INRECA

Sansthan

International Rural Education & Cultural Association
(Health, Education, Rural Development & Research Institute)

AT A GLANCE

(2021-22)

38th ANNIVERSARY CELEBRATIONS

INTERNATIONAL RURAL EDUCATION
& CULTURAL ASSOCIATION
FOUNDER PATRON
DR. VINOD KUMAR M KOUSHIK

Narmada Ratan Award-2021 is conferred to INRECA Sansthan for outstanding contribution in Health Facilities offered to patients during COVID19 by Hon'ble Minister Sh. Bachubhai Khabad Govt. of Gujarat Organized District Administration, Narmada.

CONTENTS

FROM PRESIDENT'S DESK

INRECA Sansthan during 39 years of its existence has carried out various kinds of socioeconomic Rural Development, Agricultural Development, live stock development, Women & Child development, Human resource development, Watershed Development, Dairy & Poultry, Bee keeping & setting up of small industries in order to uplift to socio-economic status of under privileged section of the society & sustainable development. Hence At the end of Financial year 2021-22, COVID-19 Pandemic has 2nd wave is almost demising - how ever spread throughout the world which is a great matter of concern. So I am accepting that the financial year 2021-22 had been be a very challenging and style of functioning was also worked out in a different way.

Tribals in India are one of the most marginalized communities with little to no access to basic necessities of life like healthcare; education; livelihood opportunities. With the gradual destruction of natural resources especially forests which traditionally sustain these indigenous cultures they have to adjust to the outside cultural; social and economic forces for their survival. A people centered model envisages the sustainable development of local resources to meet the needs of the people living in the area and thereby improve their quality of life.

It is very heartening to see the positive impact of the hard work and commitment INRECA's team brings to our chosen work. The journey of the year 2021-22 to follow COVID appropriate behaviour has been filled with a lot of learning and challenges as well as successes and these experiences have helped us grow as a team as well as better human beings. I convey my heartiest thanks to all my colleagues and well wishers who have always extended their full cooperation in achieving the Vision and Mission of INRECA on the occasion of the 38th Anniversary celebrations.

wishing our well wishes of INRECA sansthan for the 38 anniversary celebration &
in variably by we our come this covid-19 pandemic situation

Date: 01.06.2022
Place: Dediapada

Sd/-
Dr. Vinod Kumar Koushik
Founder and Patron
INRECA Sansthan

BACKGROUND

The word tribal carries with it the message of rustic simplicity of environmental consciousness & living in harmony with nature & liberty. Tribals in India are one of the most marginalised communities with little to no access to basic necessities of life like healthcare; education; livelihood opportunities. With the gradual destruction of natural resources especially forests which traditionally sustain these indigenous cultures they have to adjust to the outside cultural; social and economic forces for their survival. The indigenous and traditional cultures of the various tribal populations is being eroded and replaced by an outside economic force and this growth centred model results in an increase in social injustice and environmental degradation. But a people centred model envisages the sustainable development of local resources to meet the needs of the people living in the area and thereby improve their quality of life. This approach ensures the strengthening of local control over resources; broaden participation; ownership and management of local resources in order to promote diversified and self reliant rural economies.

INTRODUCTION

INRECA is acronym of International Rural Education & Cultural Association. INRECA Sansthan is an action oriented rural development & institute working in 100% tribal areas of Bharuch and Narmada districts of Gujarat state since 1984 without any discrimination based on caste, creed & community. INRECA is registered on 4th December 1984under the Bombay public Trust Act 1950 with its Registration No. E-5762. It is also registered under F.C.R.A. with its No.041990027 on 11th September 1985 from Ministry of Home Affairs, Government of India New Delhi. Now as per the FCRA at Act 2010 at Has been Renewed Vide FCRA Registration No. 041990089 On Dealed 15th Fabruary 2019 CSR Registration No : CSROOOO7693 dated 04/04/2021 & 12A, Registration No. AAATI3801RE 20214 DATED 28.05.2021

During 37 years of its existence INRECA Sansthan has its carried/ carrying out various kinds of social economic Rural Development, Agricultural Development, live stock development, Women & Child development, Human resource development, Watershed Development, Dairy & Poultry, Bee keeping & setting up of small industries in order to uplift to socio-economic status of under privileged section of the society & sustainable development.

VISION

To bring out perfection of international level/recognition in the pursuit of Education, Health and Socio-economic status without compromising with the cultural ethics of the underprivileged sections of the community

MISSION

Dedication to the cause of helping the poor and under-privileged section of society

Your brain holds an immense potential that gets stimulated by right mentoring and motivation

- GITA

PRINCIPLE AND VALUES

- Dedication to the cause of helping the poor and under privileged section of society.
- Work with and for rural communities especially Tribals, Dalits, Harijans, Women & Children to help their intellectual and physical potentials.
- Work for achievement of human concepts of true Gram Swaraj and Panchayati Raj and ensure that opportunities are created for the marginalized to participate in the process of self governance and self rule.
- Create an atmosphere for and promote true liberation at the village level for self-realization of the weaker sections of society.
- Practices live a life of austerity, simplicity and dedication to the cause of the down section of community trodden.
- To promote social harmony and respect for different cultures, heritage, religions and customs

GOAL & RATIONALES

- To work for the sustainable development and utilization of natural resources and preserve biodiversity and the environment for future generation.
- To work for the durable improvement in the quality of life and standard of living through economic interventions designed to benefit the poorer sections of society.
- To initiate and executive project and programmes for rural and urban development with special focus on education, health, nutrition, water resources, conservation, sustainable agriculture and animal husbandry, harnessing and developing renewable energy resources and technologies, cottage industries, food processing and preservation, housing forestry, fishring etc.
- To promote the involvement of the marginalized communities through participatory processes in planning implementation and management of resources as the primary stakeholder in development.
- To organize deprived communities and form local groups such as Mahila Mandals, Sanghams, Credit and Thrift Societies, Cooperatives etc. as a process for empowerment of the people and developing the management capacities to make decision and manage group activities for their development
- To under take process documentation as a social science research methodology for collectivization of ideas, enabling participation at different levels, building people's capabilities and enabling people to take responsibilities.
- To promote social harmony and respect for different cultures, heritage, religions and customs.

OBJECTIVES OF THE ORGANIZATION

- Construction and maintenance of rural link road, electrification and drainage.
- Establishing in the running of schools, colleges, laboratories, hostels and libraries.
- Establishing dispensaries, maternity homes and child welfare centers.
- Assisting weaker section of society and to construct their own house.
- Developing minor and community irrigation schemes.
- Supplying agricultural inputs such as fertilizers, insecticides and plant equipment to tribals.
- Generate employment opportunities.
- Development rural industries and management systems including establishment of cooperatives.
- Develop drinking water resources through installation of hand pumps, construction and maintenance of open wells.
- Establish Vocational Training Centre and conduction of workshop seminars, training courses etc for education and skills development
- Conduct research activities in social and technical subject relevant to rural development.
- Establish cooperative societies for organizing and managing community resources, value addition through processing, marketing etc.

GEOGRAPHICAL COVERAGE

Narmada was carved out as a district in 1997 with four talukas. Currently Narmada has five talukas – Dediapada; Sagbara; Nandod; Garudeshwar and Tilakwada.

INRECA has been working in the Five talukas Namely Dediapada, Sagbara Nandod Garudeshwar & Tilakwada of Narmada District and Two talukas of Bharuch District.

SANITATION

Department of Rural Development, Government of India **Swachh Bharat Abhiyan** campaign on 2 October 2014, aims to eradicate open defecation by 2 October 2019, the 150th birth anniversary of Mahatma Gandhi. INRECA Sansthan has played a very vital role since its inception through various schemes like the Central Rural Sanitation Programme (CRSP); Total Sanitation Campaign (TSC) and others. Under these schemes INRECA has constructed low cost latrines in Dediapada, Sagbara blocks of Narmada district; Ankleshwar block of Bharuch District, Dhrol block of Jamnagar district of Gujarat and Dadra & Nagar Haveli (UT). This rural sanitation programme was initiated in 1987 and has till date has constructed about 10,000 low cost toilets in individual houses so far.

