



Koshish-Milap Trust

Journey of Ten Years (2010-20) service

Dedicated to Education, Health & Knowledge Sharing



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Our Mission is to

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

Oath for employee, volunteer and trustee

I will try my best:

- To work sincerely with dedication and a team-spirit.
- Not to get involved in any fraud or unethical behavior.
- To learn new things and take initiative in the advancement of needy people of the society as well as the organization.

(Followings are additional items for teacher)

- To honor and respect the uniqueness of each child, treat all students equally, nurture and care for each and every student throughout their career.
- To nurture creativity, dreaming big, and curiosity.
- To help each student to understand basic concepts of academics, to achieve their full potential and elevate the average student to a high performance, to nurture independent thinking and study, to inspire moral values and self-discipline.
- Not to abuse any student verbally or physically.

Background

Since 2010 Koshish-Milap Trust is providing education and health services to the slum population, as well as creating a knowledge sharing platform for the Indian NGOs.

Education and health care are the most basic and powerful means to improve quality life. With the major objectives to provide affordable and quality education and healthcare services to the needy and underprivileged section of our society, Koshish-Milap Trust started serving Mujmahuda slum population of Vadodara, Gujarat. This slum area has been chosen to provide our services because there was no qualified doctor as well as no access to good quality education for this community. After holding multiple meetings with the people living in Mujmahuda slum and seeing their keen interest to co operate in our initiatives, we decided to start the work with the hope for their wellbeing and to bring positive changes in their life. The education classes are held during morning hours from 8 am to 12 noon and clinic is run in evening hours of 3 to 7 pm within the Mujmahuda slum.

In order to create a knowledge sharing platform for Indian NGOs, a separate website (www.novoi.org) has been launched. Like a Wikipedia it is free to use and it is open to contributions from NGOs and volunteers.

Our basic philosophy

- All trustees work voluntarily without monetary reward in any form.
- Trustees get involved in actual work in addition to administration.
- Maintain quality of work through active involvement of trustees in projects, maintaining transparency and ongoing evaluation.
- Low administrative expense - around 15% of total expense.

Education Project

Empowering slum children through quality education

Koshish-Milap Trust is providing a formal education support to the school going (KG to 9th grade) Mujmahuda slum children. Our goal is to make children competitive, confident and independent thinkers; as well as to reduce school dropouts.

Working Strategies

- Location: The facility is within the slum area, making it convenient to the beneficiaries.
- Methods: Synthesize and apply the best methodology relevant to the local population.
- Educational material: Books, stationery, etc., are provided free in the class.

- **Differential instruction:** Address individual needs by restricting class size smaller than 20 students.
- **Cognitive focus:** Replace the rote learning with concept understanding.
- **Behavioral:** Replace the corporal punishment with love, logic and discussion.
- **Learning materials:** Develop and use teaching aids as needed.
- **Manipulatives:** Try to demonstrate with real objects such as weighing balance, coins, clock, etc. to clarify the concepts through developmentally appropriate hands-on experience.
- **Technology:** Use of audio/visual aids such as video clips, charts, etc. to clarify specific concepts.
- **Reading material:** Translate/develop reading material in Gujarati and provide them to the students for extra reading.
- **Field trips:** Arrange educational tours.
- **Extra curriculum:** Arrange extracurricular activities for arts, craft, sport, and festival celebrations.
- **Parents:** Encourage parental involvement.
- **Training:** Regular training and meetings with teachers. Teachers are provided specifically developed lesson plans.
- **Sponsorship:** Bright and needy students are sponsored to private schools.
- **Analysis:** Documentation and analysis of past experiences.
- **Subsidized:** Spending about Rs 7000 per student annually, but charging less than 10% (Rs 600 per year) as a token fee.

