Trust for providing technical support and training inputs.

A major area of work will be on **environmental issues** with efforts to preserve traditional soil and water conservation techniques and to develop appropriate **sustainable** income-earning opportunities that will protect the environment.

The Trust will continue to work with new and disadvantaged settlers and organise communities to help them manage the prospects and problems of irrigation by the Indira Gandhi Canal.



"Phog" – a desert shrub – being transported to Bikaner



A "Kund" – a traditional water-harvesting structure

HOW YOU CAN HELP

If you would like to be a part of our work you can help with contributions, in cash or kind. All cash contributions are exempt from Income Tax under Section 80 (G) of the Income Tax Act.

