

Mooligai THOTTAM (Herb Garden)



PROJECT PLAN Revised 30.4.10

1. AIMS AND OBJECTIVES

The aim of the project is to enable local people in Tamil Nadu State in South India to reconnect with traditional methods of healthcare through education and the creation of family Kitchen Herb Gardens. It will relate to other forms of medicine and healthcare to enable the treatment of everyday ailments that do not require advanced medical intervention.

In the long term, the aim is for the programme to be financially self-sufficient as herb production and processing from the gardens is developed.

This project will:

- Support rural families which would otherwise find it difficult to pay for healthcare treatment.
- Revitalise knowledge about the use herbs in a safe and effective way for everyday ailments and simple first aid.
- Increase the biodiversity of previously unkempt and derelict land.

It will do this during an initial 22 months programme by:

- Training 20 women as trainers in medicinal plant growing methods.
- Support the training of 10 further women and families by each of the 20 trained women.
- Set up 2 demonstration herb gardens with indigenous plants that will lead to an increased knowledge of local flora by local people.
- Create a nursery for the provision of herb plants
- Support the creation of 220 family herb gardens thus reaching an estimated 880 people.

2. NEED

Extensive research on a range of health and other needs has been conducted in the beneficiary areas. Liaison has taken place with Tamwed's partners and specialist NGOs in India. Research has established the lack of basic health care in the beneficiary areas; the remoteness of communities from health facilities; the high incidence of treatable diseases and injuries; and a decreasing knowledge about traditional medicines.

The current government medical system (allopathic) is only able to offer primary health care to 30% of India's rural population. Evaluations of the Kitchen Herb Garden systems have shown that up to 85% of participants are from the more deprived communities and so these projects actively play a role in poverty reduction. For example, medical expenses can be reduced by up to five times when using herbal medicines grown and harvested locally.

3. THE PROGRAMME

This project will be delivered over 22 months, resulting in the development of 2 demonstration medicinal herb gardens and one nursery and the initial employment of one part time gardener. 20 volunteers from CRUSADE will be trained by FRLHT in order that they will then each train approximately 10 women through the self help groups. In total 200 people will receive training and support given for the creation of 200 household herbal medicinal gardens.

The demonstration gardens and nursery will provide the expertise and plant material for further gardens to be developed, including additional training for local people. The biodiversity of the demonstration garden will be increased as indigenous plants and other wildlife thrive under the protection of trained members of NGOs. Local people will reconnect with the environment, through their relationship with herbs and learn how to use them in a more sustainable way.

There will be a celebration day at the sites at the end of the funded project to share with the local communities the achievements and to show how the garden will continue to be used.

A second phase is envisaged, creating additional jobs through local business enterprises.

4. TAMWED AND PROJECT PARTNERS

Tamwed is a UK registered charity that works with NGO partners to link with and support beneficiaries in two coastal areas of Tamil Nadu in South India. The organisation aims to help some of the most poor and marginalised people living in remote rural areas to improve their long term quality of life by: finding sustainable solutions to damaged environments; improving living conditions; and introducing appropriate forms of income generation. Tamwed has good links with the medical profession and with educationalists that include agricultural scientists and with those with an interest in international development. Supporters and committee members have visited India to engage with partners and project beneficiaries and to add value to local expertise.

This project will be based with Tamwed's partner NGO, CRUSADE that supports some of the poorest groups in rural Tamil society. Crusade brings a range of expertise and skills that will enable this project to run effectively in order to produce the required outcomes. This NGO has a history of successful project development and management during which it has collaborated with other non-governmental organisations and government departments.

The training and support organisation is The Foundation for the Revitalisation of Local Health traditions (FRLHT) Based in Bangalore, this organisation is a registered Public Trust and Charitable Society, which started in March 1993. The Ministry of Science & Technology recognizes FRLHT as a scientific and research organisation. The Ministry of Environment and Forests has designated FRLHT as a National Centre of Excellence for medicinal plants and traditional knowledge. See www.frlht.org for details on their projects. They will be responsible for the delivery of the training of the Crusade volunteers in the development of Home Herbal Gardens. This includes all sessions, materials, monitoring and plant supplies as required.