Journey through the Education Program

Early intervention in education is essential strategy for the development of children. Therefore, we have chosen to provide elementary education to the school going children of the slum. Our goal is to make children competitive, confident and independent thinkers as well as to reduce school dropout rate. To achieve our goal, we started our work by providing supportive formal education to the primary school going children. In the first year, we started supportive education classes for 1st and 2nd grade students. Gradually, we expanded it for higher grade students by adding one extra grade each year. Currently, we are covering kindergarten (Junior and Senior KG) to 9th grade. The classes are run parallel to school syllabus with separate classroom and teacher for each grade to cover complete syllabus.

In the beginning we noticed the poor quality of primary education and lack of discipline, punctuality and motivation in students from government school. Due to low quality education and lack of encouragement, majority of the slum students were not showing interest in studies and were very poor in basic reading, writing and mathematics calculation skills. Also, the understanding of the basic concepts in the students was very poor due to an emphasis on rote learning in the school. Conceptual learning not only improves students' basic understanding of teaching material but also helps them to retain and apply the knowledge. To implement conceptual learning strategy, we developed various audio-visual educational materials such as laminated charts of animals, birds, fruits, vegetables etc., picture cards, varieties of flash cards to teach specific concepts (for e.g. classification and ascending/

descending orders, place value, fractions etc.) and collection of video clips. Our conceptual learning strategy has not only improved basic understanding of the concepts but also helped children in improving their basic reading, writing and mathematical skills. Finally, it has developed childrens interest in studies and boosted their self confidence in learning.

Soon in the beginning of our education project we realized that textbooks are not enough for effective teaching. Therefore, we developed our own supplementary teaching materials like compiled children song books, good story books are presented in Gujarati from more than 100 Hindi and English story books, word-picture dictionary to teach Gujarati alphabets, etc.

We noticed that irregularity of the students in attendance and doing homework was a big factor affecting their academic achievements. For almost five years, we counseled both students and parents; however, the success was poor. Then, we started imposing monetary penalty for irregularity. Initially many parents complained against that, some students even left our class but most have come back with fines payment up to Rs 500. With this approach the regularity in attendance has increased to about 90% and completion of homework is seen in about 65% students. Many parents have expressed confidence in our teaching "Here only my child is learning in other classes, they do not teach well but charge higher fees"

Compared to government school, the average private schools not only provide better quality education but also pay attention to discipline, punctuality, and hygiene of the students. All these are very critical for the overall development of the children. Therefore, in 2012-13, we introduced a program of sponsoring bright and needy students to the private schooling. This program covers school fees and transport for the sponsored students. The financial help is committed until the students finish high school study, with a condition that the students should attend the school regularly and pass the school exams. We have not only seen significant transformation in their education but also in their personal attire, self-esteem, discipline and regularity.

Extracurricular activities are not only great for developing new interest and creativity of children but also cultivate social, emotional, physical and cognitive skills. In addition to academic support, we have also focused on extracurricular activities right from the beginning. We regularly organize activities like arts and craft workshops, Rangoli, sports activities, various festival celebrations, computer classes etc. We also arrange various educational tours to public gardens, zoo, museum, planetarium, library, university, dairy, police station, jail, market, post-office, fire station, bank, different religious places, ocean etc. Educational tours not only serve the academic purpose, but they also enhance personal and social awareness of children.

Achievements of the Education Project

- We started our education service in 2010 with 31 students of 1st and 2nd grades. Gradually we have expanded our education program by addition one extra grade each year. Now it is covering KG (lower and higher) to 9th grade with total number of students benefiting from our service has reached to 185.
- Since 2012-13 we have started to sponsor needy and capable students for private schooling, 319 students have benefitted from this program.

- The success of our teaching efforts for most of the students is reflected in achieving an average score of B+ (about 80%) in the annual exam. Also, about 1/3 of our students are achieving A-grade in school.
- Regularity of students has improved. Since last five years the dropout rate is stabilized below 10% as compared to 65% in 2010-11. The reduction in dropout rate is a result of our successful teaching strategies, increased interaction with parents by emphasizing regularity, fear of dismissal from the class, penalizing monetarily for irregularity, etc.

