

# Annual Report (2013-14)



## Koshish-Milap Trust

*5<sup>th</sup> year of Dedication for  
Education, Health & Knowledge sharing*

**Office:** 10 Ganga Park, Inside Pashabhai Park,  
Race Course Circle, Vadodara-390007,  
Gujarat, India

**Phone:** 0265-2334041

**E-mail:** koshishmilap@yahoo.com

**Web:** www.koshish-milap.org

**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 four years of serving Mujmahuda slum population of Vadodara by providing affordable quality education and healthcare. We are also creating a Knowledge Sharing Platform for the Non Government Organizations (NGOs) of India.

### **Survey of habits in Mujmahuda slum population**

This survey was carried out with the help of three MSW students from SP University, Vallabh Vidyanagar. It covered 348 persons from 60 families of the students attending our education center. This study was aimed to evaluate the prevalence of negative lifestyle. The summary includes:

- Tea with biscuits is a common breakfast in 82% families. About 50% of the families consumed vegetables every day. Milk was consumed by <5% due to cost.
- Commonly, a child spends pocket money of Rs 2-5 to purchase packed junk food.
- Average person watches TV for 1.5 hr/day, commonly for movies and serials until late night.
- Labor job is the most common occupation, which was attended during 62% of days. In the remaining days, either they did not find job or could not go.
- About 60% families have some form of debt with interest rate of 20-30% per annum.
- Mobile phone is owned by 98% families versus 64% families having toilet facility.
- Overall 45% adult males and 22% adult females have some form of addiction such as chewing tobacco, alcohol consumption or smoking.
- About 1/3 families reported domestic violence, mostly from alcoholic male member.
- Average three children per couple.

From our experience and learning, we believe that many of the life hurdles in such population can be resolved by simple behavioral change such as: (a) Limiting family size to 1-2 children and concentrating on education, (b) Controlling excessive spending in marriage and other rituals to avoid cycles of debt, (c) Consume home cooked food instead of packed food, (d) Avoiding alcohol or tobacco, (e) Be regular at work or study, (f) Taking basic care of children by providing regular meal and sleep, (g) Limit watching TV hours, (h) Completing at least 10<sup>th</sup> grade study especially by the female student, (i) Learn better to make priority in life, e.g. toilet versus mobile phone.

We are trying to counsel families and students to change such negative behavior; however, the success is limited. About 92% families perceived their issues are related to poverty and only 8% felt issues are related to their negative behavior.

## ***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.
- Educational material (books, stationery, etc) is provided free 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, but charging about 6% as a token fee.

### **Expansion of the Formal Educational Project:**

The educational coverage was expanded to cover Junior KG to 4<sup>th</sup> grade. Through these teaching efforts, we want to achieve close to 100% proficiency in basic reading, writing and mathematics.

- Number of students increased from 79 to 122, the highest increase was in KG.
- We have crossed the upper limit of handling total 120 students (20 students per class).
- Introduced Hindi and English subjects.

### **Number of Students admitted**

	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
KG (Jr. + Sr.)	5	19	17	45
1 <sup>st</sup> grade	22	19	16	31
2 <sup>nd</sup> grade	4	16	18	15
3 <sup>rd</sup> grade	-	14	18	19
4 <sup>th</sup> grade	-	-	10	12
<b>Total</b>	<b>31</b>	<b>68</b>	<b>79</b>	<b>122</b>
% Attending Govt. School	80%	72%	76%	53%
% Boys / Girls	39/61	47/53	51/49	55/45
% Dropped out	65%	50%	30%	10%
<b>Avg. Annual Exam Score</b>	<b>83%</b>	<b>90%</b>	<b>88%</b>	<b>88%</b>

