

# **Bringing Education Programs to the Urban Slums of India**

## **PROJECT PROPOSAL**

*Submitted by Team India:*

Kimberly G.  
Heather L.  
Tyler W.

Agricultural Development Plan  
Agricultural Education 306  
Exploring International Agriculture  
Instructor:  
Dr. Robert Haggerty  
May 12, 2006

## *Executive Summary*

India is one of the fastest growing major economies in the world and has the world's largest number of impoverished citizens in a single country. 25% of the population is below the poverty line. The contraction of food and water borne diseases is very high, resulting in potentially fatal diseases. The majority of the population is lacking all aspects of education. Research has suggested that the main cause of poverty in the country is the literacy rate. With more than half of Indian women illiterate and about 40 million primary school-age children not in school (mostly girls and those from the poorest and socially-excluded households) something needs to be done (Poverty). For our agricultural development plan, we are going to develop educational programs designed for people 5-20 living in the urban slums communities of Bangalore, Calcutta, Delhi, and Hyderabad, in order to improve the health and education of the women and children of India.

Our objectives for this project are to design and develop educational programs that concentrate on nutrition, health, and agriculture. The programs in development include: Germ City, Knowing Your Body, Happy Smiles Happy Faces, Eating Healthy = Healthy Fun, Food Storage, Keeping Food Longer at Home, Keeping Water Clean, and two others on gardening. We plan on presenting each of these programs twice a week in each city and expand to more programs/workshops as participation increases.

By educating the women and children who are living in the slum communities of Bangalore, Calcutta, Delhi, and Hyderabad we hope to improve the health and education resources of women and children living in these communities. At least 15 women

volunteers from each region will be trained to present the workshops as well as develop new workshops as the need arises.

The estimated cost for this project is \$6,060,844.00 dollars. We will be joining with the World Bank and a partnership that is taking place under the Government of India's Family Welfare Urban Slums Project, between the women of the slums (poor areas), non-governmental organizations (NGOs), and government health workers in the slum communities. We will also be partnering with other staff members at the University of Idaho in the College of Agricultural and Life Sciences.

Funding for this project will be provided through the World Bank, a mini grant from the National Initiative to Internationalize Extension, the government of India, and the nongovernmental organizations that we will be partnering with. The timeline for this project is expected to take five years and consist of four phases.

### ***Background***

India is one of the fastest growing major economies in the world, with a GDP growth rate of 8.1% at the end of the first quarter of 2005–2006 (Poverty). However, India's huge population results in a relatively low per capita income and is classified as a developing nation. After over 50 years of independence from almost two centuries of British rule, India has the world's largest number of poor people in a single country. Of its nearly 1 billion inhabitants, an estimated 350-400 million are below the poverty line, 75 percent of them in the rural areas (Women).

The main cause of poverty in the country is the low literacy of the country. With more than 40 percent of the population being illiterate, mainly women, in addition to a population growth rate that has exceeded the economic growth rate for the past 50 years it has overstrained the country causing a lack of natural resources as well as other resources (Women). Things like education had been put aside until the last few years where there has been a large stress on education as well as increasing the empowerment of women and the economically weaker sections of society. By placing stress on these issues they are expected to contribute to the alleviation of poverty in India.

India over the last decade has strived to raise the literacy rates by increasing the education of its people. From 1991- 1999, the overall literacy rate increased from 52 percent to 64 percent (Poverty). Yet more than half of Indian women are still illiterate; about 40 million primary school-age children are not in school (mostly girls and those from the poorest and socially-excluded households); and only about one-third of an age group completes the constitutionally prescribed eight years of education (Poverty).

Through our research on India we have discovered that the education systems in are seriously lacking. According to the India Government and the Ministry of Human Resource Development, education is deficient in the Country of India, especially in the urban slum areas (Annual). According to the India Government on Elementary Education and Literacy 2004-2005 Annual Report, the level of rural female literacy is less than the national average and the gap is above the national average, the female and children's literacy in India is below 10 percent in selected urban slums (Annual).

