

# Annual Report (2011- 12)



## Koshish-Milap Trust

*3<sup>rd</sup> year of Dedication for  
Education, Health & Knowledge sharing*

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**Education Support Centre & Clinic:**  
MujMahuda Slum, Near Akshar Chawk,  
Vadodara-390020, India

***Our Mission is to:***

**Serve the needy,  
Identify the root causes of their suffering, and  
Endeavour to lead them towards self-sufficiency.**

Public Trust Reg. No. E/7429/Vadodara

PAN No. AABTK7478B

Donation to Koshish-Milap Trust is tax exempt under  
section 80-G (5) of Indian Income Tax Act,  
Certificate No. 80G/(52/08)2010-11

Koshish-Milap Trust has completed two years of serving the needy MujMahuda slum population of Vadodara by providing them affordable quality education and healthcare. Also, in order to create synergy between NGOs, we have initiated work on a Knowledge Sharing Platform for the Indian NGOs.

## **Status of the MujMahuda slum**

This year we carried out door to door survey to inquire about their social, economic and educational status. The major findings are:

1. In MujMahuda slum, 520 families live, with a total population of 2518, of which 52% are males and 48% female. Majority of population is young of 13-40 years. Only 2% (against 8% national figure) are of age above 60, this may be due to a reverse migration to village after retirement and/or a higher mortality from undiagnosed and untreated chronic diseases such as diabetes and cardiovascular diseases.
2. Three native languages are spoken: Gujarati 59%, Hindi 19%, and Marathi 22%. There are 13 street pockets in the slum, of which 7 are predominantly Gujarati, and the non-Gujarati are clustered in other 6 streets.
3. Average daily income per capita is Rs 46. The most common occupations are labor, artisans (plumbing, masonry, coloring, and carpentry), street vending, driving, housemaid (in females) and security. More than 95% are employed as daily wagers, for whom there are no retirement benefits, no Sunday or holidays off, no health insurance, and no paid vacation.
4. The economic status varies more than six fold within the slum. Higher income is linked with more college education and smaller sized family.
5. Average five members live in a cramped house of 1-2 rooms (size 12 feet x12 feet). Surprisingly, 75% of households have three appliances: TV, fan and mobile. With increased income they add cooking gas (45% have it) and two wheeler (30% have it).
6. Surprisingly, half of the primary school going children from the slum attend private school and tuition class, paying about Rs 15 per day out of their meager average daily income of Rs 46. This reflects two things: one is high awareness for education and second is dissatisfaction with the government school education.
7. The average number of students per grade decrease to about 50% by the time they reach 8<sup>th</sup> grade, and about 25% reach to 11-12 grade, indicating high dropout.
8. Males are given preference for the school and college studies. The ratio of male/female is almost one during 1-7 grades, after which it increases to 2:1, indicating higher dropout for females. Also, there are more males in private school and tuition class.
9. Increased awareness for school education is distinctly seen in younger generation. The proportion of never gone to the school has decreased from 50%, 26% and 7% respectively in 1<sup>st</sup> (grand-parents), 2<sup>nd</sup> (parents) and 3<sup>rd</sup> (children) generations. There is none with college graduation from 1<sup>st</sup> or 2<sup>nd</sup> generations; however, 6% have attended the college study from the 3<sup>rd</sup> generation.
10. About 90% of children (age 6-10) regularly drink tea and consume packed junk food for breakfast. About 40% of children get regular pocket money (Rs 2-

10/day) and spends it in buying biscuits, chocolate, Ice candy, Pani-puri, etc.

11. The poor quality of school education fuels a vicious cycle of poverty. The multiple factors responsible for poor education are: poverty, poor quality government school education (many of the 7<sup>th</sup> grade passed students cannot read or write properly), in many families both the parents go out to earn leaving their children unattended, lack of parental assertiveness; distraction from TV (most of houses have multiple channel connection) , female child is loaded prematurely with home responsibility (such as cooking, taking care of younger siblings, helping the mother at job as housemaid, etc), uneducated parents, poor role models in the community, etc.
12. Many self-destructive habits/rituals are seen among slum dwellers: eating packed junk food, children spending pocket money to buy street food which is spicy making them less interested in home food, there are at least four illicit liquor shops (in a dry state of Gujarat) in this slum, most of the working adults are addicted to Gutka, wasting significant income in outdated rituals (such as Dasha Ma Vrata, a fortune goddess) and customs (e.g. overspending in marriage and resulting into perpetual debt cycles)