Number of Students admitted

	2010-11	2015-16	2016-17	2017-18	2018-19	2019-20
KG (Jr. + Sr.)	-	42	41	45	55	61
1 st grade	27	21	14	22	20	17
2 nd grade	4	21	20	14	21	19
3 rd grade	-	19	18	21	15	22
4 th grade	-	9	16	19	19	18
5 th grade	-	16	9	15	13	18
6 th grade	-	-	14	10	14	10
7 th grade	-	-	-	14	8	10
8 th grade	-	-	-	-	12	6
9 th grade	-	-	-	-	-	4
Total	31	128	132	160	177	185
Sponsored students	-	44	52	58	53	54
Drop-out	65%	9%	8%	10%	8%	5%
Avg. Annual Exam Score	83	86%	B+ (85%)	B+ (82%)	B+ (79%)	No Exam (Corona pandemic)

- Developed variety of teaching strategies and teaching material to support differential instruction and independent learning: variety of charts and flash cards (e.g. story charts with and without pictures, addition, subtraction, classification, comparison, ascending/descending orders, phonics, writing, etc.), strips (e.g. phonics, math concepts, reading and writing), and video collection. Specifically designed fraction and number line lesson plans for grades four, five, six and seven. Also, compiled aptitude tests for math and science to improve and monitor their critical thinking.
- more than 100 books from English and Hindi are presented in to Gujarati and used for extra reading.
- Due to lack of exposures, the slum students have difficulty in comprehending many concepts described in textbook. Therefore, we have collected short (1-5 min) video clips on specific

concepts like nature, dams, plants, animals, water sources, earth, mines, public places, etc. The use of audio-visual method is highly successful.

- Prepared lesson plans for KG to 8th grade, they are highly useful for teachers.

Extracurricular Activities

Creativity is stimulated through extracurricular activities.

- Thirty four students of grade 6-8 attended Life Skill Camp conducted by NGO "Shaishav" Bhavnagar. They were introduced to the concepts of cooperativeness, independent thinking and better attention.
- Kalpana Shah arranged classes for various activities like art and craft, drawing, stitching, sewing, best from waste etc.
- Arranged parents' and students' meeting with ICICI Bank staff to understand the importance of bank account and different savings schemes offered by the bank.
- Raksha Sisodiya introduced "Open School" Program to the parents and students of 8th grade. We also arranged school visit for "Open School" program at Navarachana School, Vadodara.
- Teachers attended various math, literature and art workshops arranged by Nutan Bal Shikshan Sangh, Bookaroo and Early Childhood Organization.
- Arranged parents' meeting with ITI, Vadodara staff to understand the prospective courses offered at ITI campus in Vadodara.
- Celebrated major holidays like Diwali and Uttarayan with the students.
- Arranged annual sports day.
- Arranged Yoga and Meditation classes for both teachers and students.

Educational Tours

- Students were taken for an educational tour to various public places like milk collection center, prison, Primary Health Center, wholesale vegetable market, post office, bank, police station, fire station, religious places, university library, Vav (stepped well) at Sevasi, Planetarium, etc.
- Students of grade KG-2 were taken to the nearby gardens couple of times and to the zoo in Sayaji Baug.
- Students of grade 1 to 8 visited Kavi-Kamboi sea-shore.
- Visited Jambughoda Sanctuary and Champaner to see Archaeological Park, a UNESCO World Heritage Site.
- Visited Sardar Sarovar dam.
- Visit arranged for Nathabhaini Vadi to get real farming experience.

Involving Parents

We keep constant touch with the parents and update them about 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. Such constant contact has transformed the parents from distant observer to the partner in education project.

Keeping in Touch with the School Teachers

As needed, we make phone calls, visit the schools attended by our students and get updates/feedback.

Success Stories of the Education Project

Here are few examples of how our efforts are making significant impact in the lives of the children in Mujmahuda slum.

