

# **Narottam Lalbhai Rural Development Fund**

**2010-2011**

## **INTRODUCTION:**

Narottam Lalbhai Rural Development Fund (**NLRDF**) is a Public Charitable Trust, created by **The Arvind Mills Ltd.** Ahmedabad for the express task of directly intervening in the development process at the village level through specifically designed programmes. Established in 1978, NLRDF started work by 1979 in the Khedbrahma taluka of the Sabarkantha district, of Gujarat State predominantly a tribal area. The present operational area covers 10 districts i.e Patan, Sabarkantha, Banaskantha, Ahmedabad, Surat, Dang, Tapi, Navsari, Valsad and Porbander of Gujarat state.

## **OBJECTIVES:**

The broad basic objectives of NLRDF in rural development can be summed up in the following words:

“Stimulating, initiating and setting into motion a process of development which within a specific span of time would become self-sustaining and self-perpetuating, whilst monotonically reducing the relative disparities between various levels of the society”.

## **STRATEGY:**

In order to evolve a strategy for the fulfillment of the objective, it was decided to copy nature as far as possible. Since in nature, the various facets of life are all inter-related and inter-dependent. It was accepted that NLRDF would take an overall integrated, total-view point in development intervention, at the same time, taking care of the various components that together form the whole.

## **ROLE DIMENSIONS:**

In the light of the above strategy for development intervention the trust carried out operations in various sectoral areas, like agriculture, social and farm forestry, horticulture, fodder development, animal husbandry, minor irrigation, rural electrification (street and agriculture related), roads, biogas, medical services, health care, nutrition, sanitation and disease control, non-formal education, Adult education vocational training of handicapped persons, watershed development, AIDS awareness and prevention, women empowerment and women and child development etc.

## **STAFFING:**

The trust has a total strength of more than 25 persons, most of whom are in rural areas. Most of them are post graduates in various disciplines related to rural life.

## **MANAGEMENT:**

NLRDF is structurally working under a Board of Trustees, the Chairman of which is directly responsible for the overall policy direction and guidelines for the trust. **The present Chairman is Mr. Samveg A. Lalbhai.**

Reporting directly to the Chairman and the Board of Trustees is the Executive Director of the trust, who has the responsibility of guiding policy formulation and providing necessary feedback for the same. He is also responsible for the strategic and operational planning of the trust's programme. **The present Executive Director is Mr. B.M.Shah.**

## **FUNDS:**

NLRDF has so far been funded by the Arvind Mills Ltd. Ahmedabad, to the tune of Rs.15 million. NLRDF has also been mobilizing government and banking funds directly for the beneficiaries of its programme as well as for certain infrastructural activities and other purposes of rural interest.

### Field Offices

- |   |              |                   |
|---|--------------|-------------------|
| 1. Behind Gayatri Temple,                   | Khedbrahma   | Dist. Sabarkantha |
| 2.1, Shri nagar Soc.B/H City Survey office, | Idar         | Dist. Sabarkantha |
| 3. S.K. Dist. Sangh Bldg.                   | Himmatnagar, | Dist. Sabarkantha |

### Contact Person

#### Registered Office

Mr. B.M.Shah  
Executive Director  
Narottam Lalbhai Rural Dev. Fund  
Arvind Mills Premises, Naroda Road  
Ahmedabad 380025  
bm.shah@ahduni.edu.in  
Tel. No.(079)40044161-5

#### Administrative Office

Mr. K.P.Patel  
Chief Manager  
Narottam Lalbhai Rural Dev. Fund  
Ashok Mill Premises, Naroda Road,  
Ahmedabad 380025  
Email: kanti.patel@arvind.in  
Tel. No. (079) 22202999 / 22202504

## Activities

### **Economic Assistance to Widows for Rehabilitation :**

The programme of giving support to widows is being implemented by NLRDF for the last five years. The basic objective of this programme is to make widows independent, self sufficient and self reliant so that they can respectfully earn their livelihood. They are trained in various vocational skills and given kits to earn their livelihood. As a part of training, lessons in entrepreneurship development are also given in which quality assurance, marketing, management of trades are included to enhance their self confidence, so that they can start their own business. After the completion of the training a kit worth Rs.5000/- is provided to each widow.

NLRDF has so far implemented this programme in 20 districts of Gujarat State and imparted training to 9683 widows. Looking at the achievements till the year 2009-10, the Government of Gujarat has awarded target of imparting training in 9 Districts. During the year 2010-11, 2083 widows were trained in 84 batches.