## **Providing quality education to the needy slum population**

### ***Formal Education:***

Last year, the formal education was provided to the school going students of KG to 3<sup>rd</sup> grades by using following strategies:

- Synthesize the best methodology as per the need of local population
- Provide all the educational needs (books, stationery, etc) in the class, nothing to bring from home, nothing to carry home
- Differential instruction to address individual needs
- Replace the rote learning with fun learning
- Replace the corporal punishment with love, logic and discussion
- Develop and use teaching aids as needed
- Translate/develop reading material in Gujarati
- Encourage parental involvement
- Regular training and meetings with teachers
- Documentation and analysis of past experiences
- Spend about Rs 4000 per student per year, and charge less than 10% as a token fee

### ***Achievements of education project***

Compared to the last year, the educational coverage was expanded from 1-2 grades to KG-3 grades. The number of admitted students was increased from 31 to 68. For this we have rented a second premise inside the slum and employed four part-time teachers, making it total of five with Dr. Varsha Shah. Through these teaching efforts, we want to achieve close to 100% proficiency in basic reading, writing and mathematics.

### **Students admitted**

	2010-11	2011-12
KG	5	19
1 <sup>st</sup> grade	16	15
2 <sup>nd</sup> grade	4	16
3 <sup>rd</sup> grade	-	14
Not attending school, Age >5	6	4
<b>Total</b>	<b>31</b>	<b>68</b>
% Attending Government school	80%	72%
% Male / % Female	39/61	47/53
% Dropped out	65%	50%
<b>Average annual exam score</b>	<b>83%</b>	<b>90%</b>

### **Major behavioral issues with the students (2011-12)**

	KG	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Total
Highly Irregular	-	-	3	1	4 (6%)
Hyperactive/attention deficit	1	-	-	3	4 (6%)
Poor fine motor skill	15	8	2	6	31 (48%)
Dropped out	11	16	3	4	34 (50%)

### **Achievements of supportive education project**

#### **Formal Teaching activity**

- Amongst the students of the second grade and above, about 75% lag behind 1-2 grades academically compared to their actual school grade. Such a discrepancy is bigger in the government school going students. Therefore, for many of the 3<sup>rd</sup> grade students, we need to begin with the 1<sup>st</sup> grade teaching material; otherwise they are unable to grasp the 3<sup>rd</sup> grade material resulting in loss of interest in studies.
- About 2/3 students of KG-1<sup>st</sup> grade needed handholding to initiate writing.
- Students were exposed to about 80 different reading books in grade 1-3.
- Translated books from Hindi/English to Gujarati.
- Developed multiple teaching materials to support **differential instruction and independent learning**: variety of charts (to teach multiplication table, numbers and other math concepts, vocabulary and phonics), story charts without pictures, varieties of flash cards to teach specific concepts (e.g. classification, comparison, addition, subtraction, ascending/ descending orders, phonics, writing); picture cards of stories; variety of charts and strips to support independent learning, e.g., pictures with name charts and picture strips for phonics, various strips to teach math concepts, alphabet strips to improve writing, sentence strips, various sign strips, counting charts and strips etc.
- The dropout rate is reduced from 65% to 50%; however, still it is still very high. During the last year, 34 students dropped out for various reasons e.g. majority were of KG-1<sup>st</sup> grade who were unable to come in the morning (mainly due to carelessness of their parents),

five left to join other tuition class for exam oriented teaching, two were dismissed for repeatedly stealing behavior. Partial reduction in dropout rate is a result from increased interaction with the parents (e.g. emphasizing regularity during admission, higher fee for irregular students) and parents' realization of better quality of our teaching.

- The success of our teaching efforts is reflected in many ways:
  - a. Five students who left our class last year, have come back this year
  - b. Many parents are now complementing us that 1-2 grade students attending our class know better reading and writing than their older siblings of 4-6 grades who are not attending our class
  - c. Score of the annual external exam was about 90%
  - d. Students are more regular, reduced dropout rate, and parents are regular in paying the token fee
  - e. Overwhelming appreciation and support from the donors.