- In year 2018-19, the 8th graders became the first batch of students to graduate from our program. They have been with us from the beginning and we are elated with their success and achievements. We are honored to report that 5 out of 12 students were selected for an academic Scholarship from Mahavir International Foundation. Two of those students joined the 9th grade at prestigious Baroda High School. Similarly in 2019-20, two out of six of our students were accepted for grade 9-12 programs by Sai Angel Foundation, Vadodara.
- Every year, about 20% of the academically weak students in content areas could improve after counseling and extra coaching on Sundays and holidays.
- Some students fear their parents because of physical/verbal abuse from them. One of such students was so scared of her parents that she would cry when she heard their names. However, after counseling the student and parents, the unjust treatment terminated.
- Two 4th grade female students were disruptive in the class. Teacher practically showed them how talking in the class impairs learning by demonstrating progress with and without talking. The students reduced disruption.
- In grade 5 and 6, 14 students' handwriting was illegible. It became a project to improve their handwriting for a month. The students had to rewrite everything if their writings were not neat. Initially, the students did not like this, but finally most of them started writing better except one.
- Students have hard time retrieving information especially with lengthy syllabus in grade 6 to 8. Teachers gave them question papers to practice until they improved. Once they saw success, they started reading more in order to score better.
- Two cousins were attending the 1st grade at the nearby government school. Initially both of them were showing apparent signs of learning disability and emotional disturbance. They used to chew/suck their shirt, collar, pencil and even their finger and toe. Initially for few days, the teacher had to go to their home and bring in the class. They were unable to hold pencil or chalk properly. After two months of rigorous training for 'Fine Motor skills' they could improve in pencil grip. Their behavior also improved after listening to stories.

- In the beginning the students were careless towards the books and other teaching materials. They were motivated to take care of classroom material by introducing an idea of collective belonging of the classroom.
- Five cousins (age 5-10 years) whose parents migrated from Gujarat to slum in Kolkata for employment and then came to Mujmahuda slum in Vadodara. Like their parents, they never attended the school. We used their own names and extended family members' names as a strategy to teach alphabets and words. This exercise awakened their hunger to learn reading and writing. In fact they used to reach the class before scheduled time and wait for the teacher. Due to their high enthusiasm, we had extended their teaching session from four hours to six hours. They all worked hard. We approached the nearby school principal and admitted them in appropriate 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 1st 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 impression. There were four other such students who taught their mothers to write their names.
- A 10 year girl with surgery of split palate has a speech problem. On admission she was looking like mentally challenged, but with our support she grasped material of two grades in one year. In fact now she is in 10th grade.
- We counsel parents not to push for premature admission in 1st grade so that student is mature enough to grasp the grade level teaching material. We were able to convince few parents to retain their children if they were performing at below grade levels. Our experience shows that these students are better in maintaining satisfactory academic performance.
- Grandmother of a five year bright girl was highly interested in educating her. We decided to sponsor the child for a private school. The private school principal wanted to see the student before admission. When we went to her home with this good news, we found that the girl had left for railway station with her mother to go to her uncle's place for a month. The grandmother was worried about losing the admission and rushed to railway station, brought her back and next day, we could enroll the girl into private school.

Appreciations of Teaching Efforts

- **Few comments from parents:**
 - "Here the method of teaching is excellent. Teachers treat students like their own children."
 - "As the education centre is within slum, we do not have to worry about children's safety because they can walk to the classes by themselves."
 - "Children learn better. Here they teach with love and affection."
 - "Other private class are charging high fee of Rs 10,000 per year, here the fee is only Rs 600, but the teaching is far better."
 - "All students are treated impartially."