Because of the large poverty rate in the country as well as the illiteracy of women and children in India a program has been started called the, If We Walk Together, Communities, NGOs, and Government in Partnership for Health – The IPP VIII Hyderabad Experience. This program is happening with a remarkable partnership taking place between the women of the slums, non- governmental organizations (NGOs), and government health workers under the Government of India's Family Welfare Urban Slums Project, also known as India Population Project VIII (IPP VIII) (If We Walk). These three groups have joined together to work towards improving the health and well-being of women and children in some of the poorest neighborhoods of the city of Hyderabad. In addition the World Bank is collaborating with NGOs and communities to help make a qualitative change in the lives of women and children who live in the slums.

The If We Walk Together, Communities, NGOs, and Government in Partnership for Health – The IPP VIII Hyderabad Experience program asks for volunteers to help in health clinics and teaching individuals in the community about health-related issues. Volunteers in this program don't receive individual payment for their work, but instead their communities are given a financial incentive through women's health groups and community revolving funds (If We Walk). This money has enabled the women of the slums to make finance improvements in their neighborhoods. They have used these seedling funds to improve civic amenities, such as sanitation systems, wells, and toilets, and to establish income generation schemes, such as tailoring centers (If We Walk). This program is currently one of the strongest in India and we hope to build on to its success.

### ***Our Development Plan's Purpose***

Because of the problems in India, with 75 percent of the rural areas below the poverty line and a large percentage of the population being illiterate we propose a plan to increase the education of women and children in the urban slums in India. In order to achieve this proposal we have elected to join with the organization, "If We Walk Together, Communities, NGOs, and Government in Partnership for Health- The IPP VIII Hyderabad Experience" (If We Walk). We will be joining this project by developing education programs that are designed for 5-20 year olds in India that live in the urban slum communities of Bangalore, Calcutta, Delhi, and Hyderabad, in order to improve the health and education of the women and children who are living in the area.

To implement our plan we will be developing and conducting seminars, workshops, and small group demonstrations to help educate the women and children in the four communities of Bangalore, Calcutta, Delhi, and Hyderabad. Through continuous contact with our partnership in India, they have updated us on problems occurring in India and areas that they would like to see educational programs developed. We have used this information and met with other employees at the University of Idaho in the College of Agricultural and Life Sciences to develop these programs. We have already started developing 10 programs and hope to have at least 25 at the end of the five years. The five programs in development now are: Germ City, Knowing Your Body, Happy Smiles Happy Faces, Eating Healthy = Healthy Fun, Food Storage, Keeping Food Longer at Home, Keeping Water Clean, and two others on gardening that haven't been named as of now.

Currently we have teamed up with four individuals from the Food Science & Toxicology department and have developed two programs pertaining to storing food, keeping food fresh and incorporating new technologies. The programs currently being worked on are Keeping Food Longer and Food Storage. In addition to these we hope to add a few more that introduce the new advances of food preservation and how it affects them as a consumer. We have also teamed up with the Plant, Soil & Entomological Science department at the University of Idaho and are working on developing the Eating Healthy = Healthy Fun, Gardening Outside Your Door, Keeping Water Clean, and two other programs on producing your own food as well as what to purchase for your family when at the market. We are currently working with the Extension office and trying to adopt the Junior Master Gardening project book and hope to start an after school program for the children in the communities using its activities.

In addition to these programs we are also working with five individuals from the Margaret Ritchie School of Family and Consumer Sciences to develop the Germ City, Knowing Your Body, Happy Smiles Happy Faces, Eating Healthy = Healthy Fun curriculum. Because of the large health issues facing India we will be taking individuals from this department to India with us to focus on specific needs of the women and children in the areas. They will be working with the other NGO's to get individuals involved and get them the services they need.