### ***Success Stories***

Our experience shows that the slum children have equal potential to shine if provided basic facility and opportunity like non-slum children. This is illustrated with many case studies.

An eight year child had difficulty in verbal communication; however, with our intervention she developed language proficiency.

A third grade male student was mischievous, irregular and not interested in learning; but he turned to be enthusiastic and regular.

Another third grade student was very shy and anxious from stuttering; now he is relaxed, and participating in the class discussion.

### ***Sponsored students for private schooling***

This year we introduced a new program of sponsoring bright and needy students to the private school mainly for two reasons: one is that our teaching is up to 4<sup>th</sup> grade only; therefore, the students will need a continued support, and the second reason is a poor quality of municipal school teaching. Many of the 7<sup>th</sup> grade students from municipal school are unable to read and write. Five needy and bright students are selected from our educational support class for this program. This sponsorship covers fees, books and stationery. The financial help is committed until they finish the school study, with a condition that they should attend the school regularly and pass the school exams. Within two months of their joining the private school, we have seen positive changes in their attire, personal cleanliness, regularity in school and in the class, and gaining self-esteem.

### ***Sponsored students for the vacation program at Community Science Center***

During the summer vacation 14 students of grade 1-3 attended the two weeks program at the Community Science Center, Vadodara. The students were taught how to draw and color the drawing meticulously, and to make variety of toys. They also carried out simple science experiments of air, sound, magnetism, and stroboscope. Most of these children had hardly gone out of slum and

none had been to the science center. They had an opportunity to interact with other non-slum students. We hope that, such an exposure will inspire them to dream higher in the life.

### ***Exposure to cybercafé***

Nine students visited cybercafé to see what computer does. They were exposed to English alphabets on computer by typing their names. They also watched how internet and CD/DVD work.

### ***Saturday afternoon activities***

Last year, we arranged multiple sessions of extracurricular activities during Saturday afternoons. These activities were supported voluntarily by Dinkarbai Chaudhari (Engineer) and Nainitaben Rana (Architect). They played sports (Kabbadi, Hututu, Soccer, Carrom) with the children, showed educational movies, and talked about life skills.

### ***Tour/Picnic***

The students were toured to the Kamatibag, (a city park) where they enjoyed sport rides (sponsored by Kamleshbhai Jain), toy train ride, the zoo, Bhel-puri (prepared by the teachers) and ice-cream. They were also highly excited during their car ride (provided by Shilpaben Zaveri) from MujMahuda slum to Kamatibag. Most of the students visited the Kamatibag for the first time.

### ***Exposure to outer world***

Visitors from various local and international organizations came and arranged special activities for the children.

- **Puppet making session by the artists from New York, USA:** A group of artists (Erica and Shannon) came from New York, USA; they arranged two sessions of artwork in collaboration with Chhap organization, Vadodara. For many of the children (ages five to thirteen), this event provided an opportunity to think independently and creatively. The children explored the textiles and colors, and developed a sense of imagination.
- **One month rotation of a medical student from USA:** Kavita Patel, a fourth year medical student from USA, joined our activity for one month. In addition to medical project, she also participated in teaching and playing with the children. In her report Kavita wrote, *“While working closely with the students, I became aware of multiple issues preventing the growth of families in this district, including resources, time and education. Often parents work from dawn until dusk as rikshawwalas, bungalow servants, cooks, etc. and the money they earn can vary from 1000 to 6000 rupees per month (\$20 to \$120). The families also struggle with basic resources such as food and water. Several girls leave school after the second or third standard to stay at home and tend for their home. It is not uncommon for a girl to be married by the age of 16. In fact, by doing so, she is less of a financial burden to her family. Most parents cannot read or write. They are unaware of the concept of bank loans, cannot afford private education*

*for their children, and attain poor habits with Gutka (tobacco), Bidee (cigarette), and local alcohol.”*

- **Sports and art session by the International Women’s Club:** A group of International Women Club members including Karen Fisher (President of IWC, Baroda), Ksenia Zatsepina (Vice-President of IWC of Baroda), Marinda Mouton, and others conducted this session. They played with the children and donated sport supplies.
- **Arts, craft and games by the Discovery Science Center:** Sahaj-Shisu Milap, Vadodara arranged a session on science games, art and craft, and math activities.
- **Cultural and entertainment:** Celebrated major holidays like Diwali and Uttarayan with the students. Four educational movies were shown.