INRECA Sansthan had been appointed as the district nodal agency for Narmada District for constructing individual sanitary units in Narmada district by Department of Rural Development, Government of Gujarat. Gujarat State Water Supply & Sewage Board, Gandhinagar has also assigned the task for construction of Block Toilet Complex in government run Primary and Secondary schools in Narmada District. INRECA has constructed 5 Bloch Sanitation for students and one Pay and Use Block at Dediapada bus stand . More over about 1000 low cost house under Indira Awas Yojana (IAY) and Sardar Awas Yojana (SAY) are constructed with toilets. About 500 houses constructed in 20 resettlement colonies of Dediapada, Narmada dam oustees anywhere in Narmada.

SOCIAL FORESTRY AND AFFORESTATION PROGRAMME

INRECA Sansthan has been involved in social forestry and afforestation programme since 1985 through the promotion of group nurseries, farmers' nurseries, institutional nurseries and decentralized people's nurseries in order to promote afforestation of wastelands, degraded forest lands as well as planting trees on bunds in agricultural lands owned by the farmers themselves.

Bunding plantation work was carried out in 20 villages covering 300 hectares of land and about 5000 plants were planted on bunding sides in the operational areas of INRECA Sansthan Community Irrigation Co-operative INRECA is bringing saplings from the forest department and planting in the complex, near

Society Ltd and as a result more than 2000 plants have been planted in Dediapada block while about 2500 plants have been planted in 22 villages of Dhrol block of Jamnagar district. INRECA Sansthan got approval of social forestry and afforestation programme under degraded forest land in the vicinity of tribal villages of Dediapada block. Under the watershed development programme, INRECA had raised nurseries in 3 villages and plantation work was carried out in these villages with about 100000 plants grown under this project.

Despite the discontinuation of afforestation activities due to non availability of funds school buildings, etc.

AGRICULTURE

Multi-disciplinary Action in Agricultural Production (MAAP) was a pilot scheme that was launched in 2016-17 with the objective to provide irrigational facilities to small and marginal farmers of tribal community through digging of deep bore wells, electrification, installation of submersible motors and pipelines in order to fulfill the basic requirement of the irrigation scheme. Moreover some other allied activities like supplying of seed kits, fertilizers, insecticides, pesticides, agricultural tools on subsidy basis as well as field services were also envisaged in order to get all the services at one point.

LAND DEVELOPMENT ACTIVITIES

INRECA Sansthan has been involved in land development activities keeping in mind the local topographic situation. Land leveling work; contour bunding; terracing; plantation

CONSTRUCTION OF CHECK DAMS

INRECA Sansthan is involved in the construction of small check dams on the small rivulets in about 25 villages with diverse objectives like minor irrigation; water conservation; soil conservation; recharging of

CONSTRUCTION OF BIOGAS PLANTS

INRECA has constructed about 200 biogas plants in Dediapada block of Bharuch district.The main ration able for taking up this Programme was to promote renewable sources of energy and using biogas waste as organic manure, maximizing utilization of cow dung (gobar) available in the tribal areas and reducing deforestation due to use of firewood and thereby promote environment INRECA Sansthan tried to personalize the scheme in a big way and got tremendous success in the previous year and in the current year as well by irrigating 250 acres of land in 10 villages of Dediapada block. Assets under the MAAP have been transferred to the registered cooperative (INRECA Sansthan Community Irrigation Cooperative Society Ltd). This cooperative society continues to render services to their own beneficiaries by providing irrigation water, supervision, marketing of products, supplying of seeds, fertilizers, insecticides as well as agricultural tools on subsidized basis.

work has been carried out to absorb the rain water and check the erosion of fertile top soil as well as maximize the use of barren lands.

ground water. Local people use this water for washing, bathing and drinking as well as for cattle care to quench their thirst.

conservation. In addition the social implications of the effect on health due to reduction of smoke in the cooking area, reduction of soot deposit on utensils and increased convenience were other reason, which promoted INRECA to take up this activity.

It has come in to our notice that because of various reasons the most of the biogas plants have become out of order. So, INRECA is

"You cannot believe in god until you believe in yourself.

— SWAMI VIVEKANAND

conducting a detailed survey to find out the reason of getting defunct & massive repair Programme in order to revitalize the sick plants.

As part of INRECA's research and development efforts it has designed and introduced as appropriate Biogas plant called Garbage Gas Manure Plant (GGMP) which is more suitable for this forest area were illegal cutting of trees is rampant and used as fuel wood. Secondly, being gas and organic manure. CGMP is well suited for use on a community basis e.g. Tribals Student Hostels, Ashramshala etc.

INRECA has constructed three GGMP units for a government higher secondary school, Sagbara, B.R.S. College Thava and for the INRECA complex in Dediapada block of Bharuch district. Once this concept is accepted by the local district Panchayat/ Forest officials, a large scale Programme to disseminate this technology would be launched.

During 2019-20 21 Students of MSW of M S University Vadodara organised 10 days Rural camp jointly by INRECA sansthan and unicef at INRECA sansthan & conducted a declined summry of getting the exact position of health indications suggested the state of centre government.

15 PhD Students of MICA Ahmedabad had also organised 7 days weant for topping the possibties of Rural Marketing their these objectives sponsered by UNICEF at INRECA sansthan

"You grives for whom one should not!"
said the Lord to Arjuna: "And yet you
talk like an intelligent man; but, the
wise never greves either
for the dead or the living!"

- GITA

REPRODUCTIVE AND CHILD HEALTH PROJECT

INRECA had been Selected as District Mother NGO for Narmada District since-2004-2018 in order to carry out RCH activities in entire narmada district in association with other field NGOs in all 4 talukas (Now 5 talukas) and during this period; based on the following objective of RCH & Indicators

Overall Achievements of RCH Indicators (%)

Sr. No	RCH Indicators	2016-17	2017 -18
1.	Early Registration/Total Registration	78.80	**80.9%**
2.	ANC 3-4 Checkups/ Total Registration	65.02	**69.01%**
3.	Institutional Deliveries/Total Deliveries	78.04	**80.06%**
4.	Home Delivery	21.06	**18.03%**
5.	PNC 3 Checkups/Total Deliverie	67.09	**70.18%**
6.	Breastfeeding on 1st Day/Live Births	88.90	**90.01%**
7.	Full Immunization/Live Birth	86.7	**89.04%**
8.	JSY Benefit/Institutional Deliveries	65.35	**79.01%**
9.	CJY Benefit/Institutional Deliveries	61.78	**65.89%**
10.	Use of 108/Institutional Deliveries	74.71	**82.05%**

ROUTINE IMMUNISATION PROGRAMME

UNICEF has recognised INRECA Sansthan as partner for Narmada District as UNPP w.e.f.. 2014-1015 onwards. the following achievements are endorsed as undp :-

Expected Results	*Accomplished Results*
November 2016 to July 2018	
90 % of mothers with children below 2 years in the intervention area identified and engaged with	95.72 % of mothers with children below 2 years in the intervention area identified and engaged with. Out of a total of 1215 children – 1163 children who were already regular with RI were identified + 89 who were left out became regular and + 87 who were dropouts were brought in as regulars + Gray1 34 + Gray2 – 35 + Migration 29
Mothers meet conducted in at least 90 % of project villages	Mothers meet conducted in at least 90% of project villages
70% of mothers/caregivers of infants under age 2 years who can enumerate the FIC schedule (20% increase)	88.97% of mothers/caregivers of infants under age 2 years who can enumerate the FIC schedule (20% increase) out of a total of 1215 – 919 regular children are identified + 75 left out +87 dropout are fully immunized=1081
85% mothers with children below 2 years maintain Mamta card and following schedule (15% increase)	86.58 % mothers with children below 2 years maintain Mamta card and following schedule (15% increase) Out of 1052 there are 919 children who already have Mamta cards + 46 left outs have availed Mamta cards + 87 Dropouts Having Mamta Card
Number of Community based influencers of 80% of villages oriented on RI	Number of Community based influencers of 91.14% of villages oriented on RI (identified 350 PRIs & Bhagat ,Bhuvas and Forest committees out them 319 total participated)
90% of LWs ,BCs and VVs trained and can enumerate the RI schedule , demonstrate the requisite SBCC skills of IPC	80% of LWs ,BCs and VVs trained and can enumerate the RI schedule, demonstrate the requisite SBCC skills of IPC
70% Pregnant Women shall be brought and get them checkup at least four times till their safe delivery & PNC for their new born	67.53% Pregnant Women brought and get them checkup at least four times till their safe delivery & PNC for their new born