### **Objectives of the Programme:**

The programme is sponsored by Department of Women and Child Development and Social Defense for rehabilitation of unsupported widows in Gujarat State. Women Entrepreneurship Development Programme is implemented in order to make the widows self sufficient. The aim of the programme is to provide with economic development along with self respect.

- To make the trainees confident to establish their own unit for self employment
- To help widows attain a respectable position in society and provide new opportunities for economic development.
- Select capable widows and impart training to them in entrepreneurship development and business management.

### Criteria for the selection of trainees (widow) :

- Widows in the age group of 18 to 40, who receive pension from the Government
- To mentally prepare them to become economically self sufficient through self employment
- Experience or education is not compulsory

Two modules are designed to impart training to the beneficiaries depending on the requirement according to trades selected by the trainees. Daily training was imparted for five hours at the time convenient to the widows at nearby their residence or native.

Module -1                Two Weeks (management training)

Module-2                Four Weeks (Technical training)

### Subjects incorporated in the training:

- Business Opportunity Guidance
- Selection of Trade/Occupation and its criteria
- Market Survey/study through practical self experience of “Mini Market “
- Experience sharing with successful entrepreneurs
- Financial organization and coordination
- Market management
- Technical Training in their selected Trade
- Achievement Motivation Training
- Preparing Project Report

The training is imparted through innovative and practical methods like games, group discussion, group activities, Field work, field visit, mini market, lectures of successful women entrepreneurs etc. As a part of technical training kits / raw materials of relevant occupations are provided to the participants.

## Photographs of Widows Project



Group Photo of Trainees widow



Training of EDP through Boat game



Group Photo of Widows with Instructor.



Theoretical Training of Sewing Cutting.



Technical training in progress



Theoretical training of cutting in progress.



Technical training (cutting) in progress



Feed back of training by widow



Practical training of Beauty Parlour



Session on cutting in progress



Inaugural session of Certificate and Traveling Allowance distribution to trainee widows



Cert distribution by Mrs. Jayshreeben Lalbhai, Trustee- N.L.R.D.F



Inaugural speech at valedictory function by Mr. B.M. Shah Executive Director, NLRDF

**Year wise number of widows trained:**

Year	No. of Districts	No. of widows trained	No. of batches
2010-11	9	2083	84
2009-10	7	2800	112
2008-09	11	2500	100
2007-08	8	1350	54
2006-07	6	950	38
<b>Total</b>		<b>9683</b>	<b>388</b>

**District wise Summary for the year 2010-11 :**

No.	District	Batches	No. of Trainees
1	Ahmedabad	12	300
2	Sabarkantha	3	75
3	Patan	4	100
4	Tapi	4	100
5	Navsari	4	100
6	Dang	1	25
7	Valsad	4	100
8	Surat	42	1033
9	Porbandar	10	250
	<b>Total</b>	<b>84</b>	<b>2083</b>

**Performance in each District:**

District: Ahmedabad

Batches: 12

No. of trainees: 300

No	Centre	Training period	No. of Trainees
1	Bapunagar-1	4 weeks	20
2	Bapunagar-2	2 weeks	30
3	Bapunagar-3	2 weeks	30
4	Bapunagar-4	2 weeks	20
5	Narol-1	2 weeks	25
6	Narol-2	2 weeks	25
7	Narol-3	4 weeks	25
8	Saijpur Bogha	4 weeks	25
9	Ognaj	2 weeks	24
10	Dholka	2 weeks	25
11	Detroj-1	2 weeks	26
12	Detroj-2	2 weeks	25
	<b>Total</b>		<b>300</b>



District: Sabarkantha

Batches-3

No. of Trainees: 75

No.	Centre	Training Period	No. of Trainees
1	Bhiloda-1	2 weeks	25
2	Bhiloda-2	2 weeks	25
3	Idar	2 weeks	25
<b>Total</b>			<b>75</b>

District: Patan

Batches: 4

No. of Trainees: 100

No	Centre	Training Period	No. of Trainees
1	Chanasma	2 weeks	25
2	Harij	2 weeks	26
3	Patan	2 weeks	23
4	Siddhapur	2 weeks	26
<b>Total</b>			<b>100</b>

District: Tapi

Batches: 4

No. of Trainees: 100

No	Centre	Training Period	No. of Trainees
1	Songadh	2/4 weeks	18+7 =25
2	Uchhal	4 weeks	32
3	Vyara	4 weeks	22
4	Velda (Nizar)	4 weeks	21
<b>Total</b>			<b>100</b>