5. MANAGEMENT, MONITORING AND EVALUATION

The project will be led by a member of Tamwed's committee who developed the programme using her expertise, experience and contacts. As Project Leader she will work with other members of Tamwed's committee which will take overall responsibility for the management, monitoring and evaluation of the project. A project manager will be appointed in India who will oversee the day-to-day delivery of the project. Tamwed's Project Co-ordinator will monitor and evaluate the effectiveness of the programme through a quarterly reporting system (including budget) in order that Tamwed can monitor progress and deal with any problems effectively. His responsibility will be the ongoing monitoring and organising evaluation taking into account concerns of Tamwed and FRLHT. The evaluation will be participatory involving all stakeholders including the community. FRLHT will also contribute to CRUSADE's reporting. The UK Project Leader will visit both Crusade and FRLHT at the start and also CRUSADE at the end in order to write a full report with recommendations for the follow-up phase.

6.TIMETABLE

Month	Event	Outcomes & responsibilities	Budget (to)
Pre-lim	<ol style="list-style-type: none"> 1. Visit from UK project leader to collaborate with trainers and set up detailed programme. 2. Field visit from Hari (FRLHT) by May 2010 	<ol style="list-style-type: none"> 1. Programme defined and agreed by Tamwed, CRUSADE and FRLHT 2. Visit & details of programmed finalised (FRLHT) 	<ol style="list-style-type: none"> 1. TAMWED 2. FRLHT (no charge)
Jul 2010	<ol style="list-style-type: none"> 1. Employ project manager. 2. Identification of site for demonstration gardens. 3. Recruit volunteer Trainers (20). 4. Exposure Visit to FRLHT, Bangalore. 5. Training of CRUSADE Staff and Volunteers for Baseline Survey, Participatory Rural Appraisal through Rapid Assessment of Local Health Traditions, Documentation, Desk research, Promotion of LHTs through HHGs (FRLHT), Endline Survey (3 DAYS TOTAL) 	<ol style="list-style-type: none"> 1. Project manager employed (CRUSADE) 2. 2 gardens identified (CRUSADE) 3. 20 trainers appointed (CRUSADE) 4. Trainers visit FRLHT for one day (Bangalore) 5. Training materials produced, 20 staff and volunteers trained (FRLHT) 	<ol style="list-style-type: none"> 1 – 5. TAMWED 4. Transport & Accommodation/food (TAMWED - no charge from FRLHT)
Aug 10	<ol style="list-style-type: none"> 1. Baseline Survey, 2. Participatory Rural Appraisal, 3. Documentation. 	<ol style="list-style-type: none"> 1. Baseline Survey Report (CRUSADE) 2 List of health conditions prioritised (CRUSADE) 3. List of documented remedies (FRLHT) 	TAMWED
Aug and Sep	<ol style="list-style-type: none"> 1. Rapid Assessment of Local Health Traditions 2. Desk research, 3. Employment of nursery worker/gardener. 4. Planting programme (2 Demonstration gardens) commences 	<ol style="list-style-type: none"> 1 Herbs safe to use (FRLHT) 2 A set of home remedies which are to be promoted through Home Herbal Gardens (FRLHT) 3 & 4 Gardens and nursery sites are planned and development begun.(CRUSADE) 	TAMWED
Sep	<ol style="list-style-type: none"> 1. On-going development of demonstration garden – gardener working in consultation with project manager. 2. Nursery to be established and make it operational 	<ol style="list-style-type: none"> 1. Garden to contain identified species (CRUSADE). 2. Nursery site established (CRUSADE). 	TAMWED
Oct	<ol style="list-style-type: none"> 1. 1st monitoring point. 2. Awareness exhibition & demonstration garden open day. 	<ol style="list-style-type: none"> 1. CRUSADE to determine that all of the above has been completed. 2. Garden open to public(CRUSADE) 	TAMWED
Nov	Training of Trainers (TOT) session 1 (Home Herbal Garden establishment and use – 2 diseases covered)	One –day training session completed – trainees know herbs and usage for two different diseases (FRLHT)	TAMWED
Dec	TOT session 2 (Home Herbal Garden establishment and use – 2 diseases covered)	One –day training session completed – trainees know herbs and usage for two different diseases (FRLHT)	
Jan 2011	TOT session 3 (Home Herbal Garden establishment and use – 2 diseases covered)	One –day training session completed – trainees know herbs and usage for two different diseases(FRLHT)	

