

2016-17
ANNUAL REPORT



Welcome to NLRDF Annual Report 2016-17.

We believe that the NGO sector is a vital element in building a humane society. This report provides an overview of our work this year in the area of Health, Farming, AIDS control, Livelihood & Sanitation, Organic farming, Women empowerment and many other projects directly impacting lives of many.

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OVERVIEW

ABOUT NLRDF

Narottam Lalbhai Rural Development Fund (NLRDF) is a registered NGO founded in 1978 by The Arvind Mills Ltd. The organisation stands on the principles and philosophy of *'services to mankind with a genuine interest in integrated human progress and firsthand experience in diverse facets of social development'*. We currently work on projects and programmes aimed at promoting and strengthening the livelihood, welfare and development of the rural communities across Gujarat. This involves organising them, enhancing their capabilities, introducing new ways of improving their income and linking them to banks, markets and other health, welfare and economic services. Experienced professional teams based in the field use their skills and knowledge to alleviate poverty by working directly with these communities. In the last 38 years of its foundation, NLRDF has grown as a grassroots organisation

OBJECTIVE

NLRDF objective is to take initiatives towards the development process at the village level through specifically designed programmes. To sum it up, NLRDF objective is to ***'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'***. Therefore, in-built with the DNA of NLRDF would be to take an overall integrated, holistic-point of view in development intervention.

ROLE DIMENSIONS

In the light of the above strategy for development intervention the trust carried out operations in various sectors 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, aids awareness and prevention, women empowerment, women & child development, skill upgradation programme for youth and women, etc.

FROM EXECUTIVE DIRECTOR'S DESK

It gives me great pleasure to introduce NLRDF annual progress report 2016-17, which gives our supporters a snapshot of the programmes we have delivered over the last twelve months and our future plans. Our organisation has put its sincere and honest efforts, even though at small scale, but has tried contributing to make some difference in the lives of people and communities. We have been able to reach with our variety of programs like AIDS control programme, Women & Child development, Skill upgradation trainings, School Sanitation for girls, Organic Farming, Farmers workshops to get best for their produce, etc. Today, number of developmental issues has opened the scope to drive initiatives for the lives of millions of people, and to reduce the vulnerabilities of the marginalised sections of the society. The Trust has spent *Rs. 67.52 lacs* on sanctioned projects out of the grant received from the concerned agencies. Trust also received interest of *Rs. 18.73 lacs* that have been largely spent on establishment expenses and general administration.

The past few years have been years of transformational change which I strongly believe will define the future direction of our work. While keeping the focus on our core work at the grassroots, this year we primarily focused on Agricultural interventions, UNICEF supported project Infant Young & Child Nutrition (IYCN), Health & Sanitation, Skill upgradation, training of widows, AIDS awareness, etc. Trust spent *Rs. 68.98 lacs* on the objects of the trust. The net deficit during the year was *Rs. 20.67 lacs* largely due to salary paid to managerial staff. In terms of its financial strength, it has liquid funds aggregating to *Rs. 311.62 lacs* that have been all safely invested in bank deposits.



In a society that faces extremes of poverty and need, the NGO community plays a vital role. NGOs face a multitude of challenges in our fast changing and complex world. These challenges prompt us to provide increased and varied support to NGO staff and their management teams.

On behalf of the group board, I would like to acknowledge efforts of our team, field staff and volunteers across various centers to meet NLRDF objectives successfully and keep us at the track of our motto of this initiative. I would also like to extend my sincere thanks to the communities for contributing to our programs, placing trust and confidence in us to take up some facilitating role in their journey of development and growth.

In the end, I would like to reiterate, we are committed to continue the journey and touch as many more lives and communities in the coming years also. I sincerely invite you to be part of this journey of an organisation of common people with uncommon determination.

My sincere thanks to all who have participated actively in our voyage.

B M Shah

BOARD OF TRUSTEES AND 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 Executives Director Mr. B.M.Shah 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.

BOARD OF TRUSTEES

No.	Name	Designation
1	Shri. Samveg A. Lalbhai	Chairman
2	Shri. Anang A. Lalbhai	Trustee
3	Mrs. Jayshreeben S. Lalbhai	Trustee
4	Mrs. Anamikaben S. Lalbhai	Trustee

MANAGEMENT

1	Shri B. M. Shah	Executive Director
2	Shri K. P. Patel	Chief Manager

STAFF AND VOLUNTEERS

The trust has total staff strength of more than 35 members. Most of our staff is from rural sector and they understand the root of the problems and ways to handle the programmes without disturbing the ecosystem of the place. Most of them are post graduates in various disciplines and enthusiastic to make the difference. We get lot of community support and volunteers to implement our programmes successfully.



Core Team



BCI Khedbrahma



MIYCN- Khedbrahma



NACP - Dahej



NACP - Idar

PROGRAMMES AND INITIATIVES IN FY 2016-17

PROMOTING NUTRITIONAL PRACTICES: MOTHER, INFANT AND YOUNG CHILDREN IN SABARKANTHA DISTRICT

In Gujarat, malnutrition is a major problem seen in children, particularly in children less than 2 years of age. The current prevalence of under nutrition among children under 5 years in Gujarat is high; 16% of children are severely underweight. 25% of children are severely stunted and 6% of children are severely wasted (NFHS 3). Around 41% of children fewer than 3 years of age are underweight. One of the key reasons for under nutrition setting in early in life is faulty and sub optimal infant feeding practices, which is further aggravated by factors such as repeated episodes of childhood illnesses and low birth weight.

The programme is implemented in support of UNICEF – Gandhinagar, the main objective of the project is to promote the nutrition and dietary practices for mothers as well as infants & young children at the family and community level. The overall aim of the project is to ensure that communities and families with the pregnant women and mothers of children below 2 years of age and the caretakers are aware of appropriate mother and infant nutrition practices and have access to the Village Health Nutrition Department Services.

This project is undertaken to ensure better nutritional health of infants and young children and their mothers in the project area through intensive community engagement, linkage to government services and the development of an enabling environment. Initially, the identification of the rightful beneficiaries was taken which helped in field intervention and led to establish rapport with the local leaders as well as the health and ICDS functionaries. The process involved identifying village volunteers and then proper training for project implementation was provided to them.

The infant mortality rate is high in Khedbrahma Taluka. Khedbrahma & Poshina Taluka's 100 villages was divided in 10 clusters namely Gadhdha Shamlaji, Kheroj, Hingatiya, Laxmipura, Labadiya, Matoda, Delwada, Dantral, Salera and Poshina for better implementation of the programme.

Due to lack of health services, the residents in general, and pregnant women and children in particular, are not able to get health services at the right time. The infant mortality rate is 29% and mother mortality rate is 0.69%. There are 42318 children under 0 to 5 years, and number of malnourished children is 238.

Target Population

Sr. No.	Beneficiaries	Total population
1.	Pregnant Women	1670
2.	Lactating Women	1864
3.	Malnourished Children up to 2 years	1107
Total		4641

Staff Capacity Building Training

A 3-day orientation training about the project was organized. In the beginning of the training ice breaking activity and pre-testing were done which helped participants to raise their confidence levels. Then a session was held on "Why a need for change." In this session, discussions were held on the issues such as belief systems, social customs, attitudes, thinking patterns, etc. and how these issues are linked with infant and mortality death rates in the community.

Village Volunteer's Capacity Building Training

One day training program and discussions were carried on the topics to build on the capabilities of volunteers. Objectives of these trainings were:

- Enhance understanding of volunteers regarding village map.
- Improve understanding of volunteers regarding target group and how to show them on map.
- Enhance understanding about use of flipbook.
- Enhance understanding about growth game.