In addition to that we will also be teaming up with individuals from the Foreign Language department and members of staff fluent in Hindi, Hindustani, Kashmiri, Sindhi, and Urdu to help in the process of translating all of the material. This will be the

most time consuming activity that we will be involved with. During the first year (phase one) we hope to have these ten programs fully developed and ready to present. In addition to this on our visits we hope to view other programs that are needed including workshops on health concerns like contraceptives and programs on animals, financial stability, and agriculture education in the Classroom.

In order to teach these workshops and seminars in India we need to overcome the communication barriers of the women and children of the urban slums to help them understand and retain the information. We plan on achieving this with the use of translators as well as the use of hands on techniques where we will show them how to execute activities and then they can demonstrate it back to us.

### ***Goals and Objective***

#### *Objectives*

1. Design and develop educational programs that address nutrition, health, and agriculture
2. Educate women and children who are living in the slum communities of Bangalore, Calcutta, Delhi, and Hyderabad
3. Help improve the health and education resources of women and children living in the slum communities of Bangalore, Calcutta, Delhi, and Hyderabad
4. Train volunteers in India how to deliver the educational programs

#### *Goals*

On average women in India are socially, politically and economically weaker than men. One of our goals is to incorporate women and children of the urban slums into the mainstream of economic activity by helping to improve their access to resources and services including health and agricultural extension, and different kinds of training programs offered to them. We are embellishing a national movement to empower and educate the women of India.

Our long-term goal is to reduce poverty and increase the literacy rate in India. The University of Idaho and our personnel aspire to establish cooperation between India and ourselves by training members of their organizations, by providing workshops, and providing educational materials to them as well as a network in which to communicate.

### ***Population***

The focus population for our project will consist of women and children who are living in the urban slums of Bangalore, Calcutta, Delhi, and Hyderabad. While men are not our target audience, they will also be encouraged and welcome to attend the workshops.

### ***Location for Project***

Our Project development plan will take place in India in the slums communities of Bangalore, Calcutta, Delhi, and Hyderabad. We chose the urban slum areas because they are not developed and characterized by lack of underground sewage, unsanitary conditions, and tenements of one-room apartments.

Furthermore we choose these communities because of there locations as well as city size. The location of the four communities on the outer part of the country will result

in growth directed towards the middle of the country, eventually encompassing the underdeveloped rural communities.

The first community we chose was Old Delhi, the capital of Muslim India between the mid-17th and late 19th centuries, because of its lively area of colorful bazaars, narrow streets and barely controlled chaos (Delhi). The population is estimated at 13 million and with the capital of the country so close we hope that our program will extend there as well as to all Northern India (Delhi).

The second city we chose was Calcutta or Kolkata. We picked Calcutta because it is located in eastern India on the banks of the Hugli River (Frysiner). Calcutta lies about 100 km (about 60 mi) north of the Bay of Bengal and about 70 km (about 45 mi) west of Bangladesh and is the hub of India's second most populous metropolitan area and is the chief commercial, financial, and manufacturing center of eastern India (Frysiner). Its population is estimated at 15 million and continually growing.

Our third city Bangalore is situated in the southeast of the South Indian state of Karnataka. Bangalore has an estimated metropolitan population of 6.1 million (2006), making it India's third-largest city and fifth-largest metropolitan area (Bangalore).

Finally we chose Hyderabad because with more than 6 million people it is India's 6th largest metropolis and the 36th largest metropolitan area in the world (Hyderabad). Being the capital of the Southern Indian state of Andhra Pradesh, it is known for its rich history, culture and architecture representing its unique characteristic of a meeting point for north and south India, and its multi lingual culture, both geographically and culturally (Hyderabad).

### ***Partnerships***

Since we are employed at the University of Idaho in the College of Agricultural and Life Sciences, Department of Agricultural and Extension Education we will be working closely with other members from the University of Idaho. In the College of Agricultural and Life Science we are teaming up with four individuals from the Food Science & Toxicology department, three from the Plant, Soil & Entomological Science department, and five individuals from the Margaret Ritchie School of Family and Consumer Sciences. In addition to that we will also be teaming up with individuals from the Foreign Language department and members of staff fluent in Hindi, Hindustani, Kashmiri, Sindhi, and Urdu to help in the process of translating material.