District: Navsari

Batches: 4

No. of Trainees: 100

No	Centre	Training Period	No. of Trainees
1	Gandevi	2 weeks	26
2	Navsari	2 weeks	26
3	Navsari	2 weeks	16
4	Chikhli	4 weeks	32
<b>Total</b>			<b>100</b>

District: Dang

Batch: 1

No. of Trainees: 25

No	Centre	Training Period	No. of Trainees
1	Ahva	2 weeks	25
<b>Total</b>			<b>25</b>

District: Valsad

Batches: 4

No. of Trainees: 100

No	Centre	Training Period	No. of Trainees
1	Valsad	2 weeks	20
2	Udwada	2 weeks	27
3	Fanasa	2 weeks	23
4	Dharampur	4 weeks	30
<b>Total</b>			<b>100</b>

District: Surat

Batches: 42

No. of Trainees: 1033

No	Centre	Training Period	No. of Trainees
1	Olpad-1	2 weeks	25
2	Olpad-2	2 weeks	25
3	Katargam-1	2 weeks	24
4	Katargam-2	2 weeks	27
5	Limbayat	4 weeks	16
6	Udhna	4 weeks	25
7	Udhna-1	4 weeks	25
8	Udhna-2	4 weeks	25
9	Udhna-3	4 weeks	25
10	Mangrol	2 weeks	38
11	Mangrol-1	4 weeks	20
12	Bardoli	4 weeks	20
13	Abhva	2 weeks	27
14	Dummas	2 weeks	23
15	Sachin	4 weeks	27
16	Gabheni	4 weeks	25
17	Kadodara-1	4 weeks	25
18	Kadodara-2	4 weeks	25
19	Kawas-1	4 weeks	25
20	Kawas-2	4 weeks	25
21	Tarwadi	4 weeks	20
22	Palgam	4 weeks	25
23	Bombay Market	4 weeks	24
24	Rander	4 weeks	25
25	Parvat Patiya	4 weeks	25
26	Punagam-1	4 weeks	25
27	Punagam-2	4 weeks	20
28	Salabatpura	4 weeks	25
29	Varachha	4 weeks	20
30	Miyapur	4 weeks	25
31	Mandavi-1	4 weeks	25
32	Mandavi-2	4 weeks	25
33	Mandavi-3	4 weeks	21

34	Bharthana	4 weeks	25
35	Man darwaja	4 weeks	25
36	Umarpada	4 weeks	20
37	Navagam	4 weeks	27
38	Olpad-1	2 weeks	24
39	Olpad-2	4 weeks	25
40	Amroli	4 weeks	30
41	Katargam-1	4 weeks	25
42	Katargam-2	4 weeks	30
<b>Total</b>			<b>1033</b>

District: Porbandar

Batches: 10

No. of Trainees: 250

No	Centre	Module	No. of Trainees
1	Porbandar	4 weeks	25
2	Porbandar	4 weeks	25
3	Porbandar	4 weeks	25
4	Porbandar	4 weeks	25
5	Porbandar	4 weeks	25
6	Porbandar	4 weeks	25
7	Porbandar	4 weeks	25
8	Porbandar	4 weeks	25
9	Ranavav	4 weeks	25
10	Kutiyana	4 weeks	25
<b>Total</b>			<b>250</b>

In kits provided to the beneficiaries tailoring machine and instruments, hand cart for seasonal business and relevant material, material for tea stall, snacks making, beauty parlor, cutlery stores, etc. are provided.

#### Impact:

The entrepreneurship training has empowered the widows and made them more capable. Their improved efficiency and self confidence has made them self employed and economically self sufficient. Of the widows trained so far, more than 60 % have established their own successful units.



Function of Kit distribution to widows by Mr. Samveg Lalbhai – Chairman, NLRDF



Kit distribution to widow by Shri Narendrabhai Modi, Chief Minister Guj



Vote of Thanks by Mr. K.P. Patel Chief Manager, NLRDF



Feed back by Trainee widow on Kit distribution function



Speech by Mr. Punit Lalbhai on Kit distribution to widows



Kit distribution to widow by Mr. Punit Lalbhai – Arvind Mill



Kit distribution to widow by Shri Narendrabhai Modi, Chief Minister



Kit distribution by SDO, Ahmedabad in presence of Chair Person Ladies wings GCCI- Ahmedabad



Kit distribution in Progress



Kit distribution by Mrs. Jayshreeben Lalbhai, Trustee- NLRDF



Kit distribution to widow by Shri Narendrabhai Modi, Chief Minister & Mrs. Anandiben Patel, Minister Guj.