- “Now my child is better disciplined, less mischievous and helping more at home.”
- **Few comments from students:**
 - “We love to come here because teachers do not discriminate and love us equally.”
 - “We can understand the concepts here and now we can point to our teachers’ mistakes.”
 - “Here teachers do not beat us.”
 - “Here we have freedom of expression.”
 - “Because of nominal fees, our parents save money and we learn better.”
 - “We want to become teacher, engineer, police, doctor, soldier etc.”
- Twenty eight teachers of Gajraba Elementary school of I. G. Desai Vidya Sankul, Surat visited our education center to understand our teaching methodology. They observed our sessions for classroom teaching and also evaluated strategies by asking questions to the students. They were highly impressed by the academic success of the teaching efforts. They specifically appreciated strategies of: a) Small classroom size for personal attention. b) Teaching aids development and utilization. c) Development of lesson plans and teacher’s guides for classroom teaching. We shared our teacher’s guides and teaching aids with them so that they can also use in their school.
- Kalpana Shah and her colleagues arranged extracurricular activities for many underprivileged students including ours. They noticed that the Koshish-Milap students have higher self-esteem compared to other peer group.
- Many of the students have expressed their preference for studying in our class instead of going to the school. When a possibility of starting an Open School was discussed in a class, almost all students were excitedly asked, “Can we stop going to school from today?”

Issues confronting Education Project

While our centre has made significant progress with many families and students, there are other issues that present challenges, as shown below:

- Poor quality education in the schools and the parents who lack education themselves require additional coaching for children.
- Many children lack reasonable attention span. In some situations, parents do not provide motivation to their children and the children begin to fall behind in academics. This discrepancy is wider in the government school going students. Many of such students drop out from the school especially after 8th grade.
- Both parents are working and older children are left to care for younger children. Domestic violence impacts students’ academic and emotional lives; many adult males and females are using tobacco products and alcohol setting poor role models.
- As students move beyond 6th grade, many of them start falling behind in academics. Multiple reasons can be attributed: heavy curriculum, lack of habit to study at home, lack of space and

facility for independent study, weak parental support, adolescence, increasing negative influences of peers, malnutrition, increasing influences of TV and mobile phone, etc.

- Major issues with slum population are: lack of long-term vision, poor concentration power, irregularity and lack of sincerity.
- Because of surrounding atmosphere in slum, students do not have habit of completing homework or independent reading of textbooks. In order to maintain a consistent level of proficiency, the students should read regularly at home the material such as textbook, newspaper, magazine, etc.
- Majority of the slum children suffer from malnutrition that impairs both physical growth and academic performance.
- The issue of premature admission especially in government school is responsible for poor academic performance in some of those students. Parents get tempted thinking that the child will start learning earlier; they may not get admission next year, and will get free benefits of lunch, books, etc. Such an underage school admission impairs child's academic achievement, development of social behavior, emotional skills, quantitative skills, intelligence, reading skills, and other academic skills. We try to counsel the parents to avoid such premature admission or to retain the child to repeat that grade. It is to be noted that the current education policy does not allow such retention. Most of the parents do not agree to our suggestion; and those few who follow our advice show better academic performance in their children.
- Even though many of the 8th graders are smart and intelligent students achieving A grade, their parents would not allow them to attend distant school for safety reasons. Such reservation is more common for girls than boys. This can result into school dropout or studying in nearby less competitive school. In spite of such strong resistance, we could pursue one girl and one boy to go for far distance good school for 9th grade.

Our Inspiring Kids

- Most of them live in one room houses with 5-7 people living together. Yet, they are content, always have bright smile and very affectionate. These slum children love to do physical work like occasionally cleaning the classroom (even during flood) and arranging the classroom. They also help to manage educational trips.
- On holidays in the school, students convince teachers to stay in the afternoon, and they will tell, "Please stay and teach us in the afternoon. We will bring lunch for you." Their parents also cook for teacher. In spite of living with so many negative factors, they have been able to strive for learning. Parents are also ready to educate their kids. In their limited budget, parents somehow manage for tuition fees. Even when things are terribly going wrong, these resilient people cope with the life and they keep studying.
- In spite of their strong believes and community pressures, after so much of effort, in many aspects like taking leave, paying fees on time, educating girl child, they have shown improvement. At least they are trying.

