

PROVIDING A CUSTOMISED PACKAGE OF LIVELIHOOD RESOURCES AND
SUPPORT SERVICES FOR KIRANBAI

“I now earn around Rs. 7,000-8,000 from the cultivation of bajra, jowar and genhu every year..... Livelihood opportunities and entitlements have provided financial security to my family.”



During the monsoon season, Kiranbai cultivates *bajra*, *jowar* and *genhu* in her field, which sustains her family's livelihood. She is about 40 years old and lives with her children in Manchi village of Karauli District in Rajasthan. The entitlement of *Vidhwa* pension (widow pension) brings some financial relief to her family. Kiranbai owns eight goats, and milk is a source of nutritional value for her family, especially her children. “We earn less but we are able to meet our basic needs throughout the year,” she says. One can see how the economic security as a result of interventions of the Family Livelihoods Resource Centre (FLRC) initiative have provided a sense of happiness and confidence for Kiranbai and her family.

FLRC's were initiated by the Association for Rural Advancement through Voluntary Action and Local Involvement (ARAVALI) in Rajasthan for identifying the poorest and most vulnerable households and developing a customised package of livelihood resources and support services for them. Each FLRC is hosted as a specialised unit in ARAVALI's partner organisations also known as Field Host Organisations

(FHOs). Support for the FLRC initiative was provided by the Aga Khan Foundation and European Union Co-funded Sustainable Community-based Approaches to Livelihood Enhancement (SCALE) project.

Kiranbai - A precarious livelihood

Prior to support from the FLRC, Kiranbai's life was fraught with challenges. Her family was displaced in 1984 during the construction of the Panchna dam and did not receive displacement benefits. However, they settled on land located nearby in Manchi village with an area of about one *bigha*. Kiranbai pays a yearly *muavja* of Rs. 1,200 to the administration for the land. Her husband worked as a labourer at local stone mines and cultivated the land occasionally. Their living standard started deteriorating after her husband was infected with tuberculosis. Kiranbai was forced to spend about half of the family income on her husband's treatment. Unfortunately, her husband died more about two years ago due the prolonged infection, leaving her to raise her children alone.

Dang Vikas Sansthan (DVS), a local NGO associated with the FLRC initiative as a FHO, however, suspects



Exposure to silica dust over along period of time led to silicosis amongst mine workers.

that the root cause of her husband's death was not tuberculosis but silicosis, which he developed while working in the stone mines. Silicosis results from long-term exposure to low amounts of silica dust, causing swelling in the lungs and chest lymph nodes and weakening the body. It also makes the body vulnerable to lung infections such as tuberculosis. Exposure to silica dust over along period of time led to silicosis amongst mine workers.

After her husband's death, Kiranbai supported her family through odd jobs in the village, when DVS identified her and provided support to come out of the poverty trap. Kiran Bai's family is not unique. Most of the ultra-poor families in Karauli faced similar challenges. The district's topography consists of hills, ravines and rich soil, which shapes the livelihood of communities. Due to rich soil and abundance of pink stones, the rural population mostly depends on mining, agriculture and animal rearing. While the region is rich in natural resources, a large proportion of rural population lives in abject poverty. Approximately 15-20 percent of the population owns less than half a *bigha* or no land, and depends upon mining activities as a source of livelihood. These workers are mostly from

the Scheduled Caste communities comprising Jatav, Bhairva, and Mali.

Identifying the poorest families

Under the FLRC initiative, DVS planned to reach out to the most poverty-affected families in the backward region of Karauli. Eight *panchayats* of Karauli Block (in Karauli District) were selected with a set of indicators including water availability and quality, population of the Schedule Castes, transport facilities and infrastructure. Further, DVS conducted a Participatory Research Appraisal (PRA) in villages where participants prepared a timeline based on significant changes in the village within the last 3-4 decades, socio-economic history and a seasonal calendar. Participants were also asked to develop a local set of indicators and rank poor families accordingly. The indicators which emerged through this participatory exercise were: prevalence of tuberculosis, widow-led families, land ownership, loan burden, etc. With these indicators, 340 families were identified as ultra poor.

To implement the FLRC initiative, ARAVALI has developed a tool 'Instrument of Engagement (IoE)', which is a matrix of qualitative and quantitative



FHOs conduct assessments to identify the poorest and most vulnerable families.



The FLRC has linked Kiranbai to the Krishi Vigyan Kendra for access to subsidised seeds and fertilisers.

questions to examine the socio-economic history of the ultra poor family, critical incidence or factors that changed their life, family's potential for taking up livelihood activity, amongst other data. Since IoE data is considerably large, it is developed into a summary sheet. By examining the summary sheets of all ultra-poor families, a master segment sheet is prepared. The IoE was applied to every ultra-poor household identified. "While preparing the master segment sheet, we found a strange common phenomenon among all ultra-poor families in which male members were suffering from tuberculosis or had died of lung diseases," says Dr. Bhardwaj, Chief Functionary of DVS. Silicosis was suspected to be the prime cause of their lung infections.