## Achievements of the Formal Educational Project

- Students were exposed to variety of reading books.
- Translated books from Hindi/English to Gujarati.
- Developed multiple teaching materials to support differential instruction and independently learning specific concepts: variety of charts and flash cards (e.g. story charts with and without pictures, classification, comparison, addition, subtraction, ascending/descending orders, phonics, writing, etc), strips (e.g. phonics, math concepts, reading and writing), and video clips (e.g. farming, animals, plants, artisans, water sources, dams, public places, etc). *Thanks to Dr. Pnakajbhai and his team of Gyanshalal, Ahmedabad, for providing teaching material that helped us to develop our curriculum.*
- Due to lack of exposures, many of our students have difficulty in comprehending the concepts like waterfall, mountains, jungles, animal eating habits, dam, farming, artisans like blacksmith, potter, etc. The textbooks also do not provide enough pictures. Therefore, we have collected short (1-5 min) video clips on such specific concepts. The use of audio-visual method is highly successful.
- Updated/revised the KG to 4<sup>th</sup> grade teaching material.
- The success of our teaching efforts is reflected in many ways:
  - a. Average score of the annual exam in our class was 88%.
  - b. Many students especially of government school are lagging behind academically. This is a result of a policy of not retaining irrespective of their academic achievement. With our intense support seven students were able to catch two grade academic materials in one year and there were two students who could grasp three grade materials in single year!
  - c. Students' regularity has improved. The dropout rate of students has reduced from 65% in 2010-11 to 10% in 2013-14. The reduction in dropout rate is a result of our successful teaching strategies, increased interaction with parents by emphasizing regularity, charging higher tuition fee for irregularity, fear of dismissal from the class, etc. Significant part of inevitable dropout is due to emigration from the Mujmahuda slum or admission in the morning school making it impossible to attend our class.
  - d. High appreciation and support from parents and donors.
  - e. We are getting more applications than we can accept.

- f. Proportion of the students from private school has increased from 20 to 43% due to our successful teaching strategies.

### **Involving Parents**

We keep constant touch with the parents and update them regarding the progress of their children. We also counsel them for taking care of their children's basic needs like 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 schools attended by our students and get update/feedback.

### **Success Stories**

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

- Ten students were struggling in private school; however, with our support they started getting B grades.
- A second grade student on admission was unable to hold the pen correctly, but with our intense support she was able to pick up 1<sup>st</sup> grade material in six months. She also learnt quickly Hindi and English alphabets. This smart girl taught her mother how to sign instead of thumb printing. There were four other such students who taught their mothers to write their names.
- A third grade student came with poor language skill. With our support, he turned out to be a successful and favorite student of his school teacher.
- A 3 year girl was brought by her mother for KG admission; however, because of her younger age she was denied admission to Junior KG. However, she would come every day and stand outside the class, copy the class activities like singing and listening the stories. Finally we admitted her because of her enthusiasm!
- In order to discourage copying from colleague, the students are advised to learn on their own properly; otherwise in real life they may not be able to read sign boards of bus/train, newspaper, forms, bank passbook, etc. Due to such emphasis the students express their feeling, "I should learn myself; if I do not understand, my teacher will help me to learn."
- A 10 year girl with surgery of split palate has a speech problem. On admission she was looking like mentally underdeveloped, but with our support she grasped material of two grades in one year. In fact now she is teaching to her colleagues in the class.

- One student joined our class 3 years ago in 1<sup>st</sup> grade; however, he was irregular and finally stopped coming. He came back after 3 years, being in 4<sup>th</sup> grade in government school and not knowing even Gujarati alphabets. He worked hard with us and was able to catch up 3 grades in less than a year.

### **Sponsoring Students for Private Schooling**

We introduced a program of sponsoring bright and needy students to private school mainly for two reasons: (1) Our teaching is up to 4<sup>th</sup> grade, therefore, the students need a continued support. (2) Relatively poor quality of government school teaching, reflected in their inability to read and write after “passing” 7<sup>th</sup> grade. The sponsorship in private school covers fees, books, stationery and transport. The financial help is committed until they finish high 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 personal attire, gaining self-esteem, regularity in school and class. Last year total of 21 students were admitted and supported for private schooling. *Thank you to Hari Om Seva Trust, Dardi Sahayak Trust and Mahavir International to sponsor the students.*

### **Extracurricular Activities**

- Arranged afternoon sessions of extracurricular activities during Saturdays. These activities were managed voluntarily by Nainitaben and Apurvabhai Rana (Architects). They taught life skills and showed educational movies.
- Arts and craft session conducted by Uttam Pal, and Rakshitaben Shitut.
- English teaching sessions conducted by Pujaben Pandya.