- Class discussions about certain topics with 6th graders showed curiosity, sensitivity, understanding and progress in intellectual maturity in children.
 - While discussing about respiration in fish, one student asked about how aquatic plants use dissolved oxygen for respiration? Do they have special mechanism like gills in the fish? It was difficult for teacher to explain the details of the two different systems.
 - In social studies the teacher told that in India, we have so many problems because of discrimination on the basis of religion, caste, economic conditions, profession etc. The Scandinavian country like Finland (We had one intern from Finland who taught them English) has less discrimination and people are more towards equality than what we have in India. Whole class was interested in going to Finland. But when they came to know about requirement of passport for such a visit, they felt, that is also one kind of discrimination and they were not keen any more to go to Finland.
 - Relevant discussion on gender discrimination as it was part of the personal experience for most of the students, especially for girls. Some of the points which came out are as follows: Parents discriminate in favor of boys, for example, sending to private school if they can afford it. Women are pressurized to get a male child and undergo repeated pregnancies for the same. At times, gets beaten up for not able to have male offspring. One girl cried remembering the experience of her mother. Girls were expected to do household work and take care of siblings when mother was engaged with outside work. Though we were not able to elicit comments from boys, boys are sensitized for gender issue

It is our privilege to work with children of Mujmahuda slum. It reminds us how much lucky we are! They keep us going!

Plan for Expanding the Educational Activities

- To better serve our students and to encourage positive behavior in children and their parents, we want to offer improved counseling services. It is our goal to increase regular student attendance, limit time spent watching TV, decrease consumption of junk foods, prevent home violence, help families learn to budget, and increase parental participation in the academic lives of their children.
- We plan to open a library with reading rooms in the slum so that adults and students will have a good environment for independent studying.
- To start extra classes for Hindi, English, sports, art and performing arts on Saturdays, Sundays, and holidays.
- We also plan to establish a formal school (KG to 10th grade) to fully implement the successful educational strategies we have developed. We want to train the teachers of other schools. Our plans include an extended day school (8 hours with five hours devoted to formal teaching, one hour for homework, and two hours for extracurricular activities). We will provide additional individualized attention to each student. Our focus will be on developing independent thinking and nurturing self-learning habits. Finally, we will emphasize optimal simplicity, discuss world events, and teach basic cooking and gardening.

Healthcare Project

We are providing highly subsidized and quality healthcare to the Mujmahuda slum population through outpatient clinic. Medicines for common diseases are dispensed from the clinic. Patients are also counseled for healthy lifestyle.

Journey through the Healthcare Program

The clinic was opened in a small rented place in 2010. Initially for first three years clinic was handled by one doctor to manage case paper, clinical diagnosis, wound care, injections, medicines dispensing, fees collection, occasionally sweeping the floor, etc. During the first year the average number of patients was about eight per day. We carried out door to door campaign to attract more patients. After about two years the location of rented clinic was shifted in the middle of the slum. With this convenient place more patients started coming. Initially many patients would request for IV fluid treatment for weakness and injections for pain and fever as a quick fix to their illness so that they can avoid taking off at work. The patients realized that in our clinic they get better with highly subsidized medicines and minimal injections but no IV fluid. The number of patients almost doubled each year reaching to daily average of 38 in five years, sometimes crossing 50-60. Also, number of patients registered has crossed the local population in four years, indicating that patients are also coming from outside the Mujmahuda slum, from nearby residencies, other slums, nearby villages and towns, etc. To handle this increased load two health assistants and a doctor are added to our staff.

Our approach to the patient is a thorough history/physical exam to diagnose the medical problem and to give quality treatment with minimal and less expensive medicines. Along with the treatment patients are counseled for preventive measures such as use of mosquito nets, personal hygiene, dental care, nutritional diet and avoiding addictions of tobacco and alcohol. As needed we screen the patients for diabetes and high BP. Most of the common medicines are dispensed in the clinic. Currently we maintain stocks of about 120 types of medicines.