Kit distribution by Mrs. Anamikaben Lalbhai, Trustee- NLRDF

Photographs of Self Employed Trained widows



## **Change Project:**

The objectives of the Change project are to provide better quality public health services through community mobilization with use of effective participatory community techniques in the four selected states –West Bengal, Gujarat, Chhattisgarh and Tamilnadu.

The CHANGE project intends to strengthen the ability of rural communities to achieve quality public health services through community mobilization and effective use of participatory communication techniques. The project envisages that these communities should be able to demand and receive better health services especially reproductive and child health care services provided under the National Rural Health Mission. It is a three year programme, that started in December 2008.

In Gujarat State the programme is initiated by CHETNA, Ahmedabad. In Khedbrahma taluka of Sabarkantha District, the responsibility of implementation of the programme has been taken up by NLRDF. Khedbrahma taluka of Sabarkantha District is a hilly area located on the boarder of Rajasthan with its majority of population being tribal. The programme is being implemented in 133 villages, distributed over 7 Primary Health Centers of Khedbrahma taluka in Sabarkantha District, that has a population of around 2,32,502.

### **Broad objectives of the project are:**

1. Development of participatory communication strategy to advocate health entitlements of rural communities;
2. To enhance the capacity of service providers, civil society organizations, media and PRI on communicating and advocating NRHM commitments.
3. To promote community awareness on NRHM entitlements.
4. Forum/round tables among various stakeholders formed to promote exchange of experiences, innovations, learning and challenges.
5. Key process and learning disseminated and documented.

The project is focused on creating awareness of the services provided by NRHM and ensuring the following services reach the poorest of the poor.

**Cheeranjivi Yojana:** To provide facility of free delivery to BPL pregnant women at recognized places.

**Janani Suraksha Yojana:** To provide financial assistance up to Rs. 700/- expecting women pregnant women among tribal APL & BPL and other BPL (general)



depending on the delivery.Rs.500/- is to be provided in 7<sup>th</sup> month of pregnancy and Rs.200/- after the birth of a child.

**Balsakha Yojana:** To provide free medical treatment to new born babies of BPL families

**Rashtriya Swasthya Bima Yojana:** To provide a mediclaim cover of Rs. 30000/- to maximum 5 members of BPL families

**Mamta Divas:** Mamta Divas is meant to provide a fixed day for outreach of services to expecting and lactating mothers. The services are being provided by the Mamta Divas centers at sub-centers and Anganwadis. A special card has been designed for record and documentation purpose which includes sections on Antenatal care, Post natal care, growth monitoring etc.

Regular medical checkup of pregnant and lactating women is conducted at PHCs, Sub centers and in villages. Checkup of blood, calcium etc. of pregnant women and new born babies are done on this day. Vaccinations are provided. Packets of nutritious food are provided.

**Create Awareness** among people regarding the services provided at PHCs and CHCs.

**Generate awareness** about the **services of 108** and other provisions under NRHM.

Major achievements of the programme compared to the target are given here under.

Sr. No.	Activities	Achievement
1	Training to Asha, ANM & ICDS Supervisors	7
2	Awareness Meetings	348
3	Existing Group Meetings	203
4	Mamta Divas	58
5	Block meetings	12
6	Staff Meetings	12
7	Navratri Campaign (22 Villages)	1
8	Bhavai Shows ( 6 cluster villages)	6
9	Asha workers follow up meetings	4
10	Round table	1
11	VHSC Training	2

Planning of activities to be conducted was done by the team for every quarter and implementation of activities was done accordingly. The strategy of the programme was kept in mind. After reviewing the progress, necessary changes were made in the strategy according to the experiences. Government machinery and the Voluntary sector lent their complete support.

Selection of villages in all the 7 PHCs was done as per the guidelines and accordingly planning of activities was done. The activities were conducted in close coordination with the Health Department personnel.

Time table for the training programmes, list of resource persons and reference material were planned and prepared. In consultation with Medical Officers, date, time and place of training were decided. Invitations to resource persons were sent well in time. Training was imparted to SHG leaders, Asha workers, Anganwadi workers, ANMs and ICDS Supervisors at Unchi Dhanal on 16<sup>th</sup> April 2010. Training to VHSC, Asha workers and ANMs was imparted at Delwada PHC on 14<sup>th</sup> May 2010. Training to VHSC and Panchayat members was imparted at Ambaji on 21<sup>st</sup>- 22<sup>nd</sup> January 2011.

A visit to Alert-an organization in Udaipur, Rajasthan was organised for VHSC.