ENGAGING AND STRENGTHENING LOCAL INSTITUTIONAL CAPABILITIES AND LINE DEPARMENT FACILITATOR THROUGH BEHAVIORAL CHANGE COMMUNICAITON FOR RESILIENT HEALTH CARE SYSTEMS IN NARMADA DISTRICT, GUJARAT. (Period of One Year 2018-20)

Achievements:

1. Against expected result of 70%, 83.89%% of Forest committee members have the capacity / Knowledge to promote four key behaviors of RI, IYCF practices and Wash to the community
2. Against expected result of 60%, 55.24% of identified key stakeholders (Such as Bhuva / Bhagat, Youth group Bhajan mandlaies etc.)
3. Against expected result of 50% coverage of the health messages in the Gram Sabha the health and sanitation/hygiene messages
4. Against expected result of 80%, 80% field functionaries (Workers) have the capacity to promote four key behaviours
5. Against expected result of 70% of students of Dediapada Block,

Challenges:

1. Traditional food habits: the people are not ready to leave their traditional food habits.
2. Behavioral Problem: they are not ready to leave their traditional practices and behaviours
3. The geographical layout of the district is such that there are pockets and areas which are very difficult to reach.
4. It was difficult to convince the people to give priority to vaccination.
5. The influence of the elders over the community is very strong and to convince them
6. There was a general lack of acceptance and it was difficult to convince them to accept the various health issues that the community faced. It was difficult to make them prioritize issue which are not on their priority list
7. Women are not the decision makers
8. Stakeholders do not see immediate benefits accruing to them
9. There was government staff crunch: there is a shortage of nurses and that result in Mamta Divas not being celebrated properly and the beneficiaries remaining deprived.

EYE CAMP AND GENERAL HEALTH CAMP

INRECA is involved in conducting eyes camps and general health camps in tribal area since 1988 with the assistance of Dr. Doshi of Gujarat Blind Prevention Trust, Chikodra, Rotary Club; Ankleshwar, Lions Club, Vadodara etc. The local folks are being treated free of cost and hundreds of patients have been treated to by the INRECA & renewed salt merchant of Ankleshwar Shri Sureshbhai Jayantilal Shah had organized a big Eye camp at INRECA in association with Vishwa Hindu Parishad which covered almost entire Dediapada block.All minor and major operations are carried out, the patients were kept in INRECA complex for at least 7 days. Free lodging and boarding had been arranged. Spectacles distribution had also conducted free of cost. INRECA had organised one general camp in INRECA complex in association with Sardar Sarovar Punrvasvat Agency, Vadodara & penal of doctors of Rajpipla jointly. Main emphasis was given to displaced families of Narmada dam as well as the patients of hear by villages likewise about 300 patients work treated during the camp of various diseases.

ENGAGING LOCAL INFLUENCERS AND CONVERGENT STRENGTHENING OF FLW CAPABILITIES IN SBCC FOR HOLISTIC DEVELOPMENT AND EMPOWERMENT OF ADOLESCENTS IN NARMADA DISTRICT, GUJARAT: 2019-20

Across the world adolescents are recognized as young people aged between 10 to 19 years. It is a transitional stage of physical, physiological and psychological development from puberty to legal adulthood. They constitute more than 1.2 billion worldwide, and about 21% of Indian population. India has the largest adolescent population in the world. Ensuring adolescent friendly and quality health, nutrition and education services is a certain investment to securing the development, security and prosperity of their futures and those of generations to follow. Programmes for adolescents are fragmented at present and do not comprehensively address all psycho-social, emotional, physical and aspirational needs of adolescent boys and girls. Access and availability of health care services are severely limited. Negative norms and taboos accentuate access and opportunity to make life choices especially for adolescent girls. Lack of accurate information, absence of proper guidance, inadequate opportunities to build life skills and ignorance of parents and elders along with the patriarchal structures inhibit their active participation in decisions that affect their lives. The situation in vulnerable and marginalised populations in tribal dominant districts like Narmada in Gujarat need urgent and immediate attention. Drop-outs from schools, especially among girls, early marriage and pregnancies, poor nutritional status, inadequate knowledge and adoption of sanitation and hygiene practices make girls and boys of Narmada multi-dimensionally deprived. To achieve wholesome adolescent health, there is need to have a multidimensional approach covering all the adolescent health and nutrition problems including emphasis on mental health, HIV prevention. A social and behaviour change communication approach towards healthy lifestyle and positive social environment to acquire life skills needs to mainstreamed in this region to ensure girls and boys are fit in all regards to take control of their lives and their future families. There are 1.3 lakh adolescents in Narmada having a sex ratio of 922. Girls are more likely to be illiterate and out of school than boys as per the 2011 census. Education indicators of Narmada are lower compared to the state. Transition rate from primary to secondary is 8% lower. Enrolment rate for the 14-15 year old adolescents is dropping and is lower than the state. 59% of the 14-15 year old adolescents don't go to school. Narmada district stands 7th at 33.1% of young adult women being married before their 18th birthday and it is higher than the overall Gujarat figure of 24.9%. Nearly 11% of teenage girls (15-19 years) were either pregnant or mothers at the time of NFHS 4 survey. As per DISE in 2016-17, Adolescent girl enrolment is higher in 11-13 years and 16-17 years age group. According to the 2011 Census 8.2% of 10-14 year old adolescents in Narmada are involved in Child Labour. This is higher than the state figure of 6.1%. 85% of the 15-19 year old adolescents who are main workers are literate, however 62% have not completed 10th grade of school. The proposed project is based on the data of NFHS-4 as well as of the Social Behaviour Change in the thematic areas of issues related Adolescents

FINDINGS – Beneficiaries/Village Influencers

1. There was active participation of the villagers and village leaders/influencers in ensuring that protocols for the lockdown were in place. They ensured that the roads leading to and out of the village were closed; people did not gather in large numbers and maintained social distancing. They also helped in making arrangements for staying for people who came from outside the village and also took them to the PHC for check up. In Tilakwada; Nandod and Garudeshwar they did not pass on the message of wearing mask to the people or frequently washing their hand. This was done in Dediyapada and Sagbara.
2. The priorities of the villagers used to be to ensure that their family had food and their livestock had fodder. The villagers were allowed to go to their farms for farming and majority of the farmers were busy in their fields. The low number of infections tell us that there was active cooperation by the villagers in maintain the lockdown protocols.
3. In the various Talukas the villagers adopted various types of coping mechanisms during the lockdown. In Talakwada they helped each other in getting necessities while in Nandod and Garudeshwar they ensured that they did not allow outsiders to enter the village and this was done in the other Talukas as well. Social distancing was not mentioned in most of the FGDs.
4. Though in some of the FGDs they mentioned that they received all the services related to maternal and child health during lockdown the ground reality is that there were gaps in the delivery of these services. Regular MAMTA days could not be organised while the ASHA workers and Anganwadi workers did try as much as possible to reach some of the services to the beneficiaries
5. ASHA workers and ANMs were very active during the whole lockdown period – they were the Frontline workers in the rural areas and used to visit the villages regularly during that time. They passed on the various COVID-19 messages and protocols from the government on to the villagers. Along with their COVID duties they were also trying their best in ensuring that their beneficiaries received some services like distribution of iron tables; delivering THR; awareness about vaccination, etc.
6. Majority of the villagers avoided going to the PHC for any kind of treatment but went to private clinics according to some of them. Some of them also managed to get help through the phone. They depended on their Bhuva/Bhagats for treatment of common ailments and were taking ayurvedic medicines.
7. There was not a high level of recall about the messages related to COVID like maintaining social distancing; wearing masks. Some of them did recall them and also followed these instructions.
8. Only in some instances there were home deliveries otherwise all the deliveries were institutional.
9. The beneficiaries did feel that during the lockdown they did not get timely service. The pregnant women could not go for regular checkups and they also could not avail their regular services.
10. According to the beneficiaries and village influencers in most of the areas the services have come back to normal after the lifting of the lockdown and they are working towards filling the gaps that occurred during that time.
11. There are instances when the services have been rejected by the villagers because of their fear of Corona and still continue to do so.