We completed 10 clusters Village Volunteers Training programme. One day training of the Village Volunteer was organized for the capacity building and understanding of the aim of this project. Training was given on the issue of method of video show, use of flipchart, growth game etc.

After training Village Volunteer were given a task to prepare a list 15 beneficiaries from each village.



Staff Training



The criteria for selecting beneficiaries were following:

- Pregnant women
- Lactating mother
- Children of the age group 0-2 years and undernourished
- Women who did not took govt. schemes benefits

Details of trainings completed

No of Villages	Clusters	No of Trainees	Duration of Training
100	10	400 Village volunteers	One day training session (Total 10 batches)

Project was envisaged for a sustained dialogue on appropriate maternal and IYCN practices was initiated with the community, specially mothers, fathers, elder women in the family, self help groups and VHSNCs in the project villages. Below mentioned activities were imparted in the field.

- Facts for Life Video Show
- Flip Chart
- Mobisode
- Flash Cards
- Growth Chart Based Interactive Game
- Counseling: During Home Visits/Mamta Diwas

Facts for Life Video Show

The Facts for Life (FFL) Video Shows provide parents and caregivers with essential information that can help improve and save children and mothers lives. The Video shows *Kyunki Jeena lissi Ka Naam Hai* imparts messages in an entertaining fashion to rural audiences, these videos focus on social and behavior change communication and are made for small group viewing, learning and discussion. They are designed to be used as interpersonal communication tools by frontline workers and Village Volunteers in giving out important information to women and caregivers. The videos are designed to promote participation and discussion by women who attend the video shows at the Anganwadi Center. The video series was augment communication efforts in a small group setting. They aim to promote changes in knowledge, attitudes, practices and beliefs that relate to the MIYCN Practices and Care during the pregnancy.

1. Growth Mapping
2. Vaccination
3. Care of Adolescent Girls
4. Mental development through proper nutrition
5. Care during Pregnancy: Food and Rest
6. Exclusive Breastfeeding
7. Initiation of Breastfeeding: Colostrums
8. Right methods of Breastfeeding
9. Appropriate Complementary feeding



Fact for Life Video Show

It was the expectation from these videos that they will help rural women:

- *To understand the benefits of recommended behaviours*
- *To address some of the constraints in their social environments*
- *To adopt simple household behaviours*
- *To access frontline workers (Anganwadi Workers, ANMs, ASHAs, Panchayats, etc) in their Communities*

Video shows were started with the pretest. The facilitators initiated discussion and ensured exchange of views from all the participants regarding the issue in the local context which was worthy of documentation for the challenges to be addressed during project implementation.

Use of Flip Chart and Mobisode

Flip charts were used for presenting ideas in a display format which are easily conveyed. Each illustrated sheet presents only the most important ideas; pictures are accompanied by short, simple text written in a font that is easy to read. It was conceived and developed as an informational, motivational, and educational tool that could communicate the strategic importance of MIYCN, child care and care during pregnancy in rural area.



The three objectives—to inform, motivate, and educate—are achieved by inviting reflection on the “stories” that are presented. A story is presented on each page of the flip chart. Through individual or collective reflection about the images, new stories, behavior, lessons, and conclusions were presented that will enhance the adoption of correct behavior on MIYCN practices.

Flip charts were provided to all AWWs and VVs in the project area by District Administration with the support from UNICEF. These flip charts/flash cards were used during the Home Visits, Mamta Diwas Observation, and Group Meeting as counseling tool by AWWs and VVs.

Home Visit

Home visit is a very important step for educating parents to enable mothers and family members to plan an effective role in the child’s growth and development with special emphasis on nutrition practices for infants and young children. The project also envisaged the importance of home visits by the Village Volunteers and Anganwadi Workers. To improve the quality of home visits by AWW or VVs different job aids like flip chart, flash card, Mobisodes, FFL video films and story books were developed.

These all job aids acted as references material for AWWs and VVs to review and prepare in advance, and carried along and used while counseling the beneficiaries.



Mother Support Group

Mother Support Group was formed to strengthen NIYCN program in 30 villages. This consisted of 10 to 12 women including Anganwadi worker, Nurse, village volunteer, Asha worker and such mothers who are matured and understand the subject well. The groups meet monthly and discussed about different issues related to child development, pregnant women, nutrition, etc. MSGs are strengthened in counseling, exchanging information, and group discussions to enable women to practice breastfeeding and childcare well. MSGs have learnt to provide moral support to women and helping sensitizing their families.

Village Health and Sanitation Nutrition committee (VHSNC)

VHSNC has been formed by the Government in the villages for the purpose of taking care of health issues in the villages. The committee consists of 10 to 12 members including members of Panchayat and village leaders – men and women. The committee takes leadership at local level, related to health and its related issues.

The committee meets regularly and discussions are held on various subjects and issues.

The VHSNC is responsible for the overall health of the village. They take into consideration the problems of the community like health and nutrition care and suggest mechanism to solve it strategically and make a difference.

VHSNC creates public awareness about the essentials of health programmes, with focus on people's knowledge of entitlements to enable their involvement in the monitoring.

VHSNC analyses key issues and problems related to village level health and nutrition activities, give feedback on these to the Medical Officer of the PHC. VHSNC will take note of every maternal or neonatal death that occurs in their village, analyze it and suggest necessary action to prevent such deaths.



IPC/BCC Training Program

This is a three days training program focusing on generating awareness on IPC/BCC in daily life. Total 42 (13 from Organization and 30 from ICDS) people participated in the training program. Certain points were kept in mind for the preparation of training programme such as:

- Self-dependency
- No discrimination
- Developing self-identity
- Understanding community people including male, female, children

During the training, the emphasis was given on generating creative environment through storytelling, changing attitude and importance of two way communication.

During the training discussions were held on process of change in attitude, importance and steps for home visits. After the staff training of organization, IPC/BCC training for Anganwadi workers was planned in which 344 Anganwadi workers participated.

Date	No. of Anganwadi Workers
16 - 17 February 2017	124
20 - 21 February 2017	136
22 - 23 February 2017	84

Training on Infant and Young Child Nutrition

Training on Infant and Young Child Nutrition was organized at Vattapalli Jain Tirth, Vadali. In the training, the participants understood and discussed about the death of infants under 5 years and reasons for malnutrition through PPT. Discussions also were held on current situation in Gujarat on malnutrition and importance of breastfeeding for infant. Throughout training, participants could understand and be sensitized on the following points:

- Importance of reducing child death
- Infants who are not breastfeed in the beginning of the birth are at a greater risk
- Suggestions for pregnant women
- Care during breastfeeding
- Process of breastfeeding
- Importance of colostrum
- Day to day support for the breast feeding mother within her home and at community level.

Training was planned on the following days:

Date	No. of Participants
9 to 11 January 2017	172
17 to 19 January 2017	134
23 to 25 January 2017	90

Intensive Nutrition Campaign Center

In order to reduce the prevalence of malnutrition/ undernutrition in Gujarat, Department of Women and Child Development have started Intensive Nutrition Campaign Center (INCC) known as Ghanishth Poshan Abhiyan. INCC is a camp based approach of 30 working days which is planned considering the prevalence of moderate and severe underweight children in anganwadi center. A total number of 10,000 INCC centers have been sanctioned to the districts as per the prevalence of underweight children.