### **Exposure to Outer World**

- KG to 1<sup>st</sup> grade students were taken for educational tour to Sayaji Garden and its zoo.
- Second to 4<sup>th</sup> grade students were taken to the Post Office, University Library, Gurudvara, Derasar, Mosque, Temple, Anand Agriculture College and Amul Dairy.
- Celebrated major holidays like Diwali and Uttarayan with the students.

Educational tours not only serve the academic purpose, but are also inspirational to expand their thinking horizons. They implant bigger dream in their life. Most of them started dreaming for college study, becoming a “big person”, have a motor cycle/car and even flying to other countries. Many of them expressed desire to save pocket money in the bank.

## **Professional Developments**

- Teachers visited Gyan Shala, Ahmedabad, an NGO providing education in slum.

## **Other items**

- There was a flood in Mujmahuda slum in September 2013, during which the water level rose up to 4 feet surrounding the education center and clinic forcing us to close these facilities for two days and losing some educational material. *During this calamity, one volunteer, Pariben Talati, contacted us and distributed food to the affected people. During this difficult time three of our teachers, Binaben Naik, Jalpaben Sugandhi and Nimishaben Desai, donated and distributed food and grains.*
- We had some unpleasant experiences like stealing electric bulbs and damaging staff vehicles. After discussing these issues with local residents the incidences have reduced.
- Near one of the classrooms, there is an issue of heavy smoke coming from a neighbor's cooking on a wood-stove (Chula). Use of such Chula is common in other households of slum. Therefore, we searched for an efficient Chula, located a company in Bhavnagar, bought and distributed 35 such stoves at highly subsidized cost.

## **Future Plan for Expanding the Educational Activities**

- Upon availability of the sustainable funding and suitable space, we desire to open a public library for the slum population.
- Improve counseling services to 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, manage their homes more efficiently within the current income, etc.
- Arrange annual cultural program by the slum students.
- Establish our school to fully implement the successful strategies and experiences.

## **Serving Slum Population through Outpatient Clinic**

The outpatient facility is located 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, acne, etc.

- Reducing the cost by using generic medicines and avoiding unnecessary injections.
- Emphasizing on the preventive measures of vaccination, healthy lifestyle (hygiene, nutrition) and preventing addictions (Gutka, smoking, alcohol).
- The fee for a typical three days treatment is Rs 20. For chronic diseases like hypertension/diabetes, the treatment cost is Rs 15 per month per medicine.

### **Number of Patients Registered and Treated**

	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
<b>Total registered</b>	505	1244	2004	3080
<b>Total treated</b>	1134	2752	4678	8329

- Compared to previous year, the total number of patients registered and their visits have increased by 54% and 78% respectively.
- We have crossed the upper limit of handling about 20 patients during three hour clinic by a single doctor; last year the average number of patients was 28 per day. Occasionally the number of patients crossed 40.
- The registered (3080) patients are more than the total residents (2518) of the Mujmahuda slum, indicating now more than 20% patients are from outside the local slum.
- *With the help of two generous donors (Bhavinbhai Shah and Anoopam Trust), a corpus of Rs 6 lakh is established for further subsidizing the treatment of chronic diseases such as diabetes, hypertension, asthma, epilepsy, depression, etc.*
- To cope up with the increased number of patients, one Health Assistant has been employed. The idea of employing a qualified doctor now for the clinic looks remote due to lack of sustainable fund.

### **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 crowded home, malnutrition, nearby dirty river and neglect of personal hygiene.
- The other common causes were aches/pain from labor job, and contact allergy on feet/palm from housemaid work.



- Increase in number of patients with the chronic diseases of diabetes, hypertension, stroke, depression, osteoarthritis, acne, COPD/asthma, underweight, etc.
- Dr. Kishor Mistry participated in the Youth Wellness Camp, Ajarai, Near Navsari arranged by the Share and Care Foundation, USA.

