

National Institute of Rural Affairs

ANNUAL REPORT
(2011-12)

National Institute of Rural Affairs Samiti

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Rajasthan, India

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We at NIRA are happy to present this annual report for the year, 2011-12.

This report aims to highlight the yearly activities of NIRA with their outcomes. It is also a presentation of the focused and relentless work done by the team of NIRA to make every project a success.

It details the undying efforts of the organization to address the concerns and issues of the target group especially PLWHA and the other less privileged sections of the society.

*The virtue lies in
the struggle, not
in the prize...*

P R E F A C E

A Report that represents an assortment of perspectives and themes requires the support and contribution of many people and institutions. The present report emphasises the efforts of NIRA, Jaipur, a voluntary organisation working since last two decades in different parts of Rajasthan, towards awareness rising, and preventive actions to control high prevalence of HIV AIDS cases in the peaceful cities of Rajasthan.

The seroprevalence estimates of National Aids Control Organization (NACO) indicate that in 2002 there were 4.58 million people living with HIV/AIDS of whom about 25% are estimated to be women. On account of the huge population of over 1 billion the seroprevalence rate is only 0.8%. Being less than 1% it is termed as low but that cannot be a cause for complacency because even 0.1% upward increase in India would mean half-a million more HIV/AIDS cases. All international agencies like UNAIDS, USAID, CIDA, UNDP who are providing assistance for fighting HIV/AIDS as well as the GOI itself are of the view that if effective steps are not taken urgently to contain its spread, the country might get into a crisis situation in the next decade.

The epidemic has already resulted in approximately 95000 (January, 2000) reported cases of HIV and over 55000 cases of AIDS (September, 2003), but these numbers may be deceptive as there is a general tendency to hide HIV-positive status both as a condition and as a cause of death because of fear of social stigma and ostracisation. Reluctance to get tested for HIV, non-declaration HIV-positive status, inadequate testing facilities etc. have resulted in the HIV epidemic leaving deceptively low statistical foot-prints and in controversies about the intensity of the epidemic, estimates of HIV prevalence etc. There were differences on this score in the 1990s but now both UNAIDS and NACO agree on the estimate of 4.58 million in 2002 yielding a seroprevalence percentage of 0.8%.

NIRA, Jaipur has taken the initiative to support the government system to raise mass awareness among the citizens of Rajasthan and directed its programme towards preventive care and monitoring of such cases with supportive mechanisms of NACO. The present report thus aims to focus on such efforts taken by NIRA as a part of its targeted initiatives.

NIRA passes its heartiest thanks to all its partners, associates and the Government for their constant support and help. NIRA also pay its gratitude to all its well-wishers, and volunteers without whom this annual report could not have been in its actual shape.

We all sincerely thank all the readers to support the cause for which NIRA is putting all initiatives and your contribution in future endeavour.

Director

NOTE FROM THE PRESIDENT

I feel very happy to highlight the steady progress of NIRA and its sincere efforts to live up to the vision conceptualized at the time of inception.

NIRA is making its presence felt in the health sector with its strategic work plan and practical vision of output. The organization has special consideration for HIV/AIDS since its inception as it is the most challenging issue across the state and all over the country. Many training programs, workshops, consultancies and health projects were undertaken in this year. In the year 2009, a Care and Support program for HIV/AIDS patients with the support of RSACS.PFI and HLPPT has been launched which is extend throughout the year .

I am sincerely thankful to the partners from donors, RSACS, PFI, NACO, HLLPPT, DHS Karauli, Rajasthan Government and NGOs who have extended their support and cooperation to us.

I also appreciate and acknowledge the efforts and hard work done by all the team members. Their sincere efforts have enabled the organization to successfully implement all the programs.

I am also very much thankful to all the board members for their guidance and whole hearted co-operation.

Compliments & Greetings

Dr.T.P.Jain
President - NIRA

NATIONAL INSTITUTE OF RURAL AFFAIRS

National Institute of Rural Affairs Samiti, popular as NIRA, a voluntary non-profit organization was set up in the year 2000 under Rajasthan Society Registration Act. NIRA came into existence long before its registration with its constant hard work with the target groups.

NIRA was established with the purpose of rural advancement through sensitization and generating awareness on various developmental issues. With special attention on the health sector, NIRA has worked actively to achieve its set goals, focusing on awareness generation among the target populations, providing care and support and initiating interventions.

VISION

NIRA envisions to promote rural development through collective efforts; and to reach the un-reached population, especially women to provide convergence in health, environment, social welfare and economic development.

MISSION

Our mission is to provide continuous efforts collectively with the people, organizations, and partners of likeminded services.

OBJECTIVES:

- To promote rural development through collective efforts; and to reach the un-reached population, especially women to provide convergence in health, environment, social welfare and economic development.
- Strengthen past programmes through trainings, research and impact evaluation studies and communicating developmental issues
- To promote and make rural development effective by utilizing the available local resources and encourage human resource development
- To promote social values through scientific research and to promote integrated rural development by strengthening socio-cultural activities.