FINDINGS – Frontline Workers

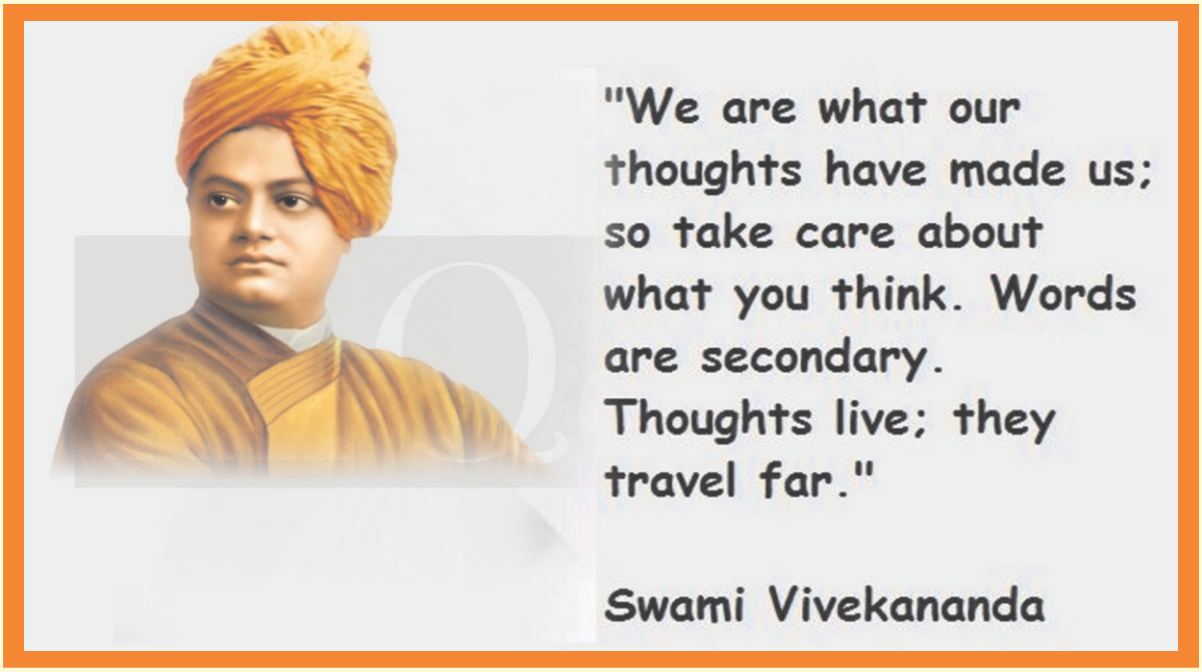
1. The Frontline workers had been assigned COVID duties along with their routine duties. They were trying their level best to make sure that there were as little gaps in their service delivery but the priority during the lockdown was given to the COVID duties
2. The fear of COVID did keep the people away from availing the services that the Frontline workers were reading to reach to their beneficiaries. Many a times they were asked to leave by the beneficiaries.
3. The Frontline workers also faced the problem of transportation and that restricted them in doing their regular home visits.
4. There were gaps in routine vaccination as the people were afraid to come to the PHC. BCG vaccination could not be given to newborn babies who were born during this time and the deliveries were done at home
5. There was a gap in reaching the ANC/PNC services to the beneficiaries under some of the PHCs. In some cases they were taken to the government centre for the check up and in some cases they went there by themselves. There were some instances of pregnant women and lactating mothers calling them up for advice.
6. The Frontline workers are trying to overcome the barriers/gaps in reaching the services to the beneficiaries by talking to them in person; calling them and giving them appropriate guidance and making sure then get necessary medicines. This they are able to do with the help of the Sarpanch and other elders of the village.
7. In some of the PHCs the frontline workers did try to make sure that the beneficiaries go their iron and folic acid tablets.
8. In most of the places 108 Ambulance service was available to transport the pregnant women for institutional deliveries.
9. In majority of the PHC in Dediyapada THR kits were not given to the pregnant women and lactating mothers during lockdown because they were afraid to come and collect them for fear of COVID. In the other PHCs of Sagbara; Tilakwada and Garudeshwar they were distributed as per the Corona guidelines of the government or they were made into snacks and distributed to the beneficiaries. But there was definitely a gap in reaching the THR kits to these beneficiaries
10. Other than one PHC in Dediyapada in all the other PHCs it was made sure that the THR kits reached the children at home – there ere either made snacks of sukhadi and then distributed at the homes of the beneficiaries
11. Though the mid-day meals were not available to the students all throughout the lockdown period it was made sure that ration in lieu of the food was given away to the parents or money in lieu of the ration was deposited in their account. There were gaps in reaching these grains in some cases and they could not get their assigned quota of grains
12. MAMTA days were sporadically organised during the lockdown but the Frontline workers made efforts to organise them wherever possible. The biggest barrier to organising these days was the reluctance of the beneficiaries to come for fear of getting infected by the virus. Frontline workers made some efforts to get in touch with the beneficiaries at their homes or on the phone.
13. In majority of the PHCs in Dediyapada and Sagbara BCG vaccination was provided to the newborn babies during the lockdown as they were institutional deliveries.
14. Majority of the Frontline workers claimed that there were no gaps in the ECD services but the ground reality observed during the lockdown shows a different picture.
15. To address the severe malnutrition among children during the lockdown the frontline workers tried to reach the THR kits by calling the parents to the centre to delivering them at their homes. The biggest challenge faced by them in addressing severe malnutrition was the fear of the people in either coming to the centre or letting them come to their homes. Though in some places they did not encounter any challenges while looking after the severely malnourished children under their care.
16. In majority of the schools under the surveyed PHCs the schools and the students were facing in conducting and attending online classes. The biggest problem faced they are facing is the lack of network; unavailability of mobile phones and poor conditions makes it difficult for the parents to keep recharging their phones.

17. There were no noted cases of violence against children during the lockdown period
18. The migrant families returning had to face a lot of difficulties like: walking home; lack of food or any other amenities on their way back; being quarantined for 15 days after their return; their children having to go without food or water on their way back.
19. Though some of the sickle cell anaemia patients did receive their medication there were gaps and some of them were left without medication.
20. In majority of the Dediyapada and Sagbara FGDs the Frontline workers have said that the services in the management of sickle cell anemia patients have normalized after the lifting of the lockdown.
21. Some of the Frontline workers have suggested that a campaign should be run to make people aware about the importance of social distancing; use of mask; regular washing of hands; use of sanitizers. According to them this will help in addressing the gaps and barriers/challenges faced in reaching the various services to the beneficiaries.
22. There are no AFCs under any of the PHCs in the five Talukas

FINDINGS – Institution In-Charge

1. The routine work of the Frontline workers suffered due to their COVID duties.
2. There were gaps in reaching the Ante-natal checkups to the pregnant women beneficiaries. The beneficiaries had to face difficulties in availing the services and some of them had to go to private clinics for their checkups and other services.
3. In majority of the cases Antenatal services like iron/folic acid tablets; tetanus injections; monthly checkups were provided to the registered pregnant women.
4. The Frontline workers did provide them with telephonic advice whenever they were approached.
5. Most of the deliveries were institutional deliveries but there was some increase in home deliveries in Dediyapada; Sagbara and Garudeshwar.
6. 1.108 Ambulance service was available for transporting pregnant women for deliveries
7. MAMTA days were sporadically conducted and the beneficiaries were afraid to go to the centre to avail the services.
8. Majority of them faced obstacles in reaching the ECD services to their beneficiaries.
9. Majority of them in Dediyapada and some in Sagbara said that this happened because of the fear of COVID among the beneficiaries as well as being closed due to lockdown
10. All of them have said that beneficiaries under their PHC received the BCG vaccination while majority said that routine vaccination was also offered during the lockdown
11. In majority of the cases the beneficiaries faced obstacles in getting to the ECD services.
12. The major reason for the gaps/barriers was the rejection of the people due to fear of Corona and being closed due to the lockdown.
13. Some efforts were put in by the ASHA and Anganwadi workers in reaching the ECD services during lockdown by doing door to door visits. Some of them tried to educate the people by spreading awareness about Corona and its protocols.
14. Majority in Dediyapada and in Nandod managed extreme malnutrition during lockdown by distribution THR at the Anganwadi centre. But it is clear that there were gaps in reaching the services to them.
15. Again the biggest reason for the gaps in reaching the above services was the fear that people had about being infected with the virus.