### **Typical Issues of Slum Population:**

- *Excessive spending in rituals:* A family from Mali caste spent about Rs 1 lakh in a ritual of Babri involving the first event of shaving the head of a child. This expenditure is equivalent to about 15 months average family income. Such preventable overspending results into wiping out of saving and/or high-interest rate debt.
- *Honesty and dishonesty:* An 18 year old female patient came with complain of migraine. She did not pay the past dues of subsidized clinic. To avoid the past pending charges, she changed her name so that we could not locate old chart. However, we insisted that her old chart should be there, and finally we located. Then we refused to treat her before clearing the past due, because she seemed to be capable of paying the subsidized fee. On the other hand, there was a 65 year old female patient. When she was dying, she requested her husband to pay the pending clinic fee, and in fact her husband came for this payment. Another example of honesty is a 70 year old patient, who is a widow and her son had died in an accident. She is very poor, surviving on money collected from cleaning the temple floor. So we do not charge any fee to her, but on few occasions she would insist for payment with an explanation that, 'Today, I have money, and I should pay!'
- *Death due to lack of treatment:* A 60 year old patient with a history of heart attack was advised to get angiogram/ angioplasty. Such treatments are not available in government hospital, and it costs about Rs 1 lakh in private hospital. He could not afford it, and he died suddenly from acute attack while being treated medically in our clinic.
- *Prevalence of blind faith:* A 70 year old female became unconscious and her family was advised hospitalization. The CT of head revealed hemorrhagic stroke. Since it was non-operable, she was brought back to home. She was treated with injections and oral fluid that she could tolerate. The family consulted Brahmin to find out the fate of this patient. Studying her horoscope, the Brahmin proclaimed that Rahu planet's position was preventing her peaceful death until next 10 days. But by performing a special ritual, she could be freed from suffering (Jivan Mukti). This ritual was performed and the patient died

after 4 days. Around this death, four other people died in the surrounding community. The local people explained the association of the additional deaths to her dying during in Panchak (A period defined by Hindu calendar). It is also believed that such additional deaths could have been prevented by performing a special ritual of hanging 5 statues during her death procession.

- *Vicious cycle of poverty:* Four sisters, age ranging from 2-12 years, came with a complaint of cough. During this first visit the social history revealed that none of them were ever admitted to the school. The reason was that both the parents have to work for survival; therefore, the elder sisters are assigned to take care of the younger siblings.
- *Breaking down of family based social security:* Many of the elderly patients complain that their sons are not taking care of them. Various explanations given for such social change are: the time has changed, people are more selfish now, it is a Kaliyug, TV's influence, etc. The elderly people have neither saving nor pension since they were daily wagers. With increased lifespan and break down of the extended family care, the condition of elders is getting worse due to lack of public social security.
- *Almost impossible to treat alcoholism:* Many female patients are requesting pill to treat alcoholism. One family spent close to Rs 1 lakh on various treatments based on newspaper advertisements, rehab program and pilgrimage to a distant temple. One sister celebrated the decision of a brother to quit alcohol by lighting 100 lamps during Diwali time, but the happy decision lasted for few days only. One family tried donkey's urine therapy costing Rs 1000 per bottle of urine!

### **Future Plan to Expand Healthcare Activities**

- Arrange medical camp to screen common diseases like diabetes, hypertension, anemia, gynecological, eye and dental problems, etc.
- Improve methods to emphasize 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), etc.
- Addressing the addiction issues of Gutka, smoking and alcohol in a better way. Our current method of counseling husband does not look to be effective.

## ***Creating Knowledge Sharing Platform for Indian NGOs: Network Of Voluntary Organizations of India (NOVOI)***

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 has been developed with professional help. It is in final stage of evaluation.
- We have compiled the NGO database and government schemes of Gujarat state. For other states the work is in progress.

### **Future Plan for the NOVOI Project**

- To load the collected data 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-Magazine, Forum, etc.
- Depending upon funding availability, the project will be geared up.

### ***Budgetary aspects***

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

- Dr. Varsha and Dr. Kishor are working full time without salary or any other compensation. Currently employed staff includes: seven part-time teachers, one part-time Health Assistant, one full time office administrator, two full time network coordinators and two contractual persons for office and classrooms cleaning.
- All trustees work voluntarily without any compensation.
- We do not use the trust fund for meal/snacks during official meetings/get together.