Usually conducting community based programmes like awareness meetings, exhibitions, Bhavai, street meetings, Mamta divas etc. information is provided a day in advance to the people regarding place, time and activity and next day the activity is conducted according to the schedule.

One Round table meeting was organised at Mataji's temple in Khedbrahma. BHO Khedbrahma and IECO were present in the meeting. 48 participants attended the meeting in which situation of women and child health, information about NRHM –Janani, Cheeranjivi, National Health Insurance scheme, untied fund, role of Asha etc. was shared in detail. A Plan of Action was prepared.

As per the monthly plan of action, awareness meetings were conducted in which exhibition through posters was arranged for. Discussions regarding the schemes of NRHM (Janani, Cheeranjivi, National Health Insurance Scheme, and Untied Funds) and role of Asha, were held. Untied fund was explained in detail. Also discussions relating to health related problems were held. Link workers and Asha explained these discussions in local dialect to the participants.

Photographs of CHANGE Project



Training to women in Progress



Group Discussion in Training

Training to Asha Workers



Training through Games

Training Session

### **MAMTA TARUNI ABHIYAN :**

This school health programme catering to the need component of RCH-II covering most of the married adolescent and their needs for reproductive and sexual health and nutrition has been successfully implemented. The only group that remains is the out of school unmarried adolescents. All this in turn leads to various mental health problems. This is a group with least access to the health care facilities for all such problems. Mamta Taruni Abhiyan is a community based intervention under the umbrella of RCH-II ARSH strategy to provide health care to out of school unmarried adolescent girls.

#### **Activities conducted:**

NLRDF has initiated the Mamta Taruni Programme in coordination with CHETNA from 1<sup>st</sup> January 2011. The programme is implemented in 23 villages of Matoda PHC in Khedbrahma Taluka. The basic objective of this programme is to improve the level of health and nutrition among non school going girls in the age group of 10 to 19 years. As a part of the programme meeting with mothers of adolescent girls, meeting sarpanchs, PHC meetings etc. are organised. On Mamta Divas link workers and programme coordinators along with ANM, Midwives, Anganwadi workers, Anganwadi helpers, Asha Workers remain present in the programme. The youth helps in the programme.

Under Mamta Taruni Programme a survey was conducted in 23 villages of Matoda PHC in which data of adolescent girls in the age group of 10 to 19 and 20 to 24 was collected. Also information of pregnant women and lactating mothers was collected. Information regarding number of Government hospitals /dispensaries and private dispensaries, numbers of workers in the dispensaries and their role was also collected in the survey. Questions regarding the role of Sarpanchs, ANM, Asha workers, Anganwadi workers, Malaria workers, Peer educators, midwives, with doctors, health committees etc. were asked in the survey.

Mamta Taruni Divas is celebrated in all the 23 villages under the purview of Matoda PHC. Meetings with non school going girls and their mothers were organized. These meetings gave details of Mamta Taruni Divas, objectives and the services to be provided under the programme to adolescent girls was also explained to the participants.

All the non school going adolescent girls are identified and imparted training in nutrition awareness, personal hygiene, health care and are covered by supplementary nutrition and micronutrient benefits and also provided nutritious food like sukhdhi, shiro, upma, gol and chana etc.

Arrangement of administering T.T. vaccine to girls in the age group of 10 to 19 years who have not been given this vaccine, with help of the ANM of the PHC.

Every month adolescent girls are provided 4 tablets of Iron Folic Acid. Every three months weight and height are measured. Twice in a year Hb. of all beneficiaries is tested.

#### **Meeting with PHC:**

Monthly meetings with the Matoda PHC staff were held in which Medical Officer, ANM, Asha worker remained present in the meetings and detailed information regarding the programme was shared with them. Details of monthly activities were shared with them and problems incurred during field work also were discussed with them.

#### **Meeting with CHC:**

Every month a meeting is called with the staff members of CHC in which B.H.O., M.O., ANM, and Asha workers remain present. Detailed information is shared with them regarding the programme of Mamta Taruni Divas and activities are conducted as a part of the programme. Problems faced during field work are also discussed with them.

#### **Meeting with Sarpanch:**

Every month a meeting in each village is organised in which Sarpanch, deputy sarpanchs, all committee members, talati and workers of the panchayat also remain present. Information regarding the programme and activities to be conducted etc. are discussed in the meetings.

#### **Meeting with Peer Educator:**

In all 23 villages of Matoda PHC, peer educators are selected by ANM. 23 Mamta Taruni divas are celebrated in 23 villages in a month. Link worker and Programme coordinator arrange meetings with peer educators in their villages. Discussion of their roles in the programmes are done. The programme is supported by Matoda PHC, 6 sub centres, and 6 link workers in 23 villages.

