

Annual Report (2012-13)



Koshish-Milap Trust

*4th 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

Background

Koshish-Milap Trust has completed three years of serving the needy Mujmahuda slum population of Vadodara by providing affordable quality education and healthcare. The third activity involves creating a Knowledge Sharing Platform for the Non Government Organizations (NGOs) of India.

Providing quality education to the needy slum population

Formal Education:

The formal education is provided to the primary school going students by using following strategies:

- The facility is within the slum area, making it convenient to the beneficiaries.
- Synthesize the best methodology relevant to the local population.
- Provide all the educational needs (books, stationery, etc) in the class.
- 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.
- Spending about Rs. 6000 per student per year, and charging less than 5% as a token fee.

Expansion of the Formal Educational Project:

The educational coverage was expanded to KG-3 grades. Through these teaching efforts, we want to achieve close to 100% proficiency in basic reading, writing and mathematics.

- Number of students increased from 68 to 79.
- We are close to reaching our upper limit of handling 100 students, that is about 20 students per class.
- There were 5 students not attending the school, since they migrated in between the academic year. We counseled the parents for the school admission.
- About $\frac{3}{4}$ students are extremely poor, attending government school.

Number of Students admitted

	2010-11	2011-12	2012-13
KG	5	19	17
1 st grade	16	15	11
2 nd grade	4	16	18
3 rd grade	-	14	18
4 th grade	-	-	10
Not attending school Age >5	6	4	5
Total	31	68	79
% Attending Government school	80%	72%	76%
% Male / % Female	39/61	47/53	51/49
% Dropped out	65%	50%	30%
Average annual exam score	83%	90%	88%

Number of Students lagging behind academically in the school (2012-13)

Grade in School	Actual Grade with us	No. of Students	% of Total
1 st	KG	5	31%
1 st	Bridging- KG-1 st	4	25%
2 nd	Bridging- KG-1 st	2	11%
2 nd	1 st	8	44%
3 rd	1 st	7	39%
3 rd	2 nd	3	17%
4 th	1 st	4	40%
4 th	2 nd	4	40%
4 th	3 rd	2	20%
	Total	39	49%

Achievements of the Formal Educational Project

- About half of the students are lagging behind academically compared to their actual school grade. This lagging behind varies from 1-3 grades by the time they reach the 4th grade. This discrepancy is wider in the government school going students. For many of the 4th grade students, we need to begin with the 1st grade teaching material, otherwise they are unable to grasp the 4th grade material resulting in loss of interest in the studies and finally dropout.
- Students were exposed to about 100 different reading books.
- 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, number sense 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.
- Developed KG and 4th grade teaching material for the coming year. Also, revised the 1-3 grade materials based on our experiences.
- Introduced Hindi and computer subjects in the regular class and English on Sunday.
- The drop out of students has reduced from 65% in the first year to 30%. Half of the dropout was due to the irregularity resulting in forcing us to dismiss them. About 12% students were chronologically older than others in the class, losing interest in their study and thus dropped out from our class as well as from the school. About 12% of them migrated out. The reduction in dropout rate is a result from our increased interaction with the parents (e.g. emphasizing regularity, higher fee for irregular students, fear of dismissal from the class, etc) and parent's realization of better quality of our teaching.
- The success of our teaching efforts is reflected in many ways:

- a. Eight students who left our class last year, have come back.
- b. Many parents are now complementing us that 1st & 2nd grade students attending our class know better reading and writing than their older siblings of 5-7 grades who are not attending our class.
- c. Average score of the annual exam was 88%.
- d. Students are becoming more regular, late comers are also reduced. Parents are more regular in paying the token fee.
- e. High appreciation and support from the donors.
- f. We are getting more applications than we can accept.

Involving Parents

We keep a constant touch with the parents to update them regarding the progress of their children. We also counsel them for regularity for taking care of their children's basic need of regular meals, sleep, hygiene, etc. This is done on one to one basis as well as through the parental meeting.

Keeping Touch with the School Teachers

As needed, we visit the government and private schools where our students are attending the school and obtain the update/feedback for them.