### ***Attending personal needs of the students***

Many children walk around barefoot and frequently get hurt. One volunteer, Umaben Agrawal, donated Chappal to all the students. On few occasions, volunteers (including Mrs. Amitaben Patel, International Women Club) came and distributed the food items (milk, fruit, chocolate, biscuits, sweets, etc) to the children. Volunteers including Bhikhubhai Mehta, Rudrakant Patel, Daradi Sahayak Trust donated, slates, notebooks, pencils, clipboards, reading books, blackboard, etc.

### ***Plan for expanding the educational activities in 2012-13***

- Add 4<sup>th</sup> grade class.
- Open a public library in the slum for adults and children, when the funding and suitable space is available.
- Encourage the positive behavior in children and parents, such as regularity, restricting TV hours, avoiding packed junk foods, preventing home violence, reducing school/class drop outs, increasing parental participation, etc.
- Arrange annual cultural program by the slum students.
- Introduce English and Computer subjects (as requested by the parents) during Saturday/Sunday afternoon sessions.

### ***Serving slum population through outpatient clinic***

Last year, the clinic was moved to a central location in the slum. This has provided a bigger space and has attracted greater number of patients. The number of patients increased more than double. We have also added 20 extra medicines for diabetes, acne, epilepsy, vitamin B12 injection, hemorrhoid, nebulizer (for asthma), etc; making a total of about 100.

### ***Providing affordable quality healthcare by:***

- Not charging any consultation fee
- Reducing the cost by using generic medicines, and avoiding unnecessary injections

- Emphasizing the preventive measures of vaccination, healthy lifestyle (hygiene, nutrition) and preventing addictions (Gutka, smoking, alcohol)
- The cost of typical treatment is Rs 20 for three days

**Total number of patients registered in the clinic**

	2010-11	2011-12	% increase
Adult	326	877	169%
Children	179	367	105%
Total	505	1244	146%

**Total number of patient visits in the clinic**

	2010-11	2011-12	% increase
Adults	809	2174	169%
Children	325	578	78%
Total	1134	2752	143%

- Total number patients registered and their visits are more than doubled, increase is more with adults compared to children.
- Most of the patients are from MujMahuda, and half of its total population has visited our clinic for treatment.
- About 70% patients are adults (>12 years) and 30% are children, matching with demography in slum.
- Number of visits per patient is almost same during 2010-11 and 2011-12, with an average of 2.2 visits per year per patient. Adults visit the clinic more frequently (2.5/year) than the children (1.5/year).
- Overall, the adult females visit our clinic more frequently than males.

**Prevalence of addictions in the clinic patients (in adults)**

	Gutka	Alcohol	Smoking
Males	19%	11%	10%
Females	6%	Denied	<1%
Total	12%	5%	5%

- Smoking tobacco is replaced by smokeless tobacco use, which is socially more acceptable. Tobacco chewing is also common in working females.
- Even though none of the female reported the use of alcohol, some women have mentioned its occasional use in a casual talk.
- These figures of addiction look underreported. Reported figures for Gujarat are: Gutaka use 20%, smoking in males 15%, and smoking in females 5%. The prevalence of alcohol use is 21% in India and 7% in Gujarat. About 90% of oral cancers and 50% of all cancers are related to tobacco use in India.



**Prevalence of chronic diseases in the clinic patients (In adults per 100) during 2010-12**

Diseases	Males	Females	Total
Diabetes	4.2	1.8	2.7
Hypertension	3.8	3.7	3.7
Acidity	2.2	4.0	3.3
Allergic rhinitis	3.0	2.0	2.4
COPD/Asthma	2.8	0.4	1.4
Depression/Anxiety	0.6	1.4	1.0
Osteoarthritis	0.8	1.2	1.0
Stroke	1.2	0.5	0.8

- The prevalence of diabetes looks underreported especially in females, probably because of lack of screening and awareness. In India the prevalence of diabetes varies 9-20%, and for hypertension it varies 7-20%.
- Females reported higher incidence for acidity disorder especially acid reflux. Females also reported higher anxiety symptoms.
- Males have higher incidence of COPD due to greater prevalence of smoking.