FOCAL AREAS



Health



Environment



Education



Capacity Development



Human Resource Development

GEOGRAPHICAL COVERAGE:

Operational in the entire state of Rajasthan, specific interventions and activities are being carried out in different parts of the state. NIRA's RCH intervention is concentrated in 10 villages of Todabhim in Karauli district.

NIRA has also initiated its programmes and activities in Jaipur, Dausa, Tonk, Alwar, Ajmer, Sikar, Karauli, Dholpur and Baran districts. A highly trained team of NIRA provides support to different agencies throughout the state.

WORKING APPROACH

NIRA believes in a collective and coordinated strategy wherein it involves the efforts of various individuals, groups, NGOs and CBOs in the direction of development of the target population. Gender concern forms a significant component of programmes and policies of the organization. Maximum utilization of skills, knowledge, resources, and capacities of people is the prime focus of organization. We promote workers and stakeholders to utilize their potential.

PROJECTS AND PROGRAMS: 2011-12

HIV/AIDS Targeted Intervention Project - Karauli

Started in 2005 for Sex workers and High risk Group, this project is being run successfully. The aim of this project is to prevent the spread of HIV infections and to prevent any new infections.

Highlights

1. Since 2006, a large no. of 18041 people has been tested for HIV/AIDS. 107 people are tested positive.
2. A total no. of 107600 condoms were distributed free of cost and 5110 condoms were distributed through social marketing.19900 condoms were made available through condom depot holder.
3. To acquire the cooperation of the targeted HRGs in the ongoing activities, community mobilization groups are made at each site. 2 community events were organized and witnessed the participation of 76 participants of the HRG.
4. Regular medical check ups are done by the Preferred Public Provider Doctors. 712 women were referred to the NGO/STI clinic out of which 710 women actually visited the clinic.
5. STI among the HRG is managed through providing them the medicine kits made available by Govt. STI clinic and NACO. 340 patients of STI were referred to the ICTC. 710 were treated at the NGO (STI) clinic.
6. For the smooth operation of activities one-to-one sessions, one-to-group sessions, and crisis &advocacy sessions are organized to enable the environment. In the year 2011-12, 69 FGD sessions were held wherein 603 women participated. 705 people have made use of the counseling services to handle various types of crisis.
7. Meetings held at the drop-in-centre are an effective tool to change behavior patterns of the HRG. Audio-visual method is also used to achieve the above said objective. 98 counseling sessions were held at the drop-in-center and a total no. of 138 HRG women participated in them.
8. A health camp was organized at remote areas like Suroth and Balaji. A total of 87 people attended the camp out of which 27 women from HRG were present. 27 people availed the counseling service, 30 were tested for HIV/VDRL and 82 people were given treatment.

Targeted Intervention Project - Alwar

The above is the ongoing project of NIRA, supported by Rajasthan Aids Control Society, at Alwar and Bhiwadi , targeted at Migrants in order to raise awareness about HIV/AIDS and control its spread.

Highlights

1. 3860 new migrants were registered through the outreach program.
2. In order to encourage safe sex practice among the target group, 1970 condoms were distributed free of cost and 14139 condoms through social marketing.
3. 384 STI patients were referred to the STI clinic out of which an impressive of.327 was treated for the same. Also 4 DOTS referrals were done.

4. 3966 migrants were referred to the ICTC. 2654 visited the center for HIV test and out of which 3 patients actually availed the treatment for ART.
5. 45 awareness camps were organized to raise awareness on different aspects of HIV/AIDS.
6. Street Plays play an important role in disseminating information among the target group. 24 such plays were organized to achieve the same.
7. 20 advocacy sessions were conducted with key stakeholders and PRIs. And 2 BPL (below poverty line) Incentive programs were held.
8. Conducting Exhibitions is also an effective way to communicate to the masses on a particular subject through visual display. 26 exhibitions were organized for the target group wherein posters on condom promotion, sexual behavior, sexually transmitted diseases and means of HIV transmission were displayed.

Navjeevan Scheme

Under the implementation of Navjeevan Scheme Karuli district was divided into 11 blocks along with the selection of organizations in January 2012. Karuli has been identified as the most sensitive area in alcohol abuse and NIRA has been selected as the key organization to operate in the area. .

NIRA presented its project proposal in a meeting held with the State Welfare officer that underlined the activities of the forthcoming project. Due to the unavailability of funds in the year 2011-12, the project would commence in the coming year.

Priyadarshini- SHG Strengthening project

Supported by the Department of Women development, Jaipur a two day training program was organized for the members of 11 SHGs on managerial capacities.