Success Stories

Our experience shows that the slum children have equal potential to shine if provided the basic facility and opportunity like other non-slum children. This is illustrated with few examples:

- There were four students who were able to catch up two grades of academic materials in one year with our intensive support.
- Two students, who had failed in the private school, were able to get B grade through our support.
- Some of our sponsored students in private school are rank holders in their class.

Sponsoring Students for Private Schooling

Last year we introduced a new program of sponsoring five bright and needy students to the private school mainly for two reasons: one is that our teaching is up to 4th grade only, therefore, the students will need a continued support, and the second reason is a poor quality of government school teaching. Many of the 7th grade students from government school are unable to read and write. 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. We see significant transformation in the sponsored students regarding their attire, personal cleanliness, regularity in school and in the class, and gaining self-

esteem. The private school going students do need additional academic support through our class.

Saturday Afternoon Activities

Last year, we arranged multiple sessions of extracurricular activities during Saturday afternoons. These activities were mainly managed voluntarily by Nainitaben & Apurvabhai Rana (Architects). They talked about life skills and showed educational movies.

Exposure to Outer World

- Students were taken to see a circus, this was a first time experience for almost all of them and they loved it.
- The students got an exciting opportunity to watch a 3D movie – Jurassic Park in a theater. This was their first visit to a theater along with the mall and big super market. They enjoyed the escalator and elevator rides.
- Second and third standard students were taken to the post office, university library, bank, and university departments like Biochemistry, Zoology as well as Chemistry. During this educational tour, the students were amazed to see the huge library building with lakhs of nicely arranged books and hundreds of students reading in pin drop silence.
- Picnic to the Akota Park with Hiralben, Antikshaben Joshi and teachers. Students had a fun time and enjoyed the rides.
- Celebrated major holidays like Diwali and Uttarayan with the students.

Such tours are not only inspirational but also expand their horizons. They implant bigger dream in their life. Most of them started thinking of studying at university, becoming a “big person”, have a motor bike/car and even flying to other countries. Many of them expressed desire to save for the future in the bank.

Professional Developments

- Dr. Varsha Shah visited Navprerana School Program in Navarachna School, Vadodara. She also visited Don Bosco Snehal near Vishvamitri Bridge, Vadodara.
- Teachers made a group trip to Chetan Balvadi, M S University, Vadodara.

Future Plan for Expanding the Educational Activities

- Upon availability of the sustainable funding and suitable space, open the public library for the slum population.
- Encourage positive behavior in children and parents, such as regularity, restricting TV hours, avoiding junk foods, preventing home violence, reducing school/class drop outs, increasing parental participation, etc.
- Counsel the parents to maintain their home neat and tidy. Also, emphasize how to manage their homes more efficiently and economically within the current income.
- Arrange annual cultural program by the slum students.
- Plan for founding our own school to fully implement our strategies and experiences.

Serving Slum Population through Outpatient Clinic

The outpatient facility is inside the slum providing primary care for all the age group patients from child to elderly.

Providing Affordable Quality Healthcare by

- Free consultation.
- Dispensing medicines for most common illnesses including cold, malaria, bacterial infections, skin diseases, pain, acidity, diabetes, hypertension, asthma/COPD, depression, gastroenteritis, ear/eye infections, etc.
- 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 charge for a typical treatment is Rs. 20 for three days. For hypertension/diabetes like chronic condition the charge is Rs 15 per month per medicine.

Number of Patients Registered & Visited in the clinic

	2010-11	2011-12	2012-13
Total registered	505	1244	2004
Total visits	1134	2752	4678

- Total number of patients registered and their visits have increased by 61% and 70% respectively.
- We are reaching the upper limit of handling about 20 patients for three hour clinic by a single doctor without any assistance. Occasionally the number of patients reaches to 30 or more.
- Most of the patients are from Mujmahuda slum, and about ¾ of its total population (2518 residents) has visited our clinic at least once for the treatment.