**Ten most common causes of the patients' visits during 2011-12: (as % of total visits in the respective group):**

	Adult Male	Adult Female	All adults	Children
Cold (viral)	12%	13%	12%	35%
Malaria	11%	5%	8%	10%
Wound care	8%	8%	8%	20%
Dermatitis	5%	7%	6%	6%
Diarrhea	4%	2%	3%	9%
Acidity	3%	3%	3%	-
Low back Pain	3%	6%	4%	-
Other muscular pain	3%	5%	4%	-
Bronchitis/Pneumonia	3%	1%	2%	2%
Diabetes	10%	2%	5%	-
Hypertension	4%	2%	3%	-
Allergic rhinitis	3%	5%	4%	2%
COPD	3%	<1%	1%	-
Headache	2%	4%	3%	<1%
Abdominal pain	<1%	<1%	<1%	3%
Ear pain	<1%	2%	1%	3%
Dental pain	1%	2%	2%	1%

**Highlights of health care activities**

- Across all the age groups, the most common diagnoses were infections such as viral cold, malaria, wound care, gastroenteritis, dental caries, and bronchitis. This

pattern was almost similar in the previous year. The higher prevalence of infectious diseases is associated with the crowded home space, malnutrition and neglect of personal hygiene.

- Increase in number of patients with the chronic diseases of diabetes, hypertension, stroke, depression, osteoarthritis, acne, COPD/asthma, underweight, etc.
- Kavita Patel, a fourth year medical student from USA took one month rotation in Dec 2011. In her report she expressed, *"I found one of the most intriguing aspects of the rotation to be the focus on diagnostic efficiency using clinical judgment and examination skills. In western medicine, labs and imaging are considered a standard in patient care; however, they are only effective to those that can afford them. In the future, this experience will allow me to emphasize efficient and cost effective medicine. In addition to seeing patients in the clinic, I led discussions on popular medical topics (hypertension, diabetes, heart disease) with women in the community. My goal is to return to India throughout my medical career to serve the less fortunate."*
- A direct contact with community provides us the first hand opportunity to better understand their issues. For example, many mothers complain about their underweighted children. There are multiple factors responsible for this: parents are not home to make sure that their children are eating properly, poverty, misunderstanding of nutritious foods, etc. Surprisingly, two additional significant factors were identified from their social history. One is a habit of eating packed junk food, such as chocolate, biscuit, wafer, Bhungara, Panipuri, etc. It is a common practice that parents give pocket money to their children while going away for the work. Children purchase the prepared food which is usually spicy and tasty making them less interested in eating home food. Another factor was an extended breast feeding beyond two years of the child age. This tradition results into inadequate supply of calories and other nutrients due to refusal of external milk supplementation. At early ages most children are habituated for tea drinking, and therefore, would not prefer plain milk. We are counseling the parents against such self destructive habits.
- Dr. Kishor Mistry participated in Youth Wellness Camp, Vansada, Near Valsad, arranged by the Share and Care Foundation of USA, Adolescent Girl Sabala program meeting arranged Sahaj, Vadodara; and gave presentation on Diabetes at the Shishu Milap Trust, Vadodara.

### ***Beneficiaries in their own words***

- Gradually, the patients are appreciating our conservative approach of treatment. This is illustrated with one example: A 30 year of male patient, painter and migrant from UP, came with malaria like symptoms, he was treated with tablets. He improved partially; and therefore, he was advised for lab investigation to be done at a charitable pathology lab. However, his friend directed him to other private doctor, who requested almost similar investigations but at other lab (In India there is a practice of getting 25% kickback from the lab investigation referral). The result proved a persistence of chloroquine resistant malaria parasite and severe anemia. The other private doctor scared the patient for immediate hospitalization and blood transfusion. The cost of treatment was estimated to be

about Rs 18,000 which was equivalent to patient's six month salary. Patient was also told that his blood count will never improve without blood transfusion. He came to our clinic with tears. Since he did not have money for the hospital treatment he was planning to go back to his village in UP. We assured him that there was no need for hospitalized treatment or for blood transfusion and started treating him with injections for malaria. His repeat blood work showed significant increase in hemoglobin. His symptoms resolved, and he started a regular job. Now he has developed confidence in our approach and he brings other patients to our clinic.