16. Some of the ECD caregivers were infected with Corona and some of the caregivers did face problems while discharging their duties. The action taken to alleviate the distress of the ECD caregivers was giving them with a pass so as to avoid the harassment of the villagers (only in Sagbara while in the other PHCs no actions seems to have been taken
17. There were gaps in the routine vaccination given to the 0-5 years children. The reasons have not been specified by majority of the respondents in all the Talukas.
18. The gaps in the vaccination are being covered in the MAMTA day and during home visits. But the gaps are still there and have not been covered even after the lockdown has been lifted
19. As mentioned by the Frontline workers in the FGDs the Institution in-charge have also mentioned that the number of schools that are conducting online classes under their PHC is very low.
20. The biggest barrier that they are facing in the conduction of the online class for the schools as well as attending them for the students is the lack of network followed by irregular electricity supply and non-availability of mobile phones with the parents.
21. The frontline workers have managed to distribute the ration to the parents in lieu of the cooked mid-day meals that are provided to the students. In case there was a shortage of ration the parents were given money to buy it. But the disadvantage of this was that it was not sure that the adequate nutrition was reaching the intended children or was getting distributed among all the family members.
22. The migrant workers have faced difficulties in reaching back to their villages and those included having to walk back in absence of transport facilities. On the way they and their children had to go without food or water and depend on people donating food – but that was also sporadic. After reaching their villages they also had to be quarantined.
23. The government had announced distribution of free ration to BPL card holders and though there were some difficulties in accessing this scheme most of them availed of this scheme.



Integrated District Level CMAM Planning, monitoring, implementation, Community mobilization & Communication with CAB during COVID19 pandemic- 2021-22 in Narmada district

Achievements:

1. A two-day orientation program was organized for staff members. They were given orientation so as to understand what is expected of them in this intervention – their roles and responsibilities.
2. A one-day workshop was jointly organised by UNICEF, TRIFED and the Health Department at the Ayurvedic College in Rajpipla. The aim of the workshop was the COVID-19 vaccination drive prioritizing the forest area dwellers to be fully vaccinated. INRECA participated in this workshop as this is their intervention area to ensure full participation by their beneficiaries in the vaccination drive
3. A two-day workshop was organised by the District Health Society, Narmada and supported by UNICEF for SBCC related to CMAM. Participation in the workshop was by ICDS, Health department, UNICEF and INRECA – INRECA participated as it was the partner of UNICEF for conducting the monitoring of CMAM and SAM activities in Narmada district of Gujarat.
4. Key influencers were identified and they were oriented as to what was expected out of them in this intervention.
5. ASHA Workers; Anganwadi workers; Anganwadi workers; Health Workers; Members of VHNSC; SMC; PRI; VCPC members were equipped to take the core message of the intervention forward.
6. A total of 550 village volunteers (VV) have been identified in 590 villages in the district and with this 100% of this work has been completed.
6. In the project period 871 SAM children were monitored for their growth and 1032 home visits were done of CMAM enrolled SAM children by the VV
7. A total of 5266 children were jointly identified. 56 new SAM children were found in Quarter 1, Quarter 2 and Quarter-3 who were registered at the Anganwadi but did not benefit from SAM in Anganwadi. Through the 1.efforts of INRECA children have been enrolled in CMAM program and have got the benefit of THR.
8. When the program was started a total of 3000 SAM children were registered in the district as per the ICDS records of Narmada district. After the implementation of the INRECA-UNICEF Partnered CMAM Program now there are approximately 1100 SAM Children in the district.
9. In the project period 250children were admitted to CMTC and NRC. Also 98 children were admitted as coordinators during the project period.
10. During the project period total 9667 people became aware about COVID-19 and SAM management.
11. In the project period 2917 children were successfully enrolled in CMAM program.
12. All three quarters total- 829 days the participation on Mamta Divas, Bal Tula Divas; Poshan Sudha.
13. In the first, second and third quarters a total of **348** group meetings were held with traditional healers.

14. In the first, second and third quarters a total of **3347** home visits and counselling sessions were done with SAM and SUW children of families

15. During the project period a total **60** success stories were identified and documented the target have achieved.

16. Promotion of Take Home Ration (THR) and documentation of different recipes prepared with through and Locally available foods through PHC coordinators and village volunteers through Mamta Days; Bal Tula Divas and Poshan Sudha Divas.

17. Follow up of all SUW/SAM children identified with child wise monthly progress status and submission of 24 Success Stories during the project.

18. Group meetings were conducted with each formal and informal institution (PRI Leaders, Bhuwa/Bhagat, Pani Samiti, Dairy, Watershed Committee, and Adolescent Youth Groups) on importance of empowerment of adolescents, nutrition and ending child marriage through PHC coordinators. In the project period 1805 group meeting were conducted where the participation was of the PRI members; Bhuvas and Bhagats; SMC members; SHG members; Milk Cooperative Society members; Forest Committees; Youth groups; VVs and they were conducted by the PHC coordinators and the Village coordinators. The total participation was 7220 members.

19. Support in tracking children who were identified as SAM and enrolled in CMAM: Total of 2917 children was admitted in the CMAM program. Out of the 2917 children enrolled in the CMAM program with ICDS and Health a total of 1310 children have recovered.

20. Undertook structured supervision of the CMAM programme, using the KOBO Collect Toolkit: Total of 5262 Anganwadi centres were visited by the PHC coordinators out of which 4325 Anganwadi centres were monitored through the KOBO Toolkit – a mobile application.

21. The target was achieved during the project period, a total of 2 developing presentation had completed

22. Total 10 review meeting had completed during the project period. so that target completed

23. Total 9 review meeting had completed in block during the project period.

Key to success of CMAM Program:

1. As a result of the partnership between INRECA and UNICEF for the CMAM programme now the Anganwadi are actively participating in screening of the children using proper technique

2. During the project period INRECA has strived successfully to bring awareness about the CMAM program at the Anganwadi level but are working towards brining awareness at the community level

3. During the implementation of the CMAM program in the district the SAM children were provided medicine as per the CMAM program guideline but the ratio was very low. INRECA did advocacy about this issue in the review meeting and now the health department is actively involved in the distribution of the medicine to the SAM children who are enrolled in the CMAM program. The INRECA coordinators played a major role in this activity.

ultimately leading to end 3 of child marriage. Through this project key influencers are activated and better equipped in SBCC capabilities for empowering the adolescents of intervention areas of Narmada District. The key elements of the partnership are: 1. activating all village level functionaries in health, WCD, education, protection and WASH 2. strengthen their capacities to engage with formal (PRI, etc.) and informal institutions (including committees such as VHSNC, VCPC, SMC, etc.) 3. engage with adolescents in the village such as Peer Educators (4 in each village in RKSK) and members (2 boys and 2 girls in each village) of VCPC to effectively contribute to adolescent life quality outcomes 4. build solidarity among key influencers in the district including traditional and faith leaders on adolescent issues

PROPOSED GEOGRAPHICAL COVERAGE

Entire Narmada district comprising all 5 blocks Dediapada ,Sagbara ,Nandod, Garudeshwar and Tilakwada TOTAL covering 400 villages.

PROPOSED TARGET GROUPS: Work with government officials at the district level; block level and village level including ASHA workers; ANMs; Anganwadi workers; Female Health Workers; teachers; Gram Mitra, Key Influencers like the Traditional Healers; members of SHGs, Caste Boards, PRIs; AWCs; SMCs; VCPCs; VHNSC; Gram Sanjeevani Samitis; Dairy Cooperatives; representatives from KGBY; Ashramshalas; Peer Educators; 4 boys/girls of the village.

OPERATIONAL STRATEGY:

ACTIVITIES IN DETAIL In the implementation of previous projects the focus was on PRI Members; Bhagats and Bhuvas; Elders of the Community; Youth Groups, etc. It is proposed that in the next one year along with the above groups more focus will be on the PHASE 1: DECEMBER 2019: 1. Baseline assessment of situation of adolescents in Narmada District a. There is need to understand the situation at the ground in relation to understanding knowledge, attitudes and practices as regards education, health, marriage, etc of adolescents. This can be done by having a consultation of the traditional healers; caste boards (panch); members of the Dairy Cooperatives; SHGs. This will give an overview of the traditional practices as regards adolescents as well as the penetration of government schemes pertaining to them. This meeting will be done at the district level and all of them invited to one place for a day long consultation. b. Conduct a detailed Baseline Survey at the beginning of the project period. The Baseline Study will find out the gaps in the service delivery of the various schemes that have been introduced by the government that directly or indirectly affect the status of the adolescents in the area. This baseline survey will undertake the mapping exercise of the platforms that are available that will take the messages of this project to the intended beneficiaries – like the Health and Family Welfare Department; Women and Child Department; Education Department; Child Protection – SJED; DRDA; Tribal Welfare Department; Youth and

hens, I in the wake covid-19 pandemic we could not work in field activities except few activities & followed appropriate covid behaviour during the period till 2020-2021, How ever UNICES Has approved the project further for year 2021-22 which would we implemented after the insuring year 2021-22

Sports Affairs department. The baseline will be carried out in collaboration with a university social work department and a consultant hired to design the research tools, monitoring of data collection and the analysis of data gathered. The above consultation and baseline survey will give the inputs in selection of the PHCs in Nandod; Garudeshwar and Tilakwada as well as make effective interventions. Phase –II of this project shall be operationalised almost by advent of April 2020-21.