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. The higher prevalence of infectious diseases is associated with the crowded home space, malnutrition and neglect of personal hygiene.
- The other most common cause was aches and pain from labor job.
- Increase in the number of patients with the chronic diseases of diabetes, hypertension, stroke, depression, osteoarthritis, acne, COPD/asthma, underweight, etc.
- Jinal Patel, a nurse from USA took one month rotation in December 2012. In her report she described her experiences, “The clinic run by Koshish-Milap takes health care to the community rather than the community having to travel outside of their area for primary care....I had the opportunity to conduct sessions on cervical and breast cancers with women in the Mujmahuda community. Many women were eager to learn more about their bodies and try the techniques of self-examination. The sessions were reciprocal as they allowed me to learn more about the women and their lives too.... It has been a wonderful and eye-opening learning experience for me.”
- Dr. Kishor Mistry participated in the Youth Wellness Camp, Pindwal, Near Navsari arranged by the Share and Care Foundation, USA.
- Dr. Kishor Mistry attended a, “Technical Updates on Maternal-Neonatal Health and Safe Abortion” on March 23, 2013 arranged by CommonHealth – a Coalition for Maternal Neonatal Health and Safe Abortion in Vadodara.
- Dr. Kishor Mistry gave a talk on “Positive values of Western Culture” at Youth Camp (Jankeshwar) arranged by Jatan and Paryavaran Suraksha Samiti in June, 2013.

Typical Issues of Slum Population:

- Forty year male, painter, came with a complaint of abdominal pain. As suspected, it turned out to be a kidney stone after sonography. He was given pain medicines and advised to drink plenty of water. He wanted doctor's advice whether to visit a local healer to remove his stone. We explained him that healers are mostly trick makers, but he could go to find out a reality. When he visited the local healer, many people were waiting in a long queue for the treatment. When his turn came, the healer's assistant reviewed the sonography report to find out the location of the stone. Then the healer placed a plate there with a sudden force. From this pain, the patient was disoriented, and the healer presented a stone to him telling that it was his kidney stone removed.
- Dashama Vrat is very popular in slum. It is observed to fix all the obstacles or problems of economic, social or health aspects. During this observation, the house lady reads or listens to the story of the Goddess Dashama every day after taking shower, fasts, worships the statue of goddess's riding on the camel made from soil, performs Aarti twice a day, and keeps lighted the ghee lamp for 24 hours during 10 days. Then the statue is immersed in the nearby river. This celebration is carried out consecutively for five years, and at the end the silver statue of camel is donated to a Brahmin. It is observed to remove all the obstacles: Aadhi, Vyadhi, Upadhi.
- Menses time for women is a big issue in slum. During that period of 3-5 days (or longer) they become untouchable and they are not allowed to cook. The young children are given about Rs. 5 to buy the street vendor food, which is neither healthy nor enough. Girls older than six are responsible to cook for the entire family during such time. Very commonly, ladies come to the clinic to get a medicine to pre/postpone the menses time, so that it does not 'spoil' the upcoming celebration. Many ladies get the major hysterectomy (removal of uterus) operation done at young age of 30s to solve this 'problem'. It is almost impossible to make them understand that such taboos are outdated.
- A thirty five year old female working as construction worker came with a complaint of low back pain. Her job required to carry heavy loads on her head. There was no trauma involved. She was given pain medicines and taught a better technique to lift the heavy loads. She was also advised to rest. She answered, "Where is a rest in my life? What shall we eat in the evening if I stop working?" Her husband died three years ago from TB and alcohol. She has two young daughters and she is also taking care of the old mother-in-law. The reality of such extreme poverty is heartbreaking.

- A 25 year old lady came almost 'begging' a treatment for her alcoholic husband. She is working as a house keeper earning Rs. 3000/month after 10 hours of hard work. She does not have time for her children. The husband has started drinking and does not work regularly, but he frequently abuses (verbally and physically) the wife and children. We advised to bring her husband for counseling, but he would not come. The wife was requesting some medicine that she could mix with the cooked food. We wish we could have such a 'magic pill'! These ladies are frustrated because they do not have much option in the society and they will feel unsafe being separated/divorced.

Future Plan to Expand Healthcare Activities

- Arrange medical camp to screen common diseases like diabetes, hypertension, anemia, gynecological, eye and dental problems, etc.
- As per the 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, avoiding 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-Bhuva), avoiding early age marriage (teenage marriage and pregnancies are common in females), etc.
- Address the issues of addiction of Gutka, smoking and alcohol. Commonly the wife comes with a request to provide treatment for alcoholic husband. We try to counsel the husband for not spoiling health and wasting 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 and society.
- Employ an assistant to the physician.