- A 55 year old female has established faith in our clinic, brought her daughter visiting from Ahmadabad. She had pelvic pain and leucorrhoea. She was seen and treated by three different doctors and spending about Rs 3000 without success. After taking proper history and doing physical examination, she was diagnosed and treated for pelvic inflammatory disease. She was very happy with a rapid response.
- Ten year old girl came with a wart in her foot for many months. She was treated with local salicylic acid; however, it was not responding well. She was prescribed another medicine; but she could not purchase. The patient returned about two weeks before her elder sister's marriage, with a worry that how could she wear new sandals with the wart? She wanted a definite answer from us, whether wart would go away or not before the marriage ceremony? We did not have a definite answer but we continued the treatment. Finally, she came back three days before the marriage with a dried wart; while applying the dressing the wart fell off, and she was very happy! Looks like it was a miracle of her faith.

### ***Plan to expand healthcare activities during next year***

- Arrange a medical camp to screen common diseases like diabetes, hypertension, anemia, gynecological, eye and dental problems, etc.
- As per availability of funding, subsidize the diagnostic tests and chronic diseases medicines (diabetes, hypertension, asthma/COPD, epilepsy, etc) as needed.
- Emphasize more on community health education for personal hygiene, dental care, preventing malaria by mosquito net, regular use of Chappal, locally available nutritious foods, abuse of injections and IV treatment (in India it is a common practice to give IV fluid treatment in outpatient clinic), blind faith in local healers (Bhut-Bhuvu) practices, avoiding early age marriage (teenage marriage is frequent in females), etc.
- Address the issues of addiction of Gutka, smoking and alcohol. Commonly the wife comes with a strong request to provide treatment for alcoholic husband. We try to counsel the husband for not wasting health and money; however, it does not look to be effective. We need to develop a better approach for this very common social issue affecting the whole family.

## **Creating a knowledge sharing platform for NGOs:**

There are about 33 lac non-profit organizations registered in India, one for each 400 citizens! However, there is no broad based common platform for Indian NGOs. Our goal is to create such platform to share knowledge and experiences, facilitate multiplication of good work, minimize repetition of mistakes or duplication of efforts, and create consensus on social issues. The current status of this project is:

- A separate website ([www.novoi.org](http://www.novoi.org)) is being developed with professional IT experts.
- Started loading NGO data-base of Vadoadara (which has 14,000 NGOs registered) and Gujarat (which has about 2 lac NGOs). We have collected a partial list of NGOs from internet search, NGO directory, charity commissioner office, directory of NGOs, etc. However, it is very hard to get complete information about the NGO including their current activities, number of staff, budget, funding resources, training opportunities, publications, etc. We plan to collect such information through website, e-mail/regular mail, phone call or even personal visit as needed. This is going to be highly time consuming and laborious task, and we will learn from our experience.
- Initiated collecting data-base of funding agencies.

### ***Plan for the next year NOVOI project:***

- To improve the website design.
- To speed up the database collection and entry on the web through contract jobs.
- To initiate loading other data-base, e.g. government schemes, digital library, employments, e-journal, blog, etc.
- Depending upon the funding availability, the project will be geared up.

### ***Koshish-Milap Trust in news (Can be read on Koshish Milap Website):***

- Let Us Keep These Faces Smiling, page-15, Share and Care Foundation 29<sup>th</sup> Anniversary Report (October 2011).
- Slum Children from city get brush with art, Times of India, Dec 19, 2011.
- Koshish-Milap, page 18019, Bhumiputra, Dec. 16, 2011.