Approach for Healthcare Project

The outpatient facility is located inside the slum providing primary healthcare for all ages from infants, to adults and the elderly. Our goal is to provide an affordable quality healthcare by:

- **Free consultation:** Free consultation by MBBS/MD doctors.
- **Medicines are dispensed at clinic:** Dispensing low cost medicines in the clinic for common illnesses including cold, malaria, bacterial infections, skin diseases, muscular pain, acidity, diabetes, blood pressure, asthma/COPD, epilepsy, depression, diarrhea, ear/eye infections, acne, etc.
- **Regular screening of high BP and diabetes is carried out.**

- **Subsidized medicines:** Reducing the cost of medicines by subsidizing with donor's support, using generic medicines and avoiding unnecessary injections.
- **Counseling:** Emphasizing the preventive health measures by vaccination, healthy lifestyle (hygiene, nutrition) and preventing addictions (Gutka, smoking, alcohol).
- **Affordable:** The fee for a typical three days treatment is Rs 10-20. For the chronic diseases like hypertension/diabetes, the treatment cost can be Rs 10 per month per medicine.

Achievements of Healthcare Project

Number of Patients Registered and Treated

	2010-11	2015-16	2016-17	2017-18	2018-19	2019-20
Total registration	506	5754	7000	8035	8712	9458
New registration	-	1239	1246	1035	677	746
Total treated	1134	13363	15213	13935	11264	9616
Average patients per day	8	43	50	46	38	38

- The total number of registered patients have increased about tenfold from 2010-11 to 2019-20. The registered patients are more than three times the total residents (about 2500) in the Mujmahuda slum. Many patients come from other slums, other parts of Vadodara city, and nearby villages.
- The average number of patients treated was 38 per day and occasionally crossing 50.
- Provided 50% additional subsidy to the poor chronic disease patients of diabetes, blood pressure, asthma, etc.
- During last seven years we distributed total 355 smokeless Chulas (wood burning stoves) to the slum dwellers at highly subsidized cost of Rs 500 against the purchase price of Rs 1400 per Chula. Most of the slum dwellers still use the wood as a fuel and replacing them with efficient stove protects them from the smoke exposure and thus reducing the risks for cancer, heart attacks, stroke, respiratory diseases like asthma, TB, etc. It also saves cooking time and fuel cost.
- For the last ten years, Dr. Kishor Mistry participated as a volunteer doctor in the Youth Wellness Camp arranged by the Yuva Pragati Inc, USA at various Ashram Shalas (Residential Tribal Schools) near Navsari.
- Participated with Sahaj Shishu Milap in relief work for flood victims for medical help, providing free medicines and medical protocols for common issues.
- Published two health related booklets: a) How to reduce possibility of cancer (in Gujarati) b) Pollution and our health (in Gujarati and English).

Success Stories of Healthcare Project

- A 65 year old male patient came with complaint of cough for months. Before coming to us, he was treated by other doctor with injection and oral medicines; however, it did not help. After taking complete history and doing proper physical examination, he was diagnosed with COPD (Chronic Pulmonary Obstructive Diseases) secondary to smoking. He was treated with minimally needed oral medicines and nebulizer. He improved quickly. Then he brought another patient to us, telling that at this clinic the treatment is successful, highly subsidized and minimal injections.
- A 30 year old 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 common practice of getting 25% kickback from the lab investigation referral). The result proved a persistence of chloroquine resistant malaria with severe anemia. The other private doctor scared the patient by advising 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 and medicine for anemia. His repeat blood work showed significant increase in hemoglobin. His symptoms resolved, and he started a regular job.
- A mother, who has established faith in our clinic, brought her daughter from Ahmadabad for pelvic pain and leucorrhea. She already had spent Rs. 3000 for unsuccessful treatment by three other doctors. After taking proper history and doing physical examination, she was diagnosed and treated for pelvic inflammatory disease. She was very happy with a quick and successful treatment.
- A 55 year female came with ear swelling with pus and uncontrolled diabetes. We drained the pus, gave injections of antibiotic, changed diabetic regime and she improved in about ten days. Husband showed gratitude by telling "We have been to three doctors, but you cured her. At government hospital it did not improve, a private doctor charged Rs 500 visit fee and told to come back with Rs 4000 for which I do not have capacity to pay (retired husband with pension of Rs 1500 per month), and at third place refused to treat a complex case. Thanks to my relative who recommended you, you are next to god for us."