In order to conduct our project we will be joining close partnerships with the World Bank as well as the partnership that is already taking place that is occurring under the Government of India's Family Welfare Urban Slums Project, between the women of the slums (poor areas), non-governmental organizations (NGOs), and government health workers in the slum communities. By joining with World Bank and the occurring partnerships we feel that they can open doors that will help us in advancing the health and education of the women and children that are living in the slums of Bangalore, Calcutta, Delhi, and Hyderabad.

### ***Funding***

The most important tool that is need in performing a project like this is funding. We have already contacted the World Bank and will be receiving the majority of the

funding from them. In addition to that we sent in a proposal to secure a mini grant from the National Initiative to Internationalize Extension which we plan to receive around \$50,000. We have also contacted the government of India, and the nongovernmental organizations that we will be working with and they have offered to pay up to \$900,000 of the cost incurred.

### ***Timeline for Project***

The program will have a timeline of five years from June 2007-May 2011.

#### **Phase One:** (June 2007-May 2008)

- The first phase of the project will be developing detailed outlines and goals for the fifteen workshops being presented.
- Then the next four months will be spent in India. There will be several objectives for this visit.
  - establish contacts
  - recruit native volunteers for presenting the material
  - modify the content of the workshops
  - reserve office buildings and classrooms
- After completing the objectives the team will return to the states for the remaining year. The workshops will be finalized and translated to the most widely used languages of Hyderabad, Delhi, Bangalore, and Cal-cutta.

#### **Phase Two:** (June 2008- May 2010)

- The second phase will take place in India. The first three months will be setting up the classrooms and offices, training volunteers, and advertising the workshops.

- The remaining year will be conducting the workshops
- After six months a meeting with one representative from each area will meet in city of Hyderabad to discuss the progress of the workshops. The purpose of this meeting will be to discuss failures and successes of the workshops and to ensure the number of staff in each city is efficient.

**Phase Three** (June 2010-June2011)

- Phase three is a combination of year three and four. Implementing the workshops and focusing on attendance will be the main purpose.
- Every six months a meeting will be arranged in alternating cities. The cost of alternating cities will be more expensive, but this will be a useful tool for improving workshops.

**Phase Four** (May 2010-2011)

- Phase four will be the final and most important phase. An extra staff member from the United States will be sent to initiate the evaluation of the workshops in each area.
- Evaluation will include interviewing participants, videotaping classes, and collecting feedback from volunteers
- The final part of the phase will be to make improvements on the workshops based on the evaluations
- Upon successful completion of phase for efforts will begin to expand the workshops to other areas of India

## *Budget*

The total projected budget for our projects is estimated at \$6,060,844.00. This budget is set up for a total of eight individuals. Since most of the work is volunteer based our salary section is low. The volunteers will have health benefits, meals, room and board, transportation, and necessities paid for. They are volunteering their time.