### **Budget summary for 2013-14**

**Donation:** Total donation received was Rs 17.6 lakh for general use and Rs 8.5 lakh for the corpus fund.

**Expenditure:** The total expenditure was Rs 15.0 lakh. The expenses were Rs 8.9 lakh for Education, Rs 1.4 lakh for Health, Rs 1.6 lakh for Knowledge Sharing Platform and overall administrative expense was Rs 3.1 lakh.

## **Projected Budget for 2014-15**

Total budget projected is Rs 28.7 lakh, of which the budgets for Education, Health, NOVOI, and Administration are Rs 14.2, 4.1, 4.0, and 6.4 lakh respectively. We have carried forward Rs 9 lakh funding from the Share and Care Foundation, therefore, we need to raise Rs 19.7 lakh of funding.

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

***Creating a corpus fund for sponsoring private schooling:*** Average annual expense to sponsor one student in private school is Rs 9000 (varies from Rs 7000 to 10,000 depending upon the school). This expense covers school fees, transport if needed and other administrative expenses. Thus if we create a corpus fund of Rs 1.2 lakh, from its fixed deposit about Rs 9000 can be earned as annual interest and that can be used to sponsor one student. For sponsoring 50 students, we need a total corpus fund about Rs 60 lakh.

***Establish the permanent campus:*** Currently, all work has been carried out in either rent-free or rented places. The future campus complex will have facilities of: (a) Model school (KG to 12<sup>th</sup> grade) to fully implement the successful educational strategies developed by us. (b) Hostel for the poor/orphan children, while they are studying. (c) Administrative offices for the Education, Health and NOVOI projects. This will involve procuring land, getting permission from the government, and construction.

## ***Thank you for visiting our work***

**From Vadodara:** Arunaben Shah (Shroff Family Foundation) and Kalyaniben, Bhairaviben Bhatt, Chaulaben Trivedi, Chinmaybhai Agrawal, Hemaben Joshi, Hinaben Lingayat, Jatinbhai Patel, Jayashriben Shah, Kanakben Mishra, Karanbhai Amin, Narendrabhai Mistry, Nayanaben Shah, Pujaben Amin, Pujaben Pandya, Ramaben Mani and Tipugal "Bhajan" Group, Rohitbhai and Gitaben Desai, Shaileshbhai Trivedi and Jalpaben Bharadwaj from GSFC (CSR- corporate Social Responsibilities Dept.), Shaunakbhai Kothari, Shreyasbhai Gandhi, Sonalben Amin.

**From Ahmedabad:** Bhavinbhai Shah, Charuben and Adityabhai Dar.

**From Vallabh Vidynagar:** Prof. Sadhanaben Mishra.

**From USA:** Bhartiben Dhruv, Chaitaliben and Vijaybhai Shah, Binaben and Maheshbhai Chudasama, Chetanbhai Shah, Lilaben Shah, Mallikaben Shah and Rohiniben Choksi, Shaileshbhai Patel, Sunandaben Shah, Dr. Shirishbhai Shah, Yoginiben Parikh.

**From UK:** Meenaben and Harishbhai Popat.

**From Dubai:** Shushmaben and Kiritbhai Shah, Dakshaben and Salilbhai Gandhi.

**From Malaysia:** Kalpanaben Ray.

### ***Thanks to volunteers and Interns***

- Nainitaben and Apurvabahi Rana for providing life skills to the students.
- Vinaben Shah, Raginiben Sandhe, Bhavnaben Chudasama, Ritaben Sharma, Pujaben Pandya, Meeraben, Antikshaben Joshi, Subhashbhai Shah, Pravinbhai Bhatt, Dr. Jashubhai Patel, Rakshitaben Shitut for helping in education project.
- Mr. C.K. Shah for helping in NOVOI project in creating Knowledge Sharing Platform for the Indian NGOs.
- Anandbhai Kane for helping in the office administrative work.
- Three MSW students (Ankur Patel, Bhavika Makwana, and Vishal Vaidya) from SP Uni, Vallabh Vidyanagar took one month rotation and helped in educational work and carrying out survey.