Jan	2 nd monitoring point.	CRUSADE to determine that all of the above has been completed.	
Feb	Establishment of 20 demonstration home herbal gardens by the trainers	Trainers each have a HHG (CRUSADE)	
Mar	Identification of households to establish 200 HHGs	Householders will be located. (CRUSADE)	
Apr	3 rd monitoring point.	CRUSADE to determine that all of the above has been completed.	
May	Preparations to establish 200 HHGs	Householders have prepared garden area – with fencing/pits/water etc as appropriate. (CRUSADE)	
Jun	Village level training sessions 1, 2, (training undertaken by health workers/volunteers)	Households know herbs and usage for different diseases (CRUSADE)	
Jul	Establishment of 200 home herbal gardens (assuming that there will be some rain)	200 HHGs are established. (CRUSADE)	
Jul	4 th monitoring point	CRUSADE to determine that all of the above has been completed.	
Jul	TOT session 4 (Home Herbal Garden establishment and use – 2 diseases covered)	One –day training session completed – trainees know herbs and usage for two different diseases (FRLHT)	
Aug	TOT session 5 (Home Herbal Garden establishment and use – 2 diseases covered)	One –day training session completed – trainees know herbs and usage for two different diseases (FRLHT)	
Sep	TOT session 6 (Home Herbal Garden establishment and use – 2 diseases covered)	One –day training session completed – trainees know herbs and usage for two different diseases(FRLHT)	
Oct	Village level training sessions 4, 5, 6 (training undertaken by health workers/volunteers)	Households know herbs and usage for different diseases (CRUSADE)	
Oct	5 th monitoring point	CRUSADE to determine that all of the above has been completed.	
Nov	Replenishment of 20 demonstration home herbal gardens by the trainers	Trainers check their gardens and replace plants as necessary. (CRUSADE)	
Nov	1.Check for the quality and use of 200 HHGs 2. Participatory Evaluation of households and stakeholders.	1.Trainers visit households to confirm garden usage (CRUSADE) 2. Stakeholders and Households participate in evaluation and report delivered. (CRUSADE with input from Tamwed & FRLHT developing agreed TOR.)	
Dec	Replenishment of 200 demonstration home herbal gardens by the trainers	Trainers check gardens and replace plants as necessary. (CRUSADE)	
Jan 2012	6 th monitoring point	CRUSADE to determine that all of the above has been completed.	

Feb	Replenishment of 20 trainer and 200 demonstration home herbal gardens by the trainers	Trainers check their gardens and replace plants as necessary. (CRUSADE)	
Mar	1. Celebration and sharing of lessons and success stories – open garden 2. Visit from UK project leader to evaluate project. Research potential development of a further phase of processing and production of herbal products.	1. Open day held for trainers, household, local people and (CRUSADE) 2. Project evaluated by UK project leader	
Apr	1. Final project monitoring report and recommendations for phase 2. 2. Final project report	1. CRUSADE to determine that all of the above has been completed. Recommendations presented 2. Report completed with recommendations. (TAMWED)	

6. BUDGET

Outgoings

CRUSADE	Rs	£
(P/T) Project co-ordination, India. @ Rs5,000 p.m.	110,000	
Gardener/nursery worker @ Rs2,000 p.m.	44,000	
Equipment for demo garden and nursery	15,000	
Plants, seeds, compost etc. Rs. 24,000 (200 houses)	24,000	
Village level training (200 households)	30,000	
Monitoring & Participatory evaluation	15,000	
Demonstration Garden open day - Sharing of experience	2,500	
Administration, office costs, staff supervision etc	14,000	
Contingency fund (authorised use only)	15,000	
TOTAL	269,500	3,963*
FRLHT		
Training of 20 NGO members (volunteers) @ Rs250 p.d. for 9 days (incl FRLHT transport & accomm plus materials for trainees)	45,000	
Rapid Assessment (to confirm safety and efficacy of home remedies to be promoted)	10,000	
Production & printing of training manuals 200 @ Rs100	20,000	
Exposure visit 21 people	25,000	
TOTAL	100,000	1,471*
Travel and expenses for UK Project Co-ordinator		1,250
TOTAL		6,684

*Based on Exchange Rate of Rs68 to £1

Half (Rs134,750 to CRUSADE, Rs50,000 to FRHLT) due June 10

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