JEEVANASHA COMMUNITY CARE CENTER- JAIPUR

Jeevanasha Community Care Center

- A project supported by RSACS, HLPPT and PFI for the care and support of HIV/AIDS patients, was started in Jaipur district on 31st December 2008.
- National Institute of Rural Affairs was selected as the organization to initiate the center due to its credibility of work.
- The center is a 10 bedded care home where pre ART and fresh ART patients come to stay for for 3 to 5 days.
- Here the side effects of the medicines are monitored, along with no cost for food, shelter and medicines.
- Comprehensive counseling is given to the patients on drug adherence, nutrition and positive prevention.
- The care center facilitates the logistic and psychological support and helps the patient to acquaint the life after being positive with the virus.
- CCC enables PLHA to access ART and provide monitoring, follow-up, counseling on drug adherence, nutrition and preventive measures.

S.No	NAME OF ACTIVITY	2011	2012
1	Total New number of patients registered.	641	745
2	OPD	1119	1226
3	IPD	977	1034
4	Counseling	1119	12226
5	Home Visits	596	765
6	Death	79	34
7	Referral	329	674

WAY FORWARD

In coming years NIRA will expand its working area and the field interventions. Following activities are in the pipeline and planned ahead:

- Coverage of RCH project will be extended up to the 50 villages.
- Activities of other areas such as education, women empowerment and water conservation, income generation will be initiated.
- For Education, new schools will be targeted where awareness raising and different training will be planned to be conducted for development of children and youths.
- In Women Empowerment program , more SHGs will be formed and existing SHGs will be linked with financial institutions
- For Water conservation, Roof Rain Water Harvesting System (RRWHS) and Surface rain water harvesting system (SWHS) will be more focused. These activities will be further linked with NREGA of Government of India.
- Infrastructure of the organization will be improved.

Apart from these activities regular activities will be strengthened and more emphasis will be given on improving and advancement of the programs.

OUR PARTNERS

- **Global Fund**
- **Population Foundation of India**
- **HLFPPT**
- **Mamta Institute of Mother and Child Health**
- **NACO**
- **RSACS**
- **DHS-Jaipur**
- **DHS-Karauli**
- **District Blindness Society-Karauli**
- **Department of Women and Child Development**
- **Department of Social Justice**
- **Mahendra and Mahendra**

VISITORS

Mr. Rajeev Raman - HLPPT

Mrp. Rajendran-HLPPT

NIHFW-Participants

NACO

SIHFW-PDC Participants

Ms. Rajta Agrawal

Dr. Rajni Singh-SIHFW

Mr. Samresh-TSU

Mr. Sunil Vishnoi-RSACS

DR.L.P. Singh-IIHMR

Dr. Prashant Mishra-HLPPT

Mr. Anil Agrawal-UNICEF

Ms. Vaidehi Agnihitri-NRHM

Ms. Bharti Gaur-ARAVALI

Mr. K.K. Panday

Dr. ARvind Basottia

Ms. Swati-Seva Mandir

Mr. Krishn Taygi-PRIA

Mr. Ramesh PAWAR-PFI

Executive Members

SN	Name of the office bearer/member Postal Address	Occupation	Designation
1	Dr. T.P. Jain 46 A-B Vijaya nagar Karatarpura Jaipur Ph.0141-2500587	Ex professor Community Medicine	President & Chief Executrive
2	Prof. K.L. Sharma 207, Manu Marg Tilak Nagar Jaipur 0141-2623196	Ex Professor of Philosophy University of Rajasthan	Vice president
3	Mrs Seema Singh 55, K-5/ C Near Chand Bihari Nagar Khatipura Jaipur 0141-235457	Social Service Professional	Secretary
4	Dr. Suresh Agrawal E- 108, Shastri Nagar , Ajmer-141-2632222	Lecturer (Teaching)	Vice- president
5	Dr. S. L. Sharma B-213, Sudama Kutteer, Marg, Mahesh Nagar, Jaipur 0141-2501385	Retired Doctor	Member
6	Mrs Anjali Sahai B-2/429 Chitrakoot Nagar, Near Roshan Farm, Gandhipath, Jaipur 0141-2440421	Environmentalist and free lance writer	Member
7	Vaidya Mahadev Singh Village Post Dantli , Via, TodaBhim, Disstric- Karauli, Raj.	Medical Care	Member
8	Dr. Vishal Singh 55, K-5/ C Near Chand Bihari Nagar Khatipura Jaipur	Professional	Member
9	Shri Sarjeet Singh Village –Kherli Narayan Singh Post Pakhar chauda Ki, Mahuwa Distric. Dausa Raj.	Agriculture/ Social service	Member
10	Shri Pankaj Bhatnagar Shahpura house uniyara roa ka Rasta Chandpole Jaipur	Development Professional	Member
11	Dr. Santosh Gandhl 2/249 Jawahar Nagar, Jaipur	Sr Gynecologosit	Member
12	Shri Rajhveer Singh Shekhawat 137 K-5 /C Khatipura, Jaipur	Teaching/ Social Service	Member