**Focus Group Discussion with Adolescent Girls in the age group of 10 to 19:**

All adolescent girls in 23 villages of Matoda PHC were given an understanding of the programme. They were asked questions regarding health, nutrition and reproductive health. There was discussion of their views on the programme of Mamta Taruni Divas and changes to be made in the programme.

**Meeting with Mothers of adolescent girls:**

Mothers of adolescent girls were called for a meeting once in a month in which they were informed about the scheme of Mamta Taruni Divas and its objectives.

**Impact:**

- Adolescent girls, their parents, sarpanchs and villagers came to know about the programme of Mamta Taruni Divas. They have considered the programme to be advantageous.
- As a result of the efforts made by the staff members adolescent girls have started attending the programme, taking interest and benefits from it.
- Adolescent girls have been enjoying the benefits of the services provided to them.
- PHC staff and Government /Panchayat, peer educators etc. have been very cooperative.

\*\*\*\*

Photographs of Mamta Taruni Programme



Focus Group Discussion with adolescent girls



Session on Food Habits to Mamta Tarunis



Medical Check up of Mamta Tarunis

Display of Energy giving Food

### Bio Gas Plants:

Today, there is an energy crisis with the present rate of depletion of conventional energy, it will not last us more than 50 years, so it is necessary for all scientists and technocrats to foresee the problem and search for its alternatives.

The most promising and easily available source of alternative energy is bio gas. With 70% of the Indian population being in rural area, bio gas can be the most feasible source of energy for the rural sector. Moreover, raw material like cow dung and cellulosed agricultural waste is abundantly available in villages. So it is onsite energy production and a better quality of farm yard manure fields of individual families.

Village meetings are held to make farmers aware of the benefit of the plant and motivate them to go for it. Bio gas plants activities are carried out through Gujarat Agro Industries Corporation and government provide subsidies to the beneficiaries as per their category. During the year, 15 bio gas plants were constructed in villages of Sabarkantha District.



Village woman using Gobar Gas



### National AIDS Control Programme:

The programme is initiated by the Government of India and is operated in the state of Gujarat by Gujarat AIDS Control Society (GSACS). NLRDF pioneered and been actively involved in the programme since 2003. The major aim of the project is envisaged as **“To Halt and reverse the epidemic in India over five years”**

UNAIDS and NACO report that over the years the HIV/AIDS epidemic has moved from urban to rural India and from high risk to general population, largely affecting the youth. About 2.5 million people in India, aged between 15 and 49, are estimated to be living with HIV/AIDS, the third largest in the world. HIV/AIDS prevalence rate in the country is 0.36 percent. Most HIV infections in India occur through heterosexual transmission. In the north-eastern part of the country, however, injecting drug use is the major cause for the epidemic spread; sexual transmission comes next.

Given this prevalence scenario, the primary concern of NACP-III is to halt and reverse the epidemic in India over the next five years. The programme hopes to achieve this through a number of measures – saturation of coverage of high-risk groups with targeted interventions, scaled up interventions for the general population, and through integration and augmentation of systems and human resources in prevention, care and support and treatment at District, State and National level.

As per the studies of Gujarat State AIDS Control Society, there were 2.31 million people living with HIV/AIDS in India with an estimated adult prevalence of 0.34 %. In Gujarat the prevalence rate was 0.38 ( spectrum method) in 2007 which was the eighth highest in India, following Manipur (1.57%), Nagaland (1.20%), Andhra Pradesh (0.97%), Karnataka (0.75%), Maharashtra (0.67%), Tamilnadu (0.44%), and West Bengal (0.44%). Total number of HIV positive people in Gujarat State is estimated around 1.38 lakhs, which is about 6% of the total HIV infected people in India.

Of the 26 districts of Gujarat, 6 have been classified as category A districts based on the sentinel surveillance data of 2004, 2005 and 2006; 4 districts have been classified as category B and 9 districts have been classified as category C and the remaining 6 districts have been classified as category D. Though District Sabarkantha is classified as category C, its neighbouring districts – Mehsana and Banaskantha – are classified as category A. NLRDF has been actively involved with GSACS in the programme since 2003 and implementing the programme in Sabarkantha District. Target areas for the programme are Idar, Khedbrahma, Vadali and Himmatnagar.

## Objectives:

Major components to control the epidemic of HIV/AIDS in the areas are...