### **Budget Summary, Years 2007-2011**

	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>Total</i>
<b>Personnel</b>						
<i>Salaries</i>	\$8,749.00	\$28,874.00	\$28,874.00	\$16,429.00	\$8,749.00	\$91,675.00
<i>Translators</i>	\$15,788.00	\$9,483.00	\$7,957.00	\$7,957.00	\$15,788.00	\$56,973.00
<i>Fringe Benefits</i>	\$26,543.00	\$56,245.00	\$56,245.00	\$56,245.00	\$56,245.00	\$251,523.00
<b>Total Personnel</b>						\$400,171.00
<b>Materials &amp; Supplies</b>						
<i>Presentation Materials</i>	\$300,000.00	\$300,000.00	\$75,823.00	\$75,823.00	\$15,689.00	\$767,335.00
<i>Office Rent</i>	\$2,868.00	\$11,472.00	\$11,472.00	\$11,472.00	\$11,472.00	\$48,756.00
<i>Other</i>	\$96,987.00	\$96,987.00	\$29,627.00	\$29,642.00	\$184,857.00	\$438,100.00
<b>Total Materials &amp; Supplies</b>						\$1,254,191.00
<b>Travel</b>						
<i>Airfare</i>	\$47,832.00	\$47,823.00	\$71,748.00	\$47,832.00	\$83,706.00	\$298,941.00
<i>Transportation</i>	\$943.00	\$897.00	\$765.00	\$765.00	\$897.00	\$4,267.00
<i>Room &amp; Board</i>	\$90,240.00	\$360,960.00	\$360,960.00	\$451,200.00	\$451,200.00	\$1,714,560.00
<b>Total Travel</b>						\$2,017,768.00
<b>Other</b>	\$452,896.00	\$658,987.00	\$365,299.00	\$365,299.00	\$546,233.00	\$2,388,714.00
<b>Total Other</b>						\$2,388,714.00
<b>TOTAL COST OF PROJECT</b>						<b>\$6,060,844.00</b>

## *Outcomes*

The main focus of our program is to provide the women and children in the slum communities of India with a general education and health care options. Outcomes of our

project include: improved health of women and children in urban slums, improved education of urban families, establishment of a network that will benefit the country of India and the people that live there, increase program participation and future expansion of programs, train individuals in India to continue program, and open up resources to women and children in urban slums and show them what is available to them.

### ***Evaluations***

A series of monitoring and evaluation activities will be organized in order to assess progress and develop insight into the programs being developed and taught. We will be developing Annual reports to present to the University of Idaho, World Bank, USDA-CSREES, and the India Government in order to keep our stakeholders involved as well as to secure any other funding.

In addition to that every major phase of the project will produce an output that will summarize our key results and lessons learned and we will adapt those outcomes into our next phase. We will conduct evaluation through the use of taping, focus groups, observation, interviews, time test, etc. Since we will be evaluating individuals that are in different stages of development observations will be our greatest focus as well as one on one interviews. During year four/Phase three we will be doing a large scale evaluation and evaluating our programs and workshops and determining whether they are working or not and implement changes to improve the programs.

## *References*

Annual Report. Ministry of Human Resource Development Government of India, 2004-2005. [http://www.education.nic.in/Annualreport2004-05/ar\\_en\\_05\\_cont.asp](http://www.education.nic.in/Annualreport2004-05/ar_en_05_cont.asp)

“Bangalore.” Wikipedia, The Free Encyclopedia. Wikimedia Foundation, Inc, 2006. <http://en.wikipedia.org/wiki/Bangalore>

“Delhi.” Wikipedia, The Free Encyclopedia. Wikimedia Foundation, Inc, 2006. <http://en.wikipedia.org/wiki/Delhi>

Frysinger, Galen R. “People and Places of the World, Calcutta.” 2002. [http://www.galenfrysinger.com/calcutta\\_india.htm](http://www.galenfrysinger.com/calcutta_india.htm)

“Hyderabad.” Wikipedia, The Free Encyclopedia. Wikimedia Foundation, Inc, 2006. [http://en.wikipedia.org/wiki/Hyderabad\\_%28India%29](http://en.wikipedia.org/wiki/Hyderabad_%28India%29)

“If We Walk Together, Communities, NGOs, and Government in Partnership for Health- The IPP VIII Hyderabad Experience.” The World Bank, 2002. <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20052310~menuPK:141310~pagePK:34370~piPK:34424~theSitePK:4607,00.html>

“Poverty in India.” A Synopsis by IndiaOneStop.Com. Ontrack Systems Limited, 2005-2006. <http://www.indiaonestop.com/povertyindia.htm>

“Women in India.” A Synopsis by IndiaOneStop.Com. Ontrack Systems Limited, 2005-2006. <http://www.indiaonestop.com/womenindia.htm>