Activities under INCC:

- Identification of children to be admitted in INCC. (Minimum 10 and maximum 20 children to be admitted). Working hours for INCC is 9:00 am to 17:00 pm.
- Identification of the AWC and training of the AWW where INCC has to be started.
- To provide five time meal as per the menu to the children admitted in INCC (Timings: 9:00am, 11:00 am, 13:00 pm, 15:00 pm and 17:00 pm)
- Regular Anthropometric measurement of children.
- Health Check-up of the underweight children in convergence with health department wherein the children are prescribed medicines as per the requirement (IFA syrup, Multivitamin and B complex and Albendazole) by the doctor.

- Counseling of the parents of underweight children on sanitation and hygiene, proper feeding practices, etc.

Admission criteria of children under INCC:

- Children with MUAC 11.5 to 12.5 cm also children with W/L <-3Z or <-2Z with no medical complication and appetite test pass
- Moderate and Severe Underweight Children with no medical complication.



Menu under INCC

Sr.no	Time	Menu
1	9:00 am	Dudhpoha (140 gram) and Banana (50 gram)
2	11:00 am	Regular meal as per menu to be provided by Matrumandal
3	1:00 pm	Hot Cooked meal prepared at AWC as per menu
4	3:00 pm	Magas (50 gram)
5	5:00 pm	Vegetable khichdi /Dhebra (75 gram) and Curd (50 gram)

Apart from the above mentioned recipe other optional recipes has been provided to districts so that AWW can replace the recipe which is not accepted or liked by children.

Sabarkantha is also a part of this INCC programme implemented by ICDS, Sabarkantha. This project was implemented last year but this year it is in partnership with Unicef, NLRDF and Government. INCC was implemented from 1st March to 31st March, 2017 in Khedbrahma and Poshina. Total 119 INCC was operated for the wellbeing of Malnourished Children. Out of 119 INCC this partnership 101 INCC were monitored regularly by NLRDF financial and technical supported by UNICEF. Total INCC beneficiaries are as per table : 1

TABLE 1

	Khedbrahma	Poshina	Total
Under weight	636	774	1410
Savior under weight	105	185	290
Total	741	959	1700

After constant updates, monitoring and support from the each partner this programme was get very good result as mentioned below from 101 INCCs.

Grade	Total
Red to Yellow	189
Yellow to Green	370
Red to Red	326
Yellow to Yellow	330
Yellow to Red	10
	1225

Other groups covered:

SHG Meeting

SHG meeting were held to explain the use of our equipment's and aids. 89 such SHG meetings were held and 925 members attended this programme. Other groups like Swaddhyay Parivar, Local Bhajan Mandal, Primary Teachers group are also covered in this programme.

SEZA Meeting

Used full SEZA meeting to their SEZA, our team attended meetings and shared our FFL Video show of planning and giving invitation to all Anganvadi workers and discuss their village level issues in the meeting. SEZA meeting was attended by our TRP and BRP. PC and BRP attended block level meeting and later discussions were help with MO regarding our village health related issues and were provided solution.



Major activities conducted during the year

Sr. No	Particulars	No. of Activities	Consolidated Beneficiaries
1	V V Capacity Building Training	Two day Training in 10 Clusters	400 Village Volunteers
2	Facts for Life (FFL) Video Shows	1412	39536
3	Use of Flip Charts	3922	23532
4	Use of Mobisode	3311	6321
5	SHG meeting	89	925
6	Visit to Mamta Divas	292	4655
7	Visit to Anganwadi centre	1123	--
8	AWW Attended at video show	512	---
9	Session by AWW	221	---
10	Used Flip chart by AWW	132	---
11	Folk show	80	14334
12	Child refer to CMTC	16 villages	139
13	SEZA meeting	36	--
14	Block Meeting	14	--
15	MHO/ MO Meeting	20	20
16	VHND meeting Attended	12	189
17	Mother support group Meeting	45	512
18	Planning & Capacity Building of Project Staff	11	--
19	Review Meeting	11	--

CASE STUDIES

'Badhiben's contribution is making a significant difference'



Gamar Badhiben Keshabhai is an Anganwadi worker in Motabaval village is one of the most academically qualified person amongst the community members. She attained M.A and M. Ed degrees. She is looking after households at Sakariya Street in the village. We were introduced to Badhiben during a village survey. The CRP shared the project activities with her and sought her help in the process. Badhiben actively supported in selecting Village Volunteers. She also took CRP and the team around the village and provided understanding and information about the households within the community who were not accessing the services.

From 17th November 2015 to 13th June 2016, CRP and the team organized a series of video shows on - breastfeeding, colostrum, supplementary food, Vitamin A, Iron supplement and Anemia, Iodine and children's growth measurement. For each show Badhiben proactively helped to get a place for the show and mobilized beneficiaries to attend the same. During the show, following CRP's explanation on the topic, she conveyed the same in her local dialect to the group making the information much more impactful.

Badhiben's value addition continued as she joined CRP and VV to the households from where the beneficiaries did not attend the shows. During the home visits, she took the lead in sensitizing them by explaining them about all the important information shared in video shows with the help of flip-charts. Her involvement in our activities and with the beneficiaries have started reflecting positive results and visits of pregnant mothers and lactating mothers are now significantly better. They often visit anganwadi center, attend mamta diwas and are getting better involved. Pregnant mothers have started taking proper diet and the vaccinations. Lactating mothers are exclusively breast-feeding their children up until 6 months post which they try to make them eat nutritious homemade food. With her personalized approach beneficiaries understand the importance of the project and hence, upcoming generation is getting better upbringing reducing various risks. Badhiben says she has enjoyed working on this project as it gives her personal satisfaction making a difference in her community and children. Thanks to her active involvement we achieved project objective in 8 months for which otherwise 25 months were sanctioned. People like Badhiben should be applauded for leaving a great example behind which will encourage many others to follow similar path and outlook to make this world a better place to live in.



'Colostrum – the safety harness for the child'

Dantral is a tribal village, located at 2 kilometers from Poshina. The inhabitants of this village belonged to Parmar tribe. We met a pregnant lady named Manjulaben during one of our village survey. She was educated till 8th standard and was already mother of 3 children. All three of them were born in hospital but none of them received first breastmilk (colostrum). Strangely, in their community it is believed that after child birth, the first milk is bad for child's health and the community members follow the set traditions without any questions asked. In Manjulaben's community, it is believed that colostrum results in child suffering illness. Also, there is also a belief that the breast milk doesn't come within one hour of child birth and another major challenge was that community and their blind faith on village sorcerer/quack. For any health issue infant is taken to the quack for treatment. In this process parents end up spending a lot of money.

In Manjulaben's case as out of three children, two of them were taken to the quack immediately after their birth due to some critical issues. Both the children survived but when Manjulaben's husband Meerbhai was bringing back her second daughter from quack's, he met with an accident in which her daughter lost one of her eyes. As a TRP, while listening to Manjulaben, We understood one thing that if we want Manjulaben to provide colostrum to her child to be, it is important to counsel Meerbhai and build his trust and understanding around the importance and benefits of colostrum also. Manjulaben alone cannot fight this traditional belief until she gets support from her husband.

While we helped her visualize and realize by asking her, when their cows and buffalo give birth to calf, what is the first thing they do? She shared they immediately put the calf to cow's breastfeeding. On asking why do they do that? She shared because it makes the calf strong and healthy. We helped her connecting that in the same way, in human beings also, the child should be feed upon the first milk, it makes the child healthy and increases his/her immunity to fight with various diseases. On the other hand, we met Manjulaben's husband Meerbhai and initiated a dialogue with him regarding what all care Manjulaben needs during pregnancy and after child birth. We tried to make him see the benefits to feed the first milk (colostrum) to child and exclusive breastfeed till 6 months after birth. We were successful in making him understand that taking care of little one is important and things we must do in order to give infant the best start for her/his disease free life which in turn would also save money on health treatments.