- Behavioral Change and Communication:
- Regular Medical Checkup
- Counseling
- Treatment of STI and RTI
- Promotion of Condom use
- Referral and linkages with ICTC

## Implementation:

The programme is strategized planned and conducted in such a manner that it brings in positive results through the efforts. The programme has designated 20 high risk areas-**"Spots"**-where **FSWs and MSMs** are generally found. Under the intervention 610 FSWs and 470 MSMs are covered. They are considered Key Population for the project.

Among the project staff Project Officer, Counselor, an Accountant, a Monitoring and Evaluation Officer and 4 Outreach Workers. Apart from project personnel 16 peer educators are appointed from the community itself so that the spots can be targeted properly. Out Reach Workers are appointed for regular field work with a Peer Educator.

Also 14 local doctors are selected as panel doctors for RMC and treatment. Peer Educators are trained by GSACS and are regularly given orientation in the monthly meetings by the organization. They also provide information and education with help of IEC material. Also group meetings, demonstration, counseling with key population regarding RTI and STI are done by peer educators. Condom promotion is done by peer educators. This which condom depots have been set up in key population areas. Also social marketing of condoms is promoted with an intention that where condoms are not available free of cost at the depots, they can be purchased. For training methods like games, body mapping, video shows etc. are used.

Every three months medical checkup camps are organised. 14 panel doctors provide medical checkup to the patients referred to them by peer educators. After identification and checkup they provide presumptive treatment to the patients. A crisis management centre which handles the problems taking place in the community. A Drop in Committee has been organised for entertainment of

the population. STI committee is formed to help /assist in health camps. DIC meets every month with peer educators, outreach workers and key population.

Community mobilization: Community based activities like garba, picnic, excursion and other entertainment programmes are conducted on a regular basis.

SHGs: Ten Self Help Groups have been formed. They meet every month to deposit their savings, availing loan from the SHG. Also information regarding other important things is shared in the meetings.

Every month on the 28th all P.E.s, ORWs, and all staff members meet and discuss the activities done and problems faced. Capacity building of the staff is taken care of.

Checkup and counseling are done by doctors. Referral services and linkages are provided at ICTC centre in the Civil Hospital, Himmatnagar. Testing of HIV and STI /RTI is done by penal doctors. The ART centre is at Himmatnagar and the Link ART centre is at Idar. All HIV positive patients are referred to link ART centres from where they are provided ART.

World AIDS Day on 1st December was celebrated at women's college, Idar.

#### Major activities conducted during the year:

Sr. no.	Particulars	Achievements	
		MSM	FSW
1	STI Clinic Visit	1811	2252
2	Regular Medical Check up	1038	1172
3	Presumptive Treatment	296	368
4	HIV Testing	710	896
5	RPR	710	896
6	Counseling	1745	2099
7	Free Condom Distribution	65719	145904
8	Social Marketing of condom	5174	6565
9	Self Help Groups Meetings	48	51
10	Hot spot meetings	66	86
11	Peer Educator Review Meetings	12	12

Over and above the achievements mentioned above five health checkup camps were organised for the beneficiaries with a total participation of 88 MSMs and 179 FSWs. A picnic for FSWs and MSMs was also organised in which they visited surrounding religious places of Bechraji, Shankheshwar and Modhera sun temple.

Photographs of National Aids Control Programme



World Aids Day Programme



Blood Testing for HIV at Camp



World Aids Day Celebration in Science College at Idar.



Review Meetings of NACP with Peer Educators



Pear Educators Training



Group Discussion in PE Training



Review Meeting of Activities with Staff by Mrs. Jayshreeben Lalbhai and Mrs. Anamikaben Lalbhai Trustees – NLRDF



Wel come speech by Mr. K.P.Patel  
Chief Manager



Group Photo of NACP Staff, Idar with  
Chairman Mr. Samveg Lalbhai

**Red Ribbon Club programme:**

The objective of establishment of the RRC is to create awareness among youth about various health related programmes including HIV/AIDS. In 6 months 15 RRCs were established in colleges. After taking confirmation from college authorities RRCs are established. 10 P.E.s (5boys and 5 girls) who were in NSS/NCC are selected .Also professors/Lecturers from the colleges are selected in 10 colleges. Training was imparted to them .Classroom sessions in colleges were conducted to provide basic information on HIV/AIDS, food and nutrition. Motivation to students was provided for blood donation.