Narmada Hospital & Research Centre (NHRC)
(10 or More Bedded Hopital)

INRECA Sansthan is engaged in health awareness and SBCC activities since last 20 years. Last previous 2 years, we had realized to start OPD hospital with some few beds at our existing premises so that health services could be imparted to the local tribal community. Truly demand is on higher side but due to financial constraints facing a lot of problems in rendering services properly. So, we decided to approach to Ministry of Tribal Affairs, New Delhi under GIA scheme which has been duely considered our request under 10 or more bedded Hospital Scheme by Ministry of Tribal Affairs, New Delhi Future Plan for expending hospital in full-fledged manner by seeking loan from Nationalized bank and develop a SUPER SPECIALITY HOSPITAL named NARMADA HOSPITAL & RESEARCH CENTRE (NHRC) in order to provide quality medical facilities in remote and tribal area. gyanec, pediatric, General Surgery. Orthopedic department & other Facilities Shall be initiated along with our lab, X-ray, OT, Pharmasict Facilities shall be available in ending year 2021-22 In the wake COVID19 pandemic, we Continued to care & Medicare to the Patents who coming across the boundaries of Dadiapada & Sagbara Blocks. Total-23696 patients are treate,

diagnosed & Counseled during the year-2021-22. The details are given as under:

		During Year-2021-22		During Year-2020-21	
Sr No.	Month	No.of OPD Patients Benefited	No.of IPD Patients Benefited	No.of OPD Patients Benefited	No.of IPD Patients Benefited
1	April	891	342	705	300
2	May	1119	334	381	300
3	June	1274	334	376	300
4	July	1377	352	373	300
5	August	2433	487	760	300
6	September	2869	303	762	300
7	October	1931	378	801	300
8	November	1131	298	745	300
9	December	1280	340	755	300
10	January	1423	350	861	300
11	February	1448	340	802	300
12	March	1329	333	934	300
	Total	18505	4191	8255	3600

Date :-01.04.2021 to 01.03.2022

CREDIT AND THIRFT ACTIVITY

INRECA Sansthan has been involved in Micro credit finance for the tribal beneficiaries and provides an access to credit to them through various cooperative societies. Loans were made available to the beneficiaries to the tune of 40 lakhs since 1985. The amount of loan disbursed in the year 2017-18 was -20 lakhs. The loans are provided through National and regional rural banks and even INRECA's own funds. The recovery of the loans has been 100%. At present INRECA Sansthan is associated with 80 odd SHGs in 65 villages of Dediapada block and 30 SHGs in 30 villages of Sagbara blocks. The total membership stands at 2000. Some groups are also being formed in Dadra & Nagar Haveli (UT).

***Objectives of the SHGs*:**

- To create awareness among the women for saving for future
- To make them habitual for compulsory savings
- To organize the saving of groups as their own
- To provide loan to the needy members of groups
- To sure the return of loan by themselves
- To exact the mutual understanding and responsibility in order to uplift themselves

INRECA is working with MISSION MANGAL AMPROJECT launched by Government of Gujarat whose main objective is to initiate economic emancipation through utilizing the SHGs as a tool in form of SAKHI MANDALS who are engaged in credit & thrift under micro-finance pattern.

More than 25 groups have been formed under the SGSY in both Dediapada and Sagbara blocks of Narmada district.

Under the Gokul Gram Yojana out of the total 698 villages of Narmada district 15 villages are supposed to be covered under SGSY so that they may be provided finance to their individual or group activities in order to enhance their socio-economic status.

AWARENESS GENERATION PROGRAMME FOR WOMEN

Central Social Welfare Board has launched a ambitious plan to aware the women, - particularly of schedule cast tribes in all respect in order to aware them about their rights. Secondly, Panchayati Raj, a crucial subject to today where maximum emphasis has been given to decentralized the power particularly women are constituting about 50% reservation to empower them. Thirdly, maximum benefits! results should come, polio pulse, Measles, Immunization, Menstrual health and hygiene, Discard early age marriages, etc, and this is only possible when women would be aware about these benevolent schemes.

PART IV: VOCATIONAL AND SKILL DEVELOPMENT

INTRODUCTION

INRECA Sansthan had started a residential training centre at INRECA Complex in collaboration with Gujarat MatikamKalakari and Rural Technology Institute, Gujarat under the aegis of Commissionerate of Rural Industries, Government of Gujarat since 2006. INRECA is regularly conducting residential Acrylic training programmes for 4 to 5 batches annually with trainees coming in from all over the state.

TRAININGS

INRECA Santhan is conducting various kinds of training programme every year to ensure self employment. Some of the trainings are: Tailoring cum cutting; Embroidery; Carpentry; Masonry work; Diamond cutting and polishing; Carpet weaving; Hand pump repairing; Leaf cup-plate making

YOUTH TRAINED IN TRYSEM SCHEMES

Sr. No	Type of Training	2021-22	1984-2021
1.	Tailoring & Cutting	--	527
2.	Knitting Programme	--	60
3.	Embroidery	--	40
4.	Carpentry	--	20
5.	Masonry	--	457
6.	Diamond Cutting	--	30
7.	Bamboo basket Making	--	130
8.	Bidi Making	--	255
9.	Leaf Plate making	--	1680
10.	Chalk Making	--	45
11.	Candle Making	--	75
12.	Washing Powder Making	--	45
13.	Detergent Cake Making	--	50
14.	Bee Keeping	--	50
15.	Block Making	--	20
16.	School Bag Making	--	20
17.	Fibre glass Sheet Making	--	30
18.	Handpump Repairing	--	310
19.	Pickle Making	--	30
20.	Papad Making	--	15
21.	Pop Corn Making	--	15
22.	Paper Bag Making	--	30
23.	Carpet Making	--	50
24.	Sericulture	--	50
25.	Acrylic apparatus training	--	1130
26.	Masonry Training	--	285
27.	Handicraft Weaving Training	30	270
Total		30	5929

★ ST Youth Trained 98% ★ SC Youth Trained 2%

EDUCATION ACTIVITIES AT A GLANCE

Visited excavation site reserved of historical evidences in rear side of INRECA Complex by Truestees Dr Vinod Kumar Koushik, Sh Gopal Singh D Kshetaria and Sh Prashant Koushik.

Utensil distribution to the girl students of Vaidehi Kanya Ashramshala Pangam who partcipated during Inauguration of Hostel Pangam by Karmyogi Team Surat and Gopalsinh D Kshartiya, Manager INRECA Sansthan.

Student learning e-books in computer lab of S.D. Sr. Sec School Timbapada

HOSPITAL ACTIVITIES AT A GLANCE

Well wishes offered
to students who
were appearing in Board
Examination by Dr. Vinod Kumar
Koushik, President of INRECA
Sansthan and Shri Gopalsinh
Kshatriya Manager
INRECA Sansthan

A lateral view of Sanatan Dharam
Ashramshala building.

SD Kanya Chhatralaya Students
are enjoying dinner.

HOSPITAL ACTIVITIES AT A GLANCE

Shri Mansukhbhai Vasava MP & Ex.MOS, Ministry of Tribal Affairs, New Delhi Visited the Hospital site.

.

Mr. Bilal Ahmed representative from Ministry of Tribal Affairs New Delhi inspected the NHRC Hospital activities.