After that on 27th November and 12th December, Manjulaben attended the video shows organized at the anganwadi center. Followed by the video shows, Indiraben Parmar (VV) and anganwadi worker kept visiting her time to time and re-enforcing the importance of feeding the child within the first hour of child birth and institutional delivery. Similarly, we were in regular touch with Meerbhai. On the night of 27th January 2016, Manjulaben gave birth to a girl child at Matoda Private Hospital and she feed her first milk to the new born. Manjulaben has breast-feed this baby girl exclusively for the first 6 months and today the girl is 11 months old with all growth indicators in her mamta card is positive. This time Meerbhai is very happy that he didn't have to visit quacks' till now.

'Ensuring healthy growth of child through complementary feeding'



Our TRP Taraben got introduced to Solanki Anitaben Anilbhai during our survey of Derol village, located 12 kilometers from Khedbrahma having 1178 population of heterogeneous communities, a young mother bearing her first child. Anitaben's curious eyes made Taraben approach her and initiated a dialogue. Anitaben was living in a joint family with her in-laws and brother-in-law; her family belonged to a weaker socio-economic fabric of the society. Her husband and brother-in-law are the most educated (10th Pass) persons in her family rest of them are up to 8th pass including Anitaben. During this interaction Taraben suggested her a couple of nutritional food items which are easily affordable and good for her and her growing child inside her. Taraben also counseled her mother-in-law regarding Anitaben's nutritional requirement, following which she gave birth to a healthy 3 kgs baby boy on 9th of November 2015.

Interactions with Anitaben continued during the video shows sharing information about - exclusive breastfeed to children till 6 months of their age, the importance of feeding colostrum, Complementary feeding to child other than breast milk after completing 6 months and also regular intake of iron supplement.

Anitaben found it difficult to convince her mother-in-law for exclusive breastfeed followed by complementary feeding to child after 6 months and hence both the times she invited Taraben to her house to share the information and importance of the same to her family members. Anitaben's mother-in-law and brother-in-law both were against giving complementary food to the child as they believed that child will not be able to digest. Taraben along with other Village volunteers and with the help of mobi-show and flip-charts explained them about the nutritional needs of an infant from age six months onward can no longer be met with breast milk alone. To ensure adequate energy and nutrients, an infant's diet must be gradually expanded to include complementary 'family foods' at a regular frequency. Finally, both got convinced and the TRP Taraben helped Anitaben to draw a timetable for feeding her child.

Anitaben's brother-in-law and his wife Bhavnaben were also having a child of almost same age as Anitaben's child. Bhavnaben was not part of all these interactions as she went to her maternal house for delivery. However, the discussion and mobi-show influenced Anitaben's brother-in-law and when his wife came back he asked Anitaben to help her also to follow the guidance.

Last time when we met Anitaben, her child was 11 months' old weighing 8kg 100grms and was full of energy. All aspects marked in his mamta card indicating healthy growth. Anitaben thanked Taraben and said that "your timely inputs on exclusive breastfeed and complementary feeding helped my child grow healthy, do keep sharing all the good information which will benefit my child growing healthy."



'A step towards iodine salt'

Gadhadashamlaji, a village situated 17kms from Khedbrahma, having a heterogeneous population of 1490 people. Kinjalba Arjun Singh Chauhan's family is one among many other families residing in this village. They are a total of 6 members in Kijalba's family, which includes her – mother-in-law, father-in-law, husband, son and daughter. During the visit by TRP to Kinjalba's house they got to know that Kinjalba's mother-in-law is having a growth in her throat (might be goiter) since last five years. The family was not aware of the reason of this growth in the throat. She was getting treatment by nearby doctor and her doctor's prescription showed she was getting treated for Goiter.

TRP team then interacted with the family member and, on 6th May 2016, a video sharing about iodine salt was shown to Kinjalba and family members. Through this video TRP Sureshbhai has sensitized her about iodine salt, goiter and effects of plain salt without iodine. After looking to the video, she accepted that till now they were using plain salt, and unaware of the benefits or Iodized salt. She also realized that there is a possibility that her mother-in-law is having goiter type growth in her throat due to usage of un-iodized salt. She also asked that my daughter is always feeling lethargic and she does not mingle with others, does this mean that all this is happening because of iodine deficiency? Sureshbhai, shared that she can find out by using iodine salt in their food on daily basis, if her condition improves good otherwise she can seek doctor's help.

This video moved her a lot and that day she decided that henceforth they will stop using plain un-iodized salt. Looking to the positive change in Kinjalba's, TRP and VV Sangitaben visited Kinjalba's home and took herself and her mother-in-law to the village grocery shop. There they were shown packet of 1 kg iodize salt. Sureshbhai showed them the picture of iodine salt printed on the packet and explained the process of adding iodine in plain salt. It is also explained to her that in order to preserve the iodine in the salt it is necessary to keep the iodized salt in air tight bottle/container. The importance of Iodine for mental development of children and how it helps in their educational development was re-emphasized. Kinjalba was very happy and purchased 1kg Iodine salt. She also shared with the TRP that in-fact, she and her family were not aware about effects and benefit of iodized salt. Henceforth they will be using iodine salt only.

TRP team once again visited Kinjalba's home after six months, they saw that her mother-in-law's goiter had reduced and she had stopped taking prescribed medicines. Kinjalba daughter was also showing improvement and her energy level were back. She was happy and convinced that using iodine salt is beneficial to all.

'Chirag received his first Vitamin A drop!'



Kapilaben whom we met during our village survey on 17th September had recently given birth, residing in Lakhiya which is a village located 5 kms from Poshina block having a population of 1250 people, mostly from Dabhi community. From the Mamta Card, TRP Mahesh came to know that her child named Chirag's was born on 11th June 2015 and his weight at the time of birth was 2.900 kg. On asking about Chirag's vaccinations like BCG, Measles and Vitamin A, Kapilaben shared that his son has received all.

However, after a video show on "Vitamin A" organized on 19th March 2016, in which Kapilaben was present, the VV once again asked her whether she has given Vitamin A drops to her son Chirag. Her response was NO. She said that their family believes that Kohl (Kajal) takes care of all that is needed.

Video showed that by giving the drops of Vitamin A, children's immunity to fight diseases will increase. First time Vitamin A drops are given to children when they are in their 7th month and after that it should be given once in every six months till the child completes 5 years. As Chirag was completing his 7th month, it was suggested to Kapilaben that she should take Chirag to the coming Mamta Diwas so that Chirag can be given Vitamin A drops.

TRP and VV Surtaben followed up closely about Kapilaben and found out that she had not taken Chirag for his vaccinations and vitamin A dose even after 3 months from the day of interaction. Hence CRP and team approached her again for another round of discussion. During the discussion, the CRP observed that Chirag's elder sister was having some eye problems and also having some skin problems. On asking about her being provided with Vitamin A, Kapilaben shared that none of her children were given the drop as they believe homemade kohl is good for eyes. CRP then explained that there is a possibility that her daughter's problems are due to Vitamin A deficiency. Once again CRP explained her in detail about the importance of the vaccinations and Vitamin A and what are the repercussions if a child is vitamin A deficient. Finally, on 3rd June 2016, Chirag received his vaccinations – Vitamin A, Measles and Polio for the first time at the age of 11 months and 13 days.