Creating Knowledge Sharing Platform, a Network of Voluntary Organizations Of India (NOVOI), for the Indian NGOs

There are about 33 lakh non-profit organizations registered in India, one for each 400 citizens! However, there is no broad based common platform for the Indian NGOs. Our goal is to create a 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) is being developed with professional help. The team that was hired initially to develop the website could not deliver the desired functionality and wasted more than a year in the process. The task was entrusted to another team in December 2012 and we are glad that the website with basic functionality is ready.
- We have started loading NGO data-base of Vadodara, Gujarat and other states, funding agencies from India and other countries, and schemes of Central and Gujarat Governments.
- We have collected a partial list of NGOs from the internet search, NGO directory, the charity commissioner office, etc. However, it is very hard to get complete information for the NGOs including their current activities, staff size, budget, training opportunities, publications, etc. We plan to collect such information through the websites, 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 are learning a lot from the process.

Future Plan for the NOVOI Project

- To complete the basic website functionalities with some loaded database and publish it.
- To speed up the database collection and entry.
- To initiate loading other data-bases and features like digital library, employment opportunities, e-journal, blog, etc.
- Depending upon the funding availability, the project will be geared up.

Koshish-Milap Trust in news (Can be read on the Koshish-Milap Website)

- Social Change and Transformation in the Slums of Vadodara, page-24-5, Share and Care Foundation 30th Anniversary Report (October 2012), page-24-5.

Budgetary 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. Currently employed staff includes: six part-time teachers, one full time office administrator, two full time network coordinators and three contractual persons for office and classrooms cleaning.
- All trustees work voluntarily without any compensation.
- Do not use the trust fund for food or tea during the official meetings.
- Employ part-time teachers and staff as needed.

Budget summary for 2012-13

Income: Total donation from India received was Rs 13.3 lakh for general use and 3.4 lakh for the corpus fund. Income from patient's fees and student's fees was Rs 0.9 lakh.

Expenditure: The total expenditure was Rs 8.2 lakh. The expenses related to the Education, Health and Knowledge Sharing Platform projects were Rs 6.1 lakh, Rs 1.1 lakh and Rs 1.0 lakh respectively.

Projected Budget for 2013-14

Budget for the Education and Health projects: The Share and Care Foundation, USA has provided a major funding for the Education and Health projects. Therefore, we are seeking only the partial budget of 4.2 lakh that is not covered by this funding.

Renovation of the Mujmahuda premise for education and health projects: Needed Rs. 2.9 lakh (Total needed was Rs. 4.3, of which Rs. 1.4 is already received.)

Budget for the Knowledge sharing platform (NOVOI) Project: Rs 6.7 lakh

Total budget for the Education, Health and NOVOI projects: Rs 13.8 lakh. We already have carried forward 5.1 lakh from the last year, therefore, the actual funding needed is Rs 8.7 lakh.

In addition to the above currently run projects, we are also seeking the funding for the following future projects:

Creating a corpus fund for sponsoring private schooling: Average annual expense to sponsor one student in a private school is about Rs 8000. This expense includes school fees and other administrative expenses. Thus if we create a corpus fund of Rs 1 lakh, from its fixed deposit about Rs 8000 can be earned as annual interest and that can be used to sponsor one student. For sponsoring 25 students, we need total corpus fund about Rs 25 lakh.

Creating a corpus fund to subsidize the medicines & investigations for chronic diseases: Some poor patients with lifelong diseases such as diabetes, hypertension, depression, epilepsy, asthma, are unable to afford medicines regularly. To support about 10 such needy patients, the total annual expenditure can be around Rs 24,000, thus the corpus fund needed for this sustained activity is Rs 3 lakh.

Establish our own school: A model school is required to practice and fully implement the successful educational strategies developed and used by us. We are planning the school for KG to 12th grades. This will involve procuring land, getting permission from the government, construction and employing the teachers. The initial rough estimate for such school is about Rs. 3 crore.

Our major current issues

- To search for a land and the funding for the future school based on our current teaching methods.
- Create sustainable corpus fund to sponsor students in private school and to support medical treatment for the needy patients.
- To get qualified staff for NOVOI (Knowledge Sharing) platform with a better command over English and the internet application.