### **Budget aspects:**

We try our best to remain lean in our expenses by using following strategies:

- Dr. Kishor and Dr. Varsha are working full time without any salary or other compensation. Kishor by himself runs the clinic starting from case handling, medical exam, injection/dressing, dispensing medicines and fee collection. Varsha does multiple tasks of teaching, training teachers and developing teaching aids/curriculum.
- All trustees work voluntarily without any compensation.

- During the official meetings not to use trust fund for food or tea.
- Employ part-time teachers and staff as needed.
- Wherever possible opt for contract based work and voluntary work.

### **Budget summary for 2011-12:**

**Income:** Donations received Rs 6,09,000, patient's fees collected Rs 39,500, and fees collected from the students Rs 10,800, thus the total income was Rs. 6,59,300

**Total Expense:** Rs 4,90,800 (Education related Rs 2,71,800; Health related Rs 88,100; Knowledge sharing project Rs 1,30,900)

### **Projected Budget for 2012-13:**

**Total:** Rs 14,66,100 (Education project related Rs 5,24,500; Health project Rs 2,19,600; and, Knowledge Sharing project Rs 7,22,000)

### **Our main current issues:**

- The limited space in the MujMahuda slum for the classrooms and library.
- Technical difficulties in creating NOVOI website for knowledge sharing.

### **Thanks to our volunteers and supporters:**

1. All the generous donors.
2. Our special thanks to Sri Raj Foundation, Mumbai to support educational activities, Hari Om Seva Trust, Vadodara to sponsor the students for private schooling and community science program, and Jalpaben & Kalpeshbahi Sugandhi to expose students at their Cybercafé. Thanks to Indian Overseas Bank, Gotri to donate steel cabinets and blackboards. Thanks to Krishna Luhar and Anand Kane to donate refrigerator, microwave oven and water filter for the office use.
3. One special young donor needs mentioning: Ms Punam Umraniya, a youth, read about the Koshish-Milap activities and donated from her first pay check.
4. Thanks to volunteers: Nainitaben and Apurvabahi Rana, Rashmiben Garg, Anandbhai Kane, Dinkarbhai Chaudhary.
5. Bhansali Trust for providing a rent-free office at Pashabhai Park, Vadodara.
6. All the five trustees who are contributing without any financial reward.

### **Thank you to our Visitors:**

1. *From Vadodara:* Amitaben Lalitchandra Patel, Subhashbhai Shah, Dr. Satishbhai Shah, Kevalbhai Tuli (Paramount Pollution Control), International Women Club members, Hemaben & Nitinbhai Desai (Dardi Sahayak Kendra), Dr. Kaushikbhai Pandya, Staff from Bharti Axa Insurance company Ltd, Kishorbhai Swadia, from Smt. Santokben M. Swadia (Charitable Trust), Priyaben Jagdale (Baroda Citizens Council), Ram Devidayal, Sanjaybhai Kothari

2. *From Sewa-Rural, Jhagadia:* Vikrambhai, Kantibhai, Jyotsanaben, Drs. Anilbhai & Lataben Desai
3. *From Karamsad:* Dr. Hasmukhbhai Patel
4. *From Mumbai:* Natubhai R Budhdeo
5. *From USA:* Shaileshbhai & Jagrutiben Patel, Drs. Shirishbhai, Manjuben Shah, Vandanaben Shah, Amul, & Abhi, Arunaben Pawashe, Arunaben Brahmhatt, Frederik Joelving and Natasha (Thomson Reuter), Group of undergraduate students from Dr-Intern, Shilpaben and her son Rahul Shah,
6. *From Share and Care Foundation, USA:* Ashwinbhai & Dr. Arunaben Desai, Jayuben & Dilipbhai Parikh,
7. *From UK:* Natubhai Patel, Mahendrabhai K. Luhar, Shyam B. Luhar, Shreya Kane-Apte,
8. *From Portugal:* B. Klayanjee

## **Trustees:**

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## ***Our Inspirations***

“The major fault lies in the system and not  
in the person.”

***Gandhiji***

“Ignorance, inequality, and desire are the  
three causes of human misery.”

***Swami Vivekananda***

“United Truth wins.”

***Manubhai Pancholi,***

“God grant me the Serenity  
To accept things I cannot change;  
Courage to change the things I can;  
And Wisdom to know the difference.”

***Reinhold Niebuhr***