DVS initiated the intervention by diagnosing the head of the identified families. "Due to the lack of equipment, it was difficult to diagnose them in Karauli," says Dr. Bhardwaj. "Along with ARAVALI, we approached the state-based NIMH for medical tests," he continues. A total of 101 miners were diagnosed in the first round and out of them, 73 were found to be suffering from silicosis. The FHO made families aware of the prime cause of illness – silicosis. In addition to counseling

and awareness initiatives, the FHO also provided support to all the identified families especially those in which the head of family had passed away. Support included linking families with government entitlements, and providing livelihood and saving options.

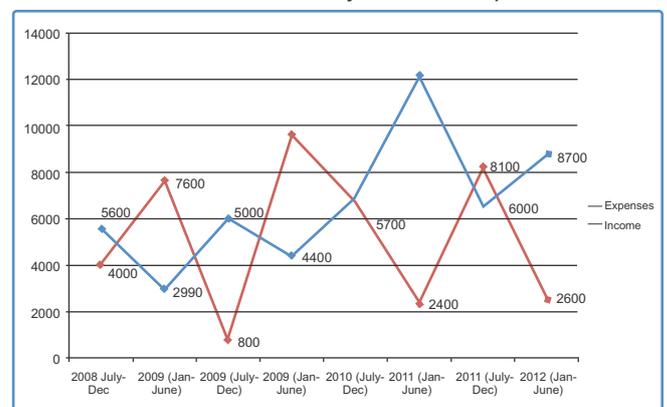
Customising livelihood support for Kiranbai

Kiranbai's family was one of the ultra-poor families identified through FLRC approach. "Working with the family as specified in the IoE, it was revealed that the incident that changed Kiranbai's life was the displacement from her original home and the prolonged illness and death of her husband. This eventually drained her savings and caused her to go in debt.

With good potential for agricultural activities in the area, DVS decided to link Kiranbai to Krishi Vigyan Kendra (KVK) for access to subsidised seeds and fertilisers. She owns one bigha of land, which was sufficient to grow *jowar*, *bajra* and *genhu*. She was also provided training in goat rearing and eight goats were provided to her on a pilot basis.

Since Kiranbai lacked proper identification documents, she was supported in preparing her husband's death certificate and updating her voter's identity card and ration card. She was linked to government schemes

Kiranbai's Six Monthly Income/Expenses



Development Partners



European Union

Sustainable Community-based Approaches to Livelihoods Enhancement (SCALE), is a European Union funded project managed by the Aga Khan Foundation, India. It supports initiatives on improving rural livelihoods in India in the states of Andhra Pradesh, Gujarat, Madhya Pradesh, Maharashtra and Rajasthan. It is implemented through five partner organisations : AKRSP (I), APMAS, ARAVALI, DSC and PRADAN.

Aga Khan Foundation (AKF) is a private, non-denominational, development agency, established by His Highness the Aga Khan in Switzerland in 1967. The foundation seeks sustainable solutions to long term problems of poverty through an integrated, community-based, participatory approach that reinforces civil society and respects local culture. In India, AKF works essentially in three thematic areas: Health, Education, Rural Development. It also works to strengthen civil society institutions

Association for Rural Advancement through Voluntary Action and Local Involvement (ARAVALI) is a support organisation based in Rajasthan that works to strengthen government-civil society collaboration, particularly on aspects of participatory processes in development programmes, through capacity-building, research and policy dialogue.

FOR FURTHER INFORMATION

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ACKNOWLEDGEMENT

This story was documented by:
TARU Leading Edge Pvt. Ltd.
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Goat milk is a rich source of nutrition for Kiranbai's family.

such as *Vidhwa* pension and also put on the priority list for Indira Awas. DVS also put forward her case with the *panchayat* to provide her work under MGNREGS.

Says Kiranbai, "I now earn around Rs. 7,000-8,000 from farming and own eight goats which provide milk to my family. Through the *Vidhwa* pension, I receive Rs. 500 each month. I also get 30-35 days of work from the *panchayat* (through MGNREGS). These income sources and entitlements have provided a sense of financial security to my family."

In stories similar to that of Kiranbai's, many ultra-poor are coming out of their poverty trap, which is a testimony to the successful approach of FLRC that involves a process of intense engagement with such families, understanding their vulnerabilities and opportunities, and then assisting them gradually overcome their livelihood constraints by enhancing their productive assets, income opportunities and access to entitlements and basic services.

The Aga Khan Development Network (AKDN) is a group of private development agencies working to empower communities and individuals, often in disadvantaged circumstances, to improve living conditions and opportunities, especially in Africa and Asia. Its agencies work in over 30 countries for the common good of all citizens, regardless of their gender, origin or religion. Its underlying impulse is the ethic of compassion for the vulnerable in society.

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