### ***Thank you to all generous donors***

- Share and Care Foundation, USA to provide generous donation to cover major activities in Education and Health projects.
- Pritiben and Bhavinbhai Shah to arrange a rent-free premise in the Mujmahuda slum for education activities.
- Bhansali Trust for providing a rent-free office at Pashabhai Park, Vadodara.
- Vaishali Travels for providing free transport to take students around in Vadodara.
- All the five trustees who are contributing without any financial reward.

### **Thank you for your in-kind donations:**

<b>Donor/s</b>	<b>Item/s</b>
Jayvantbhai Mehta	Floor Tiles, benches, and chart papers for class
Jagdipbhai Luhar	Electric supplies for class
Chandubhai Thakkar	Paint for class
Sushmaben and Kiritbhai Shah	Used Laptop for class
Divyangbhai Dave	Laptop for class
Pravinbhai Bhatt	Fans and tube lights for class
Bhavikbhai Khera	Steel cabinet for class

Bhavikbhai Khera, Parulben and Pravinbhai Dalasaniya, Truptiben and Bhaveshbhai Mistry, Hemaben and Nitinbhai Desai, Gitaben and Rohitbhai Desai, Dardi Sahayak Trust, Binaben and Maheshbhai Chudasama, Subhashbhai Shah, Pravinbhai Bhatt and friends, Dr. Shirish shah	Student related supplies: lunch box, water bottle, school bag, notebooks, color pencils, map, globe, library book, teaching material, sweet for Diwali and Uttarayan etc.
---	---

**Thank you for your donations:**

<b>Name of donor</b>	<b>Donation Rs</b>
Anoopam Trust	300,000
Federation Kalyan Trust	300,000
Shree Raj Foundation	284,000
Varsha and Kishor Mistry	200,000
Ashishkumar Chauhan	100,000
Drs. Anshuben and Shirishbhai Shah	100,000
Rohitbhai M. Desai	100,000
Prasad GWK Cooltech Pvt Ltd	100,000
General Traders	100,000
PPI Pumps Pvt Ltd	100,000
Dr. Shirishbhai Shah	85,000
Rashmikant Chokshi	60,000
See Foundation	51,544
Krishnakumar B. Luhar	50,000
Indumati S. Shah	50,000
Sri Ananta Charitable Trust	50,000
Bhagwanji M. Shah	40,000
Jayshreeben A. Kane	25,000
V2Tech Ventures Pvt Ltd	25,000
Karanbhai M. Desai	21,001
Bakulbhai B. Shah	20,000
International Women's Club, Baroda	11,310
Santokben Swadia Charitable Trust	12,000
Khushi Charitable Trust	12,000
Shailjaben Arya	12,000
Priyangbhai Patel	12,000
Shaileshbhai K. Solanki	11,000
Jitendrabbhai C. Shah	10,000
Amitaben L. Patel	10,000

Sushmaben Shah	10,000
Ramkishan Devidayal	10,000
Dr. Kaushikbhai Pandya	10,000
Matrushri Puriben Shah Trust	10,000
Dr. Shalinbhai Shah	10,000
Tyrrel Lelth Lodge no. 43	10,000
Sushilaben M. Desai	8,000
Hemaben S. Gandhi	5,500
Manubhai Makwana	5,300
Yoginiben Shah	5,000
Gopalbhai C. Majmundar	5,000
Naimishbhai S. Rawal	5,000
Dineshbhai Gala	5,000
Pankajbhai Parekh	5,000
Bharatiben Dhruv	5,000
Dr. PD Mistry	5,000

**We also thank you the following donors for contributing less than Rs 5000:** Anjaliben A. Parmar, Archanaben Kothari, Prof. Anunay K. Varma, Dhirenbhai Bhansali, Madhuben M. Bhadra, Madhuram Creation, Viralbhai D. Prajapati, Arunaben S. Lakhani, Devangbhai Pandya, Kalpanaben S. Desai, and Shrutiben A. Shroff.

### ***Feeling proud about our trustee***

Last year an international organization, Organisation for the Prohibition of Chemical Weapons (OPCW), was awarded Nobel Peace prize for performing commendable task of ensuring destruction of chemical weapons all over the globe. One of our trustees, Krishnakumar B. Luhar, had worked in this organization during January 1998-December 2008 as Inspector/Inspection Team Leader. We are proud of his association.



## ***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***