Appreciations of Healthcare work by beneficiaries

Following are few responses from our patients:

- "Earlier, I visited many doctors without any improvement. But because of the treatment from here, I am able to walk. Here the doctor is thorough in his check up and in taking history of the illness before giving medicines. My thanks and salute to this organization."
- "Here the doctor listens carefully and with due respect to the poor patients, examines them properly and provides medicines at affordable price."
- "Medicines are cheaper but effective."

- “Our medical problems are resolved with oral medicines, without the use of injections.”
- “Doctor counsels us well.”
- “We believe that God has sent you here, now our children are studying instead of hanging around, and we have a doctor for poor people.”

Key Issues in the Healthcare

- The slum population has poor access to quality healthcare. In fact majority of them are served by non-allopathic doctors practicing allopathic medicine. These doctors are attracting patients by over-utilization of, injections, IV fluid and antibiotics which may be unnecessary or even harmful.
- The medicines are sold with a huge profit margin up to 300%.
- In Gujarat, about 30% male students of grade 8-10 and 4% female students of grade 8-10 use some form of tobacco. In Mujmahuda slum 45% adult males and 22% of females use tobacco (mostly chewing) or alcohol. Tobacco use is responsible for 51% of all cancers in males and 17% in females. It was shocking to learn that Gutka (chewing tobacco) use may start in the elementary school.
- In Mujmahuda slum there are about four illegal shops for alcohol. Alcohol drinking is common in males, which is linked with job loss, domestic violence, premature heart attack, liver failure, suicide, etc.
- There is low awareness for the locally available nutritious foods. In fact there is an increasing trend towards fast foods. In Mujmahuda slum three out of four parents give an average of Rs 10 for pocket expense to their children, which they use to buy junk foods. Consumption of such tasty junk food also reduces intake of home cooked food. In Gujarat 45% children under age 5 are underweight, and 80% are anemic.
- Most common causes of illness include infections such as malaria (the polluted Vishvamitri River is next to the slum), traumatic injury, dog bite, skin fungal infection, viral cold, etc. The other causes include muscular pain from labor job and foot skin allergy due to house-maid work involving manual cloth and vessel cleaning in wet areas. Dental caries is also highly prevalent due to lack of oral hygiene.
- Lack of personal hygiene.
- Slum dwellers are illiterate with strong faith in local healers and blind faith, e.g. to wash away jaundice, observing Dashma Vrat to solve all problems, Shitala Satam to protect from varicella viral infection, stool worm infection due to sweets consumption, wearing copper armlet to treat hypertension.
- Most of slum dwellers are daily wagers, they cannot afford to lose daily wage so they request injections or IV bottle treatment for quick recovery.

Mujmahuda Slum Area



Mujmahuda Slum is flood Prone Area



Our Classrooms - Personal Attention and Engagement through Activities



Explore, Discover and Learn



Celebration of Festivals



Extracurricular Activities



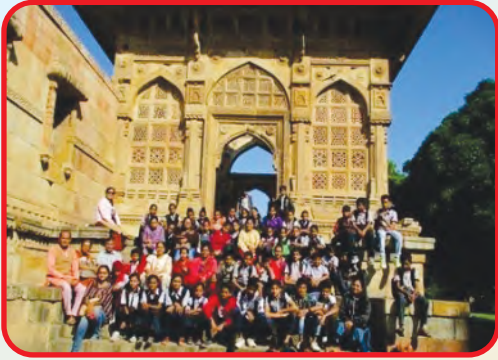
Life Skill Workshops



Games



Trips and Visits



Teachers' Training



Parents Meetings and Individual Counseling



Food Grain kit and Chula Distribution



Healthcare service



Publications



Volunteers



Chandravadan Shah



Anil Gheewala



Dinesh Modi



Biren Nayak



Sanat Chudasama



Bahvana Chudasama



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Dr. Kishor Mistry
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Krishna Luhar
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Harish Desai
Trustee
Kothia



Yogini Shah
Trustee
Sakava

Office Staff



Sumati
Salunke