Ladies Patients in IPD are being diagnosed & cared by inhouse nurses

HOSPITAL ACTIVITIES AT A GLANCE

Medicine ward is inspected
by Additional Collector
and T.D.O (Tribal Development)
Narmada in NHRC

Ms. Maya Rani Koushik
is being awarded
Momento on behalf of Matushri Kashiba
Charitable Trust Surat for
generous contribution
to hostel Building construction especially
for tribal girls by Shri Kesubhai Goti
and Motibhai Vasava former Minister of
Forest Gujarat State.

District Official enquiring about the
patients along with relatives
in NHRC about their views in
regards to the services
offered by the Hospital

UNICEF ACTIVITIES AT A GLANCE

Screening of child is being conducted at AWC by PHC Coordinators in their respective area.

A monthly review meeting being conducted of UNICEF CMAM project.

Counseling is being carried out to lactating mother and pregnant women by PHC Coordinator.

UNICEF ACTIVITIES AT A GLANCE

Regular Medicines are provided to the SAM children at AWC by the PHC under UNICEF Program

Inspection Visit is carried out by Project Director and DPC Dr Vinod Kumar Koushik and Sh Chandanbhai Vasava respectively in Rural area at AWC.

Field Visit by PHC-C of UNICEF and home visit to SAM children.

OTHER ACTIVITIES AT A GLANCE

INTRENATIONAL WOMEN DAY -2021
Being celebrated at INRECA Complex Jointly by INRECA Sansthan and Adani Foundation wherein Dr Vinod Kumar Koushik, President of INRECA Sansthan, Dr PD Varma, KVK Dediapada remained present among other participants.

INTERNATIONAL YOG DAY-2021 is being celebrated at INRECA Complex by INRECA Staff

SANATAN DHARMA BAL SAMSKAR KENDRA

INRECA Sansthan is giving maximum emphasis on both formal and non-formal education in order to activate the tribal community which has also been marginalized. INRECA Sansthan has started this Kendra for teaching the tribal students in the Nursery and Kindergarten pattern. INRECA Sansthan has a stock of educational toys in order to teach them through play mode. INRECA Sansthan is rendering the best service to nurture the children and bring them up as contributing members of India's bright future.

SANATAN DHARAMA SHISHU SHIKSHA SADAN

INRECA Sansthan has established a government recognized school namely SANATAN DHARAMA SHISHU SHIKSHA SADAN. Initially it has been started with children up to 8th standard. About 2001 odd tribal students are studying in this school. INRECA is stressing on better education in these remote areas with Indian Culture, heritage, discipline, as well as personality development. Free education is imparted, Vehicular services is also available for the tribal students to commute from school to their homes. A new Education environment has been created in this remote tribal area.

Given below are the tables of two academic years:

Academic Year: 2020-21				Academic Year: 2021-22			
Class	Total Students	Pass	Pass %	Class	Total Students	Pass	Pass %
KG	15	15	100	KG	10.	10	100
1st	07	07	100	1st	14.	14	100
2nd	11	11	100	2nd	15.	15	100
3rd	11	11	100	3rd	16.	16	100
4th	21	21	100	4th	14.	14	100
5th	20	20	100	5th	18.	18	100
6th	47	47	100	6th	19.	19	100
7th	40	40	100	7th	37.	37	100
8th	45	45	100	8th	44.	44	100
Total	217	217	100	Total	187	187	100

SANATAN DHARAMA SENIOR SECONDARY SCHOOL

S. D. Sr. Sec. School has started since 1996. Initially the school was till the 8th standard and thereafter higher secondary was added one class at a time. The total strength of is about 124 tribal students for 9th and 10th 11 standards. But by the next coming year. The students of S. D. School have shown good performance during the short span of time not only in education but in other extra curriculum activities like sports, youth & cultural activities.

About 174 tribal students for 9th to 12th standard. Likewise the school is going be shaping up to 12th standard shortly given below are the tables of two academic years:

	Academic Year-2021-22			Academic Year-2020-21			
Class	Total Student	Pass	Pass %	Class	Total Student	Pass	Pass %
9th	42	42	42	9th	39	39	100
10th	38	38	Result Awaited	10th	42	42	100
11th	58	58	58	11th	39	39	100
12th	36	36	Result Awaited				
Total	174	174	100	Total	124	124	100

SANATAN DHARAMA ASHRAMSHALA TIMBAPADA

There are some remote tribal areas where Education facilities have not reached. INRECA requested to Commissionerate of Tribal development for started of the Ashramshala for students of Class I to VII class which has been considered by Government of Gujarat and started in 1999-2000. Now about 254 tribal student till10th standard are getting benefit of this Ashramshala. They are getting benefit free lodging, boarding, schooling under this Ashramshala. The students are increasing every year. Given below are the tables of two academic years:

Academic Year: 2021-22				Academic Year: 2020-21			
Class	Total Students	Pass	Pass %	Class	Total Students	Pass	Pass %
1st	10	10	100	1st	15	15	100
2nd	14	14	100	2nd	20	20	100
3rd	20	20	100	3rd	31	31	100
4th	29	29	100	4th	23	23	100
5th	22	22	100	5th	25	25	100
6th	27	27	100	6th	20	20	100
7th	22	22	100	7th	15	15	100
8th	15	15	100	8th	12	12	100
9th	46	46	100	9th	50	50	100
10th	49	Result Awaited	100	10th	39	39	--
Total	254	254	100	Total	250	250	100

SANATAN DHARAMA KANYA CHHATRALAYA (GIRLS HOSTEL)

INRECA is already running its S. D. Senior Secondary School till 12th standard. So, the girls of higher class i.e. 8th to 12th class who are commuting from neighboring village find it very cumbersome. So, INRECA had applied for girl's Hostel to Commissionerate of Tribal Development. So, the government of Gujarat has sanctioned this girls hostel for a capacity of 80 however 94 students are enrolled from 8th standard to 12th standard.

Students Benefitted		
Class	2021-22	2020-21
8th	11	15
9th	20	38
10th	25	27
11th	11	--
12th	13	--
Total	80	80

RISHI VALMIKI HOSTEL

There is a marked increase in tribal children wanted to continue their studies but correspondingly adequate facilities are not available in the rural and remote areas. For this reason they shift to block level cities to continue to get good education. INRECA is already running both primary and higher secondary school of repute. Due to heavy rush a proposal was been sent to Ministry of Tribal Affairs, New Delhi for hotel facilities for girls and boys separately that would accommodate 100 ST boys and girls. However 109 students

Students Benefitted		
Class	2020-21	2019-20
4th	03	04
5th	06	11
6th	35	35
7th	37	29
8th	14	26
9th	08	06
10th	06	00
Total	109	111

VAIDEHI KANYA ASHRAMSHALA, PANGAM

Department of Tribal Affairs, Government of Gujarat has sanctioned one more Kanya Ashramshala at Pangam village of Dediapada block for exclusively tribal girls from class- 1st to 9th class and about 197 students are admitted. INRECA has named this new Ashramshala " VAIDEHI KANYA ASHRAM SHALA "All the amenities like toilets, bathing & drinking water, boarding & lodging are being temporarily developed. New pucca residential school building has been constructed by the organization in its own premises.

Students Benefitted							
Academic Year: 2021 -22				Academic Year: 2020-21			
Class	Total Students	Pass	Pass %	Class	Total Students	Pass	Pass %
1st	5	5	100	1st	06	06	100
2nd	10	10	100	2nd	14	14	100
3rd	15	15	100	3rd	03	03	100
4th	3	3	100	4th	20	20	100
5th	20	20	100	5th	14	14	100
6th	28	28	100	6th	28	28	100
7th	30	30	100	7th	31	31	100
8th	41	41	100	8th	40	40	100
9th	46	46	100	9th	41	41	100
10th	41	Result Awaited		10th	--	--	100
Total	239		100	Total	197	197	100

Achievement/ Awards

S.No.	Year	Name of Felicitation/ Award	Area of Felicitation
1	1992	Recitation Letter	Felicitation by A GM Ahmedabad for the promotion of VVV programme
2	1996	Recitation Letter	Felicitation by AGM Ahmedabad for theexcellent services rendered by organization for the promotion SHGs with SBI. Felication
3	1998	Recitation Letter	Felicitation by AGM Ahmedabad for theexcellent services rendered by organization for the promotion SHGs with SBI.
4	2000	Rastriya Safai Puruskar	Awarded by NASA for contributing towards promotion of sanitation and hygiene in the Community.
5	2011	Hindu Ratna Award (National Level)	Awarded by Hindu Community Leader for dedicated services to the welfare of tribal community at Pune. Maharastra.
6	2020	Reva Na Moti	District Level Award for outstanding contribution as CORONA Worriers by Supplying free food kits to the need Tribal Families during Lockdown-2020 by N.D. Group New Delhi
7	2021	Narmada Ratan (District Level)	District Level Award for outstanding contribution during COVID19 in extending commendable health facilities, medicine, of proper treatment to the patients free of cost