Classroom Session in Colleges on various health related issues including HIV/AIDS



Classroom Session



Classroom session by Trained Student PE



Training to selected Professors / Lecturers of Colleges on basic information on HIV/AIDS

### Block Placement of Students:

Universities and colleges providing education in rural development depute their students to NLRDF for field exposure and practical experience of developmental programmes and activities conducted by the organization. As a part of its endeavor to build human capital and overall development of youth, NLRDF promotes block fieldwork training. In this training NLRDF provides exposure to various development activities with direct involvement in the field work which enriches the students with developmental and extensional skills.

During the year 6 students from various institutes were provided field exposure as follows.

N o	Name of students	Course	College/University	Period
1	Patel Sanjogkumar Kesharbai	MSW	Shantiniketan MSW College, Rajkot	26.04.2010 To 10.06.2010
2 3	Patel Rutvika Kantilal Patel Mittal Jesingbai	MSW	Chitrini College of MSW for Women, Prantij, Dist. Sabarkan tha	14.06.2010 To 07.07.2010
4 5	Chaudhary Rajnika nt Udesinh Ratnotar Hitesh Valjibhai	MSW	Lokseva Mahavidyalaya, Lokbharati, Sanosara, Ta. Shihor, Dist. Bhavnagar	28.01.2011 To 11.02.2011
6	Chauhan Vanita Kashyapbai	MSW	IGNOU, Chharodi, Ahmedabad	01.03.2011 To 30.04.2011

**NLRDF Identity :**

- ❖ Narottam Lalbhai Rural Development Fund is a Voluntary Organization registered under the Bombay Public Trust Act 1950 as Charitable Trust (Reg. No. E/3296/29.7.1978.)
- ❖ Narottam Lalbhai Rural Development Fund' s Constitution & Trust deed are available on request.
- ❖ Narottam Lalbhai Rural Development Fund is registered u/s 12A of the Income Tax Act. 1961 No. N-83/ARV.
- ❖ All individual & Corporate donations are also eligible for exemption u/s 80.G The exemption under section 80 -G is available vide their letter No. DIT(E) /80G(S)/1176/06-07, dated. 20.9.2007
- ❖ Narottam Lalbhai Rural Development Fund is also registered under Foreign Contribution Regulation Act 1976 for accepting any foreign donations & grants vide Registration No: 041910009 dated. 8.1.1985

**Name and address of the Banker :**

1. State Bank of India , Naroda Road, Ahmedabad-380025.
2. State Bank of India , Bhadra Main, Ahmedabad. (FCRA Account) .
- 3.

**Name and address of Auditors :**

- Maya N. Nanavati, Chartered Accountants.  
208, Sukhasagar Complex, Nr. Fortune Landmark Hotel, Usmanpura,  
Ahmedabad..

**Board of Trustees :**

No.	Name	Designation	Age	Qualification	Occupation
1	Shri Samveg A. Lalbhai	Chairman	48	B.Com.	Industrialist
2	Shri Anang A. Lalbhai	Trustee	48	B.Com.-MBA	Industrialist
3	Mrs. Jayshreeben S.Lalbhai	Trustee	52	B.A. M.Ed.	Social Services
4	Mrs. Anamikaben S. Lalbhai	Trustee	48	B.A. (Hons)	Social Services



Opinions and remarks of Guests who visited the field offices are given here under.

NO	Date	Visiting Person	Purpose of visit	Remarks
1	August 20 & 21 2010	Dr. Gedim Abraham Christian Medical Association Of India, New Delhi	Monitoring visit- Part of Chin-Change Project.	It is indeed encouraging to see the team's work here. I am pleased to see the steady progress & the commitment shown by the team. This is an area that needs lot of time & patience...let us continue to do our best so that these people will realize the need for proper care & health -Wishing the team <u>all</u> the very best !
2	December 24, 2010	Rahil Subedar, CHETNA	Evaluation of Sanchar programme	Team members have very good relations with community and stake holders. All the members have deep knowledge of the programme and are aware of their work. Received very good cooperation from the team members during the visit. Expecting the same enthusiasm in future.
3	June 7, 2010	Suniti Sharma Charkha	Fellowship of Charkha	This is Suniti Sharma working under the fellowship of Charkha for the issue on NRHM. As Narottam Lalbhai trust is actually working for NRHM and health issues, all the staff members have actually supported me in my work. To work in rural area need a positive attitude which I found in these members. During the Change programme held by this trust,

				<p>Mr. Maheshbhai has always been supportive for showing the work all and the service provides of NRHM scheme. This meeting with services providers was fruitful as Maheshbhai possesses a good relation with all of them. This trip of mine would never have been a success without this trust. I am very grateful for their support.</p>
--	--	--	--	--