Beneficiaries of Gaant Street are accessing mamta diwas and anganwaadi (ICDS) services

Situation/Challenge

Umbarva is one of the interior villages of Delwada cluster of Poshina block. The population of this village is 1796. The main sources of livelihood for the inhabitants are agriculture and labour work. Umbarava village is divided into four streets / formations, out of which, one is Gaant street. During the survey of this street carried out on 5th of November, it was noticed that the beneficiaries from this street were not accessing the services of Anganwadi and Mamta diwas. This survey was in 2015, in which, information regarding 7 pregnant women, 8 lactating mothers and 11 malnourished children was collected.

Interventions

Jan – June 2016: CRP organized a video shows on:

- mother's (breast)milk only, for lactating mothers
- colostrum – for pregnant mothers
- nutrition and growth measurement was shown
- the additional/supplementary diet for children apart from breast feed
- the importance and benefits of Vitamin-A
- on Iron supplement and anemia
- iodine salt and its benefits
- right and appropriate food to children for their proper growth and development

Joint Home visits by VV, Anganwadi worker and CRP:

- sensitization through flip charts and mobishow
- The information on benefits of hospital delivery and accessing mamta diwas services
- Information on the nutrition packet available at anganwadi centre for lactating mother
- CRP also asked VV to bring all the beneficiaries to the mamta diwas programme scheduled in upcoming months.

Behavior change observed

- 13th January 2016, total 8 mothers from Gaant Street attended mamta diwas out of which 2 lactating mothers got their children vaccinated and pregnant mothers were provided with TT vaccination and tablets.
- On 18th may 2016, total 20 beneficiaries participated in mamta diwas among them, from Gaant street, there were 7 pregnant and lactating mothers including one child who was given Vitamin A drops to drink.
- Current practice – whenever Asha workers receive the supplementary nutritious food packet, they inform the VV, and the VV invites the beneficiaries to the anaganwaadi to collect the food packets.
- Asha worker and the Nurse also provide advance intimation on the date of mamta diwas to VV. In turn VV inform the beneficiaries in advance about the same to access mamta diwas services. The beneficiaries are very happy with this process.



FARMER PRODUCER ORGANIZATION (FPO)

NLRDF initiated the project of Farmer Company and as a part of this project, a meeting was planned with the farmers of Khedbrahmma Taluka, DDM, NABARD Mr. Bharat Patel was present in the meeting. The purpose of the meeting was to generate awareness among farmers about FPO. DDM discussed the following issues to the farmers in the meeting.

- Process of FPO and planning of forming 2 FPOs of 500 farmers by NLRDF with the support of NABARD
- Importance of farmers' organization
- Focusing on profit
- Purchasing of seeds in group
- Forming Board of Directors
- Share holding
- Execution by FPO with the support of NLRDF and NABARD, and after three years FPO will work independently
- Increasing member of FPO

First level training program was planned by Sajjata Sangh in which following discussions were held:

- *Importance and structure of FPO*
- *Roles and Responsibilities*
- *Registration process of FPO*
- *Planning and implementation*
- *Marketing*

Two FPOs named ***Khedbrahmma Tribal Agriculture Producer Company Limited*** and ***Nirankush Agriculture Producer Company Limited*** were formed under the company Act. After the registration process of FPOs, Board of Directors called a first meeting in which resolution was passed to select Chairman, to appoint CEO and Auditor and opening bank account. Khedbrahmma Tribal Agriculture Producer Company Limited and Nirankush Agriculture Producer Company Limited has 618 shareholders and Nirankush Agriculture Producer Company Limited has 623 shareholders.

Hiteshbhai Vasnatbhai Chaudhri is the CEO of Khedbrahmma Tribal Agriculture Producer Company Limited and Vinodbhai Dhanabhai Chauhan is CEO of Nirankush Agriculture Producer Company Limited. Exposure visits were organized for Board of Directors and members at Krushidhan Agro Producer Company Limited, Modasa, and Viksat organization, Kharoj. Mr. Manubhai Vadher – CEO, Krushidhan Agro Producer Company Limited discussed and shared activities and learning of his FPO. He explained the process of making depo for storing seeds and fertilizers.

He also shared that Krushidhan Agro Producer Company Limited has turnover of Rs. 50 lakhs and earns 1.25 lakhs profit. He also discussed about accounting system. Then farmers visited other members of FPO in the village and learnt their experiences. They also visited vermicomposed bed and the shop of agricultural products. Later they visited soil testing and understood about it. This exposure visit was very helpful.

A PMC meeting was planned and discussions were held on registration, selection of beneficiaries, review of work and further plan.

FPOs helped farmers to get avail of:

- Better production
- Increased net income
- Increased food and nutritional security
- Market linkage for the backward and forward integration
- Additional employment generated because of increased intensity of farming



NATIONAL AIDS CONTROL PROGRAMME

Migrant Workers Project at Dahej, at District Bharuch

There are many migrants workers in Dahej Industrial Area Dist - Bharuch. They are from Bihar, Rajasthan, MP, Punjab, Orissa and other districts of Gujarat. They are of the age group of 18-49 years. Their literacy level is low. Due to high unemployment in their native places, they migrate to the Dahej industrial zone. They are earning 8000 to 15000 per month. They either live at their workplace or rental places with coworkers. They visit their families annually/biannually at their native place. They spend 10 to 12 hours in their workplace. Excess money and being away from family make them vulnerable to indulge into high risk activities.

This project helped to scale up TIs with the aim of reaching out to the targeted population groups.

The interventions under this programme included:

(i) the provision of behavior change interventions to increase safe practices, testing and counseling, and adherence to treatment, and demand for other services; (ii) the promotion and provision of condoms to HRG to promote their use in each sexual encounter; (iii) provision or referral for STI services including counseling at service provision centers to increase compliance of patients with treatment, risk reduction counseling with focus on partner referral and management.



- **IPC Meetings**

Inter Personal Communication (IPC) is very important process. According to the process 10 to 12 migrants are mobilized and are given awareness and education on HIV/AIDS. The activities are done by ORW and PE. Awareness and information during the meetings were disseminated through IEC materials, condoms demonstration and used IPC tool which included body mapping, importance of using condoms, seasonal map and daily routine of migrant. In the meetings, emphasis was given to encourage targeted stakeholders to join with the project.

- **Counseling**

Counseling is very crucial step after IPC. Counseling help migrants to understand their issues and make them stronger which help them in their treatment process. After identifying HRB through IPC, it is registered by counselor.

- **Health camps and testing**

Organization made efforts to avail health services to beneficiaries by health activities through health camps. The health camps focus on providing solutions, information dissemination and preventive healthcare practices. The objective of conducting the camps was to create awareness and offer counseling about general health and healthcare issues, as well as provide non-specialized healthcare services.



As per target 25 camps per month are planned. During the camps, checkup of HRP and other people is done and refers STI patients for further treatment. A number of targeted stakeholders attended the health camps and availed assistance, guidance and necessary information regarding HIV/AIDS. Organization also helped migrants for ICTC testing.

- **Demand generation activity**

This activity focuses on to disseminate awareness and sensitization on treatment of HIV/AIDS, ICTC testing, STI, using condoms etc. After ten days of the program, the team plans follow up. The project staff interacted with 80 migrants approximately during the visits at the migrant colony, follow up to monitor and assess the progress and also they were provided essential services by placing stalls at the colony through which they get information regarding their health, use of condoms, SIT treatment and also other related information through IEC.