Thank you for visiting our work

- ***From Vadodara:*** Mr. J.G. Babani, Sureshbhai Vakil & Anilbhai Dikshit (Hari Om Trust), Hemaben & Nitinbhai Desai, Jayvantbhai Mehta (Dr. C.T. Mehta Rehab Center), Bhikhubhai Mehta & Rudrakant Patel (Shree Samast Vanik Seva Sangh), Mr. Padmanabhan Iyengar (Manager Indian Overseas Bank), Dr. Jatin Modi (Ex-Mayor of Vadodara), Dr. V.R. Shah (Chairman, Standing Committee of the Vadodara Municipal Corporation), Pariben Talati, Madhaviben and Dr. Bharatbhahi Shah (Vinoba Ashram), Deepakbhai Sadhi (Army Camp), Nimitaben Bhatt (Faculty of Community Science, MS University), Reshmaben Naikankatte (Dr.

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- **From Ahmedabad:** Bhavinbhai & Pritiben Shah (Prasad Group), Bhavnaben & Nitinbhai Shah,
- **From Mumbai:** Pritiben Shah & Parulben Sheth (Shree Raj Foundation)
- **From USA:** Hina Lingayat, Nitaben & Shirishbhai Nanavati (Share and Care Foundation), Prof. CV Ramakrishnan, Chaitaliben Shah, her son Anuj & mother Bhadrakaben, Shaileshbhai Patel, Dr. Ushaben, Drs. Manjulaben & Shrishbhai Shah, Arunaben & Chandrakant Brahmhatt
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- **From the Netherlands:** Vali & Thomas Weiland
- **From Japan:** Jessica & Rushi Luhar

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- Vinaben Shah for helping in education project.
- Mr. C.K. Shah for helping in NOVOI project in creating Knowledge Sharing Platform for the Indian NGOs.
- Rumaben and Krishnakumar Luhar to arrange the social gathering and dinner for all the staff and volunteers of the Koshish-Milap Trust.
- Antikshaben Joshi for helping in education project.
- Anandbhai Kane for helping in the office administrative work.

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- Share and Care Foundation, USA to provide generous donation to cover major activities in Education and Health projects.
- Sri Raj Foundation, Mumbai to support major education project during 2012-13.
- Dr. Kumud Pravin Mehta Charitable Trust, Mumbai, to provide major support for Health project during 2012-13.
- Pritiben & Bhavinbhai Shah to organize a premise in the Mujmahuda slum for education and health activities. This is going to be a big help allowing us to increase the space which is a major constraint.
- Bhansali Trust for providing a rent-free office at Pashabhai Park, Vadodara.
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- In-kind donations such as: lamination machine, wooden boxes, steel cabinets, hygiene kit, kites, compass boxes, notebooks, sweets, transportation, used clothes, used laptops, used school bags, used TV, etc were received from the donors: Nainitaben and Aprvabhai Rana, Chaitaliben & Vijaybhai Shah, Anu and Anand Parikh, Parulben Sheth (Shree Raj Foundation), Bhavik Khera (SEE Foundation), Sejalben Patel, Keren Fisher and Reinks Thiery (International Women's Club, Vadodara), Hemaben & Nitinbhai Desai, and Parimalben Parikh (Dardi Sahayak Trust), Gitaben and Rohitbhai Desai, Bhavanaben and Nitinbhai Shah, Rajeshbhai Patel, Kalaben Vaishnav, Bhikhubhai Mehta and Rudrakant Patel (Samast Vanik Seva Samaj), Kaminbhai Shah, Pritiben and Bhavinbhai Shah, Ridhhiben Shah, Jayvantbhai Mehta (Dr. C. T. Mehta Rehab Center), Amitaben Patel, Rajeshwariben Barjatya (Mahavir International), Shyam Luhar.
- All the five trustees who are contributing without any financial reward.

Trustees

1. Dr. Kishorkumar P. Mistry
MD (Family Medicine, USA), PhD (Biochemistry)
2. Dr. Varsha B. Shah
MA (Education, USA), PhD (Biochemistry)
3. Krishnakumar B. Luhar
BSc (Chemistry), AMIE (Chemical Engineering)
4. Harish M. Desai
BSc (Chemistry), LLB
5. Yogini B. Shah
MSc (Statistics), MEd

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