REPRESENTATION ON THE GOVERNMENT COMMITTEES

Member, State Funding Committee (SCSVE),Govt. of Gujarat
Member, Advisory Committee, Gujarat State, Ministry of Tele Communication. Govt of India
Member, Gujarat Rajya Shala Sanchalak Mahamandal.
Member, Governing Body of DRDA, Narmada
Member, Advisory Committee of WSD, DRDA, Narmada
Ex. Member, Divisional Committee of World Food Programme, Rajpipla Range, Narmada
President District Committee for the residential school & hostel of Narmada Bharuch District
Vice President, jila shala sanchalit mandal narmada
Member, Telephone Advisory commitee, Gujrat, Ministry of Telecommunication, Govt. of India
Ex. Member, District Adijati Vikas Mandal, TSP, Rajpipla, Narmada
Ex-Project Expert in the panel of Expert in CAPART, New Delhi
Trustee, India Collective for Micro Finance (ICMF), New Delhi. GOI
Member, District Health Society, Narmada District
Member, District RCH Society, Narmada.
Member, District PDS Committee
Member, District Communal Peace Restoration Committee, Narmada
Member, District Forest Resattlement Committee.
Resource Person, State Swachchha Bharat Mission, SIRD
Member, District Task Force, Beti Bachao Beti Padhao

SOURCES OF FINANCE

Government of India, Ministry of Rural Areas and Employment
Government of India, Ministry of Tribal Affairs
Government of Gujarat, Department of Rural Development
Government of Gujarat, Department of Tribal Development
Government of India, Ministry of health and Family Welfare
Government of Gujarat, Department of Tribal Development
Government of India, Department of Women & Child Development
Tribal Sub Plan, Rajpipla
District Education/District Primary Education Office, Bharuch
Government of Gujarat, Ministry of Commerce and Industries
UNICEF, INDIA
ONGC, CSR

SOURCES OF FUNDING

Different State and Central Government Departments	**60%**
Foreign Funding Agencies	0%
Agricultural, Dairy and Fruit Income	10%
Local Contribution	15%
Beneficiary Contribution	15%

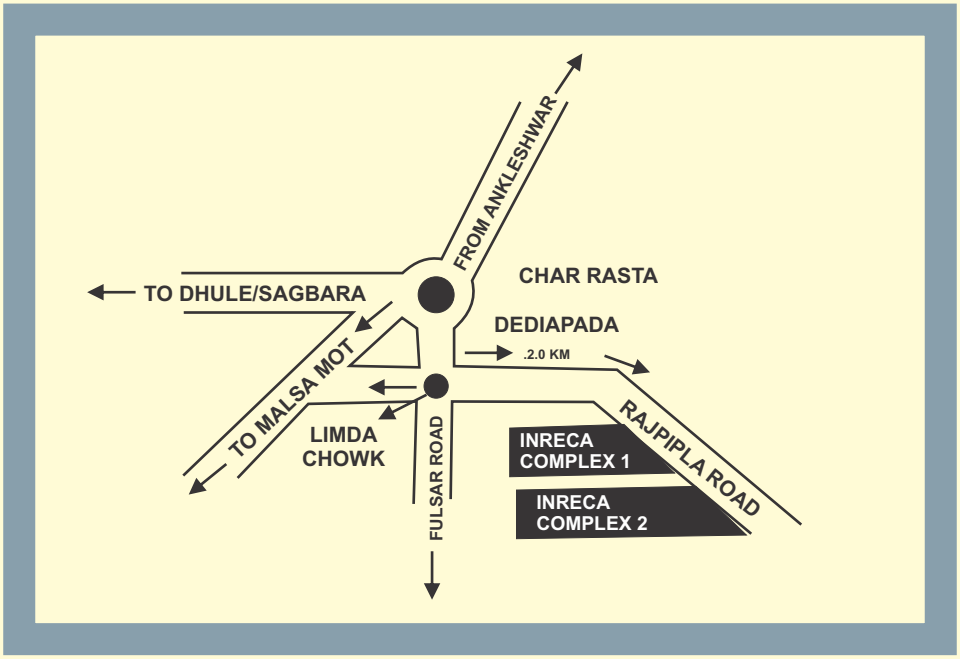
BOARD OF TRUSTEES

Dr. Vinod Kumar M Koushik	Founder, Patron and President
Smt. Maya Rani V Koushik	Trustee
Shri. Gopal Singh D Kshetaria	Trustee
Shri. Prashant Koushik	Trustee
Shri. Sonjibhai N Vasava	Trustee

OFFICE BEARERS

Dr. Vinod Kumar M Koushik	President and CEO
Shri. Gopal Singh D Kshetaria	Manager
Er. Prashant Koushik	Hon. Director
Shri. Chandan Kumar Vasava	District Project Coordinator
Shri. Mahendra G. Vasava	ADPC & Data Analysis
Sh. Jayesh patel	Principal, SD. Sr. Sec. School
Ms. Ranjanben Chaudhari	Principal, SD Shishu Shika Sadan
Dr Jignasha S Padvi	OPD Dept.NHRC Hospital
Dr Sneha S Vasava	IPD Dept.NHRC Hospital
Sh. Sakarambhai Vasava	Principal SD Ashramshala
Ms. Deviben S. Vasava	Principal, Vaideshi Kanya Ashramshala
Ms. Paulomi Bhatt	Accountant
Shri. Rai Singh N Vasava	Project Coordinator
M/s Chhaya Ben R. Kadawala	PHC Coordinator
Shri. Ubadiabhai Vasava	PHC Coordinator
Shri. Rai Singh J Vasava	PHC Coordinator
Ms. Dakshaben Vasava	PHC Coordinator
Ms. Ramila G. Vasava	Rector, SD Girls Hostel
Sh. Arvind S. Vasava	Rector, Rishi Valmiki Hostel
Shri. Man Singh Khatri	Supervisor Office Managment
Shri. Prakshbhai P Rathwa	HR Hospital
Shri. Vimal Kumar P Sukla	Complex Managment

LEGAL STATUS OF THE ORGANISATION
Registered Under Bombay Public Trust Registration No. E-5762/Ahmedabad dated 04.12.1984
INRECA PAN Card No. AAA13801R dated 11.09.1985
INRECA TAN No. BRDI00911B dated 24.07.2014
Registered under 12A act of IT Act from Commissionerate of Income Tax Vadodara vide No. BRD/SIB/110-03-1/84-85 dated 28.01.1985
F.C.R.A. Registration No. 041990089, M.O.H. New Delhi. dated 15.09.2019
Registered U/S 12A for exemtion of I.T.C from Vadodara with Registration No. AAATI3801RE20214 dated 28.05.2021
Registered No. BRD/SIB/110-03-I/84-85 Dated 28.01.1985. Tax Exempted under Section 80(G). and Revalidated on dated 24.09.2021 vide Regd. No. AAATI3801RF2008801 w.e.f. AY .2022-23 to 2026-27
Nodal Agency to Carry out Rural Development Activities from CRD Gandhi Nagar
Selected as Mother NGO for Narmada district from Ministry of Health & Family welfare, Govt. of India.
Registered by United Nation Public Programme (UNPP) an NATIONAL CSO Vide Regd. No. 8901 Registration No. 8401. on dated 0/11/2019
CSR Registration No.- CSROOOO7693 Dated 04.06.2021



The Map is showing the location of INRECA complex about 1.0 km far from Dadiapada Main Road towards Reserve Forest Area of Rajpipla Road on the bank of Daman rivolute.

MOMENTO OF
NATIONAL HINDU RATNA AWARD

REGISTERED OFFICE
INRECA SANSTHAN
INRECA Complex, Rajpipla Road,
Dediapada - 393 040
Dist.-Narmada (Gujarat)
Phone : (02649) 234333 / 234334

H.O. (LAISONING PURPOSE)
INRECA SANSTHAN
405 DDA-2. District Center,
Janak Puri, New Delhi-110058
Phone No. 011- 47086926

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