- **Rally**

A rally in coordination with primary school was planned on awareness generation of HIV/AIDS. Slogans were prepared. School teachers, children and people from colony participated in the rally.

- **Poster exhibition**

Poster exhibition is an effective medium to generate and disseminate education particularly among migrants on HIV/AIDS. Poster exhibition was organized through which people from migrant colony received awareness and understanding on HIV/AIDS.

- **Peer Educator Meeting and Training**

In this meeting and training, a local person was identified as P.E, and helped them to make understand about HIV/AIDS related information, benefits of testing and health camps. Generally P.E is trained and guided by ORW, Counselor and PM.

- **Stakeholder Meeting**

Organization conducted different stakeholders meetings with medical staff, contractor, village Sarpanch, Panchayat members etc. These meetings were helpful to promote awareness and education regarding HIV/AIDS.

- **DIC Meeting**

Drop-In-Center (DIC) is very helpful to migrants. They come to the DIC for counseling, rest and getting information. Organization has DIC at Dahej and also has arranged a room from Reliance and PHC.

- **Video Show**

Video shows were conducted by organization during health camps, counseling, IPC programs and DIC meetings. During video shows migrants get awareness and education on HIV/AIDS and condom promotion.

- **Street Play**

The organization planned street plays to generate and disseminate awareness and education among people on HIV/AIDS. This activity was very helpful to develop understanding and to be sensitized on HIV/AIDS.



- **Condom Distribution**

Organization planned and took care for distributing condoms. Unsafe sex is always dangerous to life which organization made efforts to sensitize migrants and people on HIV/AIDS.

- **Celebration of World AIDS Day**

Organization celebrated World AIDS Day at Dahej. During this celebration, Activities such as poster exhibition, street plays, rally etc. were done.

Sr. No.	Activities	Covered Population
1	No. of IPC conducted	3295
2	No. of migrants were contacted through IPC session	36139
3	No. of migrants registered	9621
4	No. of Demand Generation Activities	24
5	No. of Health camps organized	230
6	No. of migrant treated for STI	77
7	No. of migrants HIV positive	6
8	No. of positive linked with ART	6
9	No. of total outlet established	51
10	No. of ICTC Referral	1565
11	No. of HRG tested for HIV	368
12	No. of migrants counseled	5793
13	No. of migrant came in NGO Clinic	4968
14	No. of condom Distribution	27940
15	No. of Advocacy meeting	30
16	No. of Staff Meeting	45
17	No. of one day P.E. meeting	6
18	No .of street play	1

HIV/AIDS Control Programme in Sabarkantha:

The project HIV/AIDS Control was implemented with the support of Gujarat State AIDS Control Society, Ahmedabad. NLRDF has been actively involved with GSACS in the programme since 2003 and has been implementing the programme in Sabarkantha district. These interventions provide comprehensive and integrated approach for HIV prevention among the marginalized and vulnerable populations. NLRDF Target areas for the programme are Idar, Khedbrahma, Vadali and Himmatnagar. Target population in core group MSM (Male having Sex with Male) and FSW (Female Sex Worker).

Following are the major components to control epidemic of HIV/AIDS in the areas:

- *BCC- Behavior Change Communication.*
- *Condom Promotion.-condom distribution & condom demonstration.*
- *STI CARE -counseling, Regular Medical Checkup (RMC), Presumptive Treatment (PT), Sexually Transmitted Infections (STI) Syndrome treatment.*
- *Referral and linkages- Integrated Counseling and Testing Center(ICTC) Anti-Retroviral Treatment(ART),DOTS, DIC center, Govscams,*
- *Enabling Environment*
- *Community Mobilization.*

Peer Educators are trained by GSACS and they have been given orientation by the organization at the work place regularly in monthly meetings. The various sessions included condom demonstration, counseling with key population regarding RTI and STI, RMC and PT. Condom promotion is done by peer educators by one to one contact.

Participatory methodologies like games and interaction sessions were planned in the trainings. Referral services and linkages are provided at ICTC center in Civil Hospital Himmatnagar, ICTC Center Idar, Khedbrama, Laxmipura, Vadali PHC center, ICTC Vijapur, Pilvai F-ICTC center, etc.



Major Activities Conducted During the year:

Sr. no	Particulars	Achievements
1	Converge	8927
2	STI Clinic Visit	1820
3	Regular Medical Checkup	1599
4	Presumptive Treatment	202
5	STI Treatment	19
6	HIV Testing	1172
7	RPR Testing	1122
8	Counseling	964
9	Free condom Distribution	137601
10	Hotspot & demand meeting	64
11	P.E Review meetings	136
12	DIC meetings	32
13	Crisis Meetings	2
14	Stakeholder Meeting	10
15	STI Meeting	6
16	DIC Committee Meeting	6
17	Rally (World Aids Day)	150

MASON TRAINING PROGRAMME

NLRDF through District Rural Development Agency (DRDA), Himmatnagar has been given Mason Training Programme under Pradhan Mantri Awas Yojana. 30 masons attended the training, beneficiaries who come under 0-16 score in BPL category were given training. For the purpose of skill upgradation the training programme was conducted.

The main goal of this program is to enhance Knowledge and skill of masons on theoretical and practical aspects of construction of buildings.

During this 45 days the training was held in two sections first five days was on theoretical aspect of construction and another 40 days was practical. In the training participations learnt about like proper mortar preparation, use of different tools for masonry work, optimum use of raw materials etc. After the trainings, the participants were given certificates and kits.

The purpose of the training was to train and develop construction fraternity, and to strengthen the construction skills. Overall during the training the participants strengthened their skills, knowledge and learning on Foundation, Walling and Pillars, Openings, Roofing and Materials and methods of construction.

During the training, participants from Naka, Derol, and Khedva village, Khedbrahmaba Block were



given work of construction by Taluka Panchayat under the programme of Pradhan Mantri Awas Yojana. Because of skill up gradation, they now started to get daily Rs. 500 to Rs. 600.

Outcomes

- i. Training was very successful to achieve its goals due to very good management
- ii. All participants were able to perform the required skills as everyone got the opportunity to get involved in every activity of learning.
- iii. Participants were more excited to learn new pattern of work.





Times are changing. Slowly, but certainly we are witnessing a wind of change blowing all over the world in all spheres of life.

Today the most serious issue is water and sanitation, and the most vulnerable are girls. So water, environment and sanitation (WES) are children's issues, inexorably linked to girls' education. When over a billion people do not have access to safe water and 2.6 billion people – half of the developing world's population does not have adequate sanitation, it is not surprising that so many schools fail to provide these essentials to their students.

While affecting all school aged children, inadequate sanitation facilities hit girls hardest, pushing many out of the classroom for lack of privacy and dignity. In some cases girls put up with these deplorable conditions only to leave when they begin to menstruate. UNICEF recognizes that all primary schools need clean, separate latrines for boys and girls.

SANITATION FOR GIRLS IN SCHOOL

Swachh Bharat Abhiyan is a very important program initiated by Government of India. Under this initiative, program sanitation for girls of primary school started from 2nd October 2016.

As a part of this initiative, NLRDF conducted a survey work in Sanavad Primary School in which 91 girls were covered and Khatraj Primary School in which 194 girls were covered. Total 285 girls were covered under this survey in Kalol Block of Gandhinagar. It has been found that the knowledge and life skills required to maintain a healthy life which girls get from their families, neighbors and school in childhood. Most of the school sanitation programs do not address menstrual management in latrine design and construction. The lack of appropriate and adequate sanitation facilities prevent girls from attending school, particularly when they are menstruating. Recognizing the unfriendly environment the girl has to face during her menstrual period, it needs to address the situation in diverse ways.

The following potential activities could be done:

- Motivational work with School Management Committee
- Capacity building of teachers for regular facilitation hygiene education sessions
- Formation of student brigade & capacity building support
- Developing and providing aids for hygiene education including menstrual hygiene
- Improvement of existing water & sanitation facilities to address the girls' specific needs including menstrual management
- Installation of child & girls friendly water & sanitation facilities (where it is needed)

WORKSHOP ON ORGANIC FARMING

Organic farming is a method of crop and livestock production that involves much more than choosing not to use pesticides, fertilizers, genetically modified organisms, antibiotics and growth hormones.

It is an integrated farming system that strives for sustainability, the enhancement of soil fertility and biological diversity whilst, with rare exceptions, prohibiting synthetic pesticides, antibiotics, synthetic fertilizers, genetically modified organisms, and growth hormones.

In the world of globalization and advanced technology, it has been observed that Agriculture needs better technology and promotion not only at market but at the production level also where farmers need more skills and capacities to develop and promote agriculture. In view of this point, a workshop on organic farming on 16th July 2016 Khedbrahma. 225 farmers participated in the workshop. The main purpose of the workshop was to make farmers aware of and encourage them to adapt organic farming.



The focus of the project was on promoting Organic Agriculture, and also helping farmers to get benefits of income generation, promoting natural resource conservation and social development.

Shri Samvegbhai Lalbhai – Chairman, NLRDF shared his experience with the farmers in the workshop. As being a farmer, he interacted and encouraged farmers for organic farming. He discussed that the organic products that are produced here, are exported abroad and are imported in our country after proper process and branding which we use. He also discussed about the use and importance of organic manure. He stressed on to avoid use of fertilizers and to learn the process of organic manure and to use it. He also encouraged farmers to understand and follow:

- Protecting the long term fertility of soils by maintaining organic matter levels, encouraging soil biological activity and careful mechanical intervention

- Providing crop nutrients indirectly using relatively insoluble nutrient sources which are made available to the plant by the action of soil micro organism
- Nitrogen self-sufficiency through the use of biological nitrogen fixation, as well as effective recycling of organic materials including crop residues and livestock manures
- Weed, disease and pest control relying primarily on crop rotations, natural predators, diversity, organic manure, resistant varieties and limited thermal, biological and chemical intervention
- The extensive management of livestock, paying full regard to their evolutionary adaptations, behavioral needs and animal welfare issues with respect to nutrition, housing, health, breeding and rearing

Shri R. A. Oza – Head, Gujarat Organic Producer Certi Agency interacted with participants and discussed on the process of organic farming.

Shri J. R. Patel – Scientist, Krushi Vigyan Kendra, Khedbrahmma discussed and emphasized on using organic manures and organic treatment. He encouraged farmers not to use fertilizers and pesticides which are very harmful to agriculture and human society.



Shri Saileshbhai Shah – Cotton Department, Arvind Mills, Ahmedabad discussed with the farmers about organic cotton and explained the process of cleaning and packaging the cotton which help to get good price in the market. He also encouraged farmers to provide their cotton to Arvind Mills.

Through the efforts of NLRDF, organic farming project has come out with good opportunity for farmers to develop new production methods and access new markets. This has initiated support for existing capacity building programmes as well as promoting the exchange of experiences and information between the farmers.

WOMEN EMPOWERMENT THROUGH SKILL UPGRADATION (Garment making)



Skills and knowledge are the driving forces of economic growth and social development of any country. The economy becomes more productive, competitive through the existence of more skills and capacities. Women are the most vibrant and dynamic segment as well as valuable human resources.

The importance of VET for under-privileged, marginalized groups and women have been pinpointed, as it is a powerful weapon against poverty and hunger, and for women's empowerment.

Women empowerment is the major aspect to strengthen women economically and socially. Looking at this aspect, NLRDF focused on skill development of women and trained poor women for skill up gradation (garment making) in 4 villages of the Khedbrahma block of Sabarkantha district. The overarching objective of the project is to improve life of women through providing basic technical and management training in garment making. This will help in:

- Economic upliftment and decrease in unemployment.
- Provision of regular source of income to needy women at their door step.
- Establishment of Training cum production centre in the village.

1. To promote employment oriented skill, upgradation training to the adolescent girls and ladies from the community
2. To use these groups as a platform for generating awareness on social issues
3. To encourage self-employment by acting support agency for providing necessary help
4. To certify and to liaison with the trained institutes in order to strengthen training placements opportunities for the trained girls and ladies

A group of 25 interested and capable women were selected for the training. A village level training cum production centre for garments has been established in the village. It would be managed by the group with wholesalers, manufactures and local traders. Some of the garments produced are blouses, frocks, kurties, newborn baby clothes, cotton fancy bags and cushion covers. The required machines and tools have been procured and installed in the training centre.

BEAUTY PARLOR TRAINING

With a view to generate self-employment for women NLRDF organized training. 15 young girls and women at the age of 18 to 22 years from 6 villages were given beauty parlor training for one and a half. Poor and needy women were selected for this training, so they can earn about 4000 monthly at their level. Most of the women from the villages had to come to Khedbrahma for beauty parlor during festival, marriage or any function which consumed their time and money. Looking at this situation, this training programme was organized. Theory as well practical aspect in the training were covered.

During the training women learnt skills such as threading, manicure, facial, eyebrow, bleaching, wax, pedicure, preparing mahendi cone and design works, hair cutting and preparing bride etc. After the training, women were helped to link with Jilla Udhyog Kendra (District Industry Centre) for further help for kits and subsidy.



VISIT OF REPRESENTATIVE OF COTTON CONNECT FOR THE BCI PROJECT



Farmers invest very much in farming, particularly farmers who have cotton field get very low benefits against their efforts. The farmers who are from the tribal belt have to pay higher interest on the loan, and this cycle of interest makes them vulnerable, and also do not earn reasonable profit.

They are unaware about the process and quantity of fertilizer. Also, they are unaware about organic manure and about its use.

So these make their situation more difficult and because of lack of awareness and understanding about farming, they are exploited also.

Hence, to generate awareness and understanding and help them to mitigate their problems and to observe possibilities, a team of Cotton Connect planned a visit to implement Better Cotton Initiative (BCI) project. The team visited the farmers of Laxmipura and Padardi villages. The team interacted with the farmers and explained them the benefits of the project and motivated them to join in the project. The team also had a meeting with the staff of NLRDF.





ASHMITA PROJECT

Arvind Limited implemented the project Ashmita to promote the theme of Swachh Bharat and to provide better facility of toilets to the beneficiaries in the villages. Following were the selection criteria under the project.

1. *No toilet*
2. *No benefit from Government scheme*
3. *Aged person*
4. *Physically challenged person*
5. *Enough place to construct toilet near house*

The project by NLRDF has been implemented in 30 villages of Prantij Taluka and Himmatnagar of Sabarkantha District. In the beginning capacity building was planned for the staff. The main purpose of the project was to motivate and promote people for cleanliness and use of toilets, and also to motivate them to construct toilets on their own. The organization helped to get assistance from Seva Bank those who faced financial problems.



COORDINATION BETWEEN FARMERS AND ARVIND LTD.

It is understood that a farmer produces, but the control of market is not in his hand. Those who control the market are not associated with the farming. Now cost of farming is increasing and consequently profession of farming come down. Looking in this context, there are numbers of small and marginalized farmers in Khedbrahmma. Now these farmers borrow money on interest from landlords for fertilizer, manure and seeds. Generally cotton and maize are the main produces in these areas. When farmers go to the market to sell their produces, they get very low prices which do not cover their agricultural expenses. On the other side, vendors who purchase produces form the farmers; they sell at a very high profit margines. In this condition, NLRDF invited officials of Cotton section of Arvind Mill and made them to purchase cotton. Meetings held with officials of Arvind Mills and farmers and discussions held on purchasing cotton at agreed price for both the parties.

Farmers assured to provide good quality of produces. The staff of organization also did one to one monitoring of farms. Now, a total 184 farmers from 6 villages provide cotton to Arvind Mill.





ALTERNATE PROJECT

After three seatings, we have planned Meditation session for every Saturday morning time. All students joined meditation during reported three months. We have received good feedback and response. We have covered 3 schools and covered more than 900 students and teachers.

Narottam Lalbhai Rural Development Fund, staff of Khedbrahma (17) and IDAR (08) on regular basis conducts a meditation programme in our Khedbrahma office from 9.30 am to 10.30 am every Saturday.

We have also covered other three schools and 2 Hostels for Meditation Programme, Three day session enabled students in the micro Life skill of Relaxation and Meditation.

Lot of inspiration and active contribution has been received from Smt. Jayshreeben Lalbhai, Trustee, NLRDF and Shri. Punit Lalbhai, Executive Director, Arvind Ltd and also from team of Shri Ramchandra Mission Ashram, Ahmedabad for effective implementation of meditation programme.

Sr. No	Name of Institute	Place	1 st day	2 nd day	3 rd day	4 th day
1	Sheth N. L. High School & Shakti Krupa Vidhyalay-NAKA	Laxmipura	167	167	167	167
2	Jyoti Vidhyalaya & NLRDF Staff	Khedbrahma	243	111	71	130
3	D. D. Thakar Arts & K J Patel Commerce College	Khedbrahma	47	43	43	00
4	Arradekta Eng College	Khedbrahma	529	23	22	00
5	Government Tribal Hostel	Khedbrahma	87	87	70	70
6	Sheth K. T. High School	Khedbrahma	240	00	00	00
	TOTAL		1313	431	373	367

REPRESENTATION OF NLRDF IN GOVERNMENT BODY

- Member of Advisory Committee of Sabarkantha District – Himatnagar
- Member of local monitoring body for various project of Krushi Vikas Kendra – Khedbrahma, District Sabarkantha
- Member of District Level Committee for Rehabilitation of Vulnerable Women in Sabarkantha District by Women & Child Development Dept. Gandhinagar.
- Member of Committee of E-formal sector Development – Urban Community Development Dept. in Ahmedabad Municipal Corporation.
- Member of Appeal Samiti for Prime Minister AvasYojana in DRDA of Sabarkantha District.
- Member of UNNATI- NGO a working for Rural Development local VO's .

BLOCK PLACEMENT STUDENTS

Sr. No	Name of the Institutes	No. of Students	Course	Period
1	<i>Divya Chetana MSW College At: Bhetali, Ta: Idar, Dist.: Sabarkantha</i>	1	MSW	26.12.2016 to 05.02.2017
2	<i>Sarvnik Maha Vidhyalaya, Mehsana</i>	1	MSW	01.01.2017 to 30.01.2017
3	<i>Sabar Gram Seva Mahavidhalay Sonasan, Dist : Sabarkantha</i>	2	MSW	01.01.2017 to 30.01.2017
4	<i>Sabar Gram Seva Mahavidhalay Sonasan, Dist: Sabarkantha</i>	2	MSW	17.11.2016 to 07.12.2016
5	<i>Mahadev Desai Gram Vidhyapith At: Randheja, Dist: Gandhinagar</i>	1	MSW	09.05.2016 to 07.06.2016
6	<i>Nutan Gram Vidhyapith At: Thava, Dist: Bharuch</i>	2	BRS	12.12.2016 to 12.01.2016

EXTERNAL VISITORS

Sr. No	Name	Designation	Visit date	Purpose
1	Abhinav Khare		AMD – Arvind LTD	Ashmita Toilet project
2	Nirajkumar Lal	Head	SHARDA TRUST	Ashmita Toilet project
3	Ajay Ciciliya	Project Coordinator	Adani Foundation	Practices of Malnutrition.

MEDIA COVERAGE



NLRDF IDENTITY

- Narottam Lalbhai Rural Development Fund is a voluntary organisation registered under the Bombay Public Trust Act 1950 as Charitable Trust (Reg. No. E/3296/29.7.1978.)
- 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 Banks

- State Bank of India, Naroda Road, Ahmedabad - 380025
- State Bank of India, Bhadra Main, Ahmedabad. (FCRA Account)
- HDFC Bank, Mithakhali, Ahmedabad
- Kotak Mahindra Bank C.G.Road, Ahmedabad

Name and Address of Auditors

Sorab S. Engineers & Co.,
909, ATMA House, Ashram Road, Ahmedabad.

GET IN TOUCH

ADMINISTRATIVE OFFICE

Mr. K. P. Patel – Chief Manager

NLRDF

Arvind Mill Premises,
Naroda Road
Ahmedabad – 380025

email: kanti.patel@arvind.in

website : www.nlrdf.org

Tel.: 079 – 30138760

FIELD OFFICES

Khedbrahma

NLRDF

Behind Gayatri Temple,
At. Khedbrahma,
District: Sabarkantha

Idar

NLRDF

E - 207 Damodar Complex
Opp- SBI Bank,
At. Idar Dist. Sabarkantha

Bharuch

NLRDF

304, Sanskar Avenue,
At. Jolve, Dahej Road
District. Bharuch

ANNEXURES

Abbreviations

NLRDF	NarottamLalbhai Rural Development Fond	BHO	Block Health Office
PPP	Public Private Partnership	KP	Key Population
NGO	Non Government Organisation	SMC	School Management Committee
RMC	Regular Medical Check up	PE	Peer Educator
STD	Sexual Transmitted Diseases	DPO	District Planning Officer
GSACS	Gujarat State AIDS Control Society	ORW	Out Reach Worker
SHG	Self Help Group	TKN	Taluka Kelavani Nirikshak
NACP	National AIDS Control Programme	HRG	High Risk Group
STI	Sexual Transmitted Infection	NABARD	National Bank for Agri. & Rural Development
PHC	Public Health Center	HRB	High Risk Behavior
ICTC	Integrated Counseling and Testing Center	EDP	Entrepreneurship Development Programme
CHC	Community Health Center	PRI	Panchayati Raj Institute
RTI	Reproductive Transmitted Infection	VV	Village Volunteer
TI	Targeted Intervention	FFL	Fact for Life
MSW	Master of Social Work	IPC	Inter person Communication
IYCN	Infant and Young Child Nutrition	AWW	Anganwadi Worker
TRP	Technical Resource Person	ONGC	Oil and Natural Gas Corporation
BRP	Block Resource Person	DIC	District Industries Center
MO	Medical Officer	KVK	Krushi Vigyan Kendra
EDI	Entrepreneurship Development Institute	HIV	Human Immuno Deficiency Virus
ELM	Employment Lead Model	AIDS	Acquired Immuno Deficiency Syndrome
FICTC	Facility Integrated Counseling and Testing Centre	FPO	Farmers Producer Organisation
ART	Anti Retro viral therapy	VHSNC	Village Health Sanitation & Nutrition Communication
DIC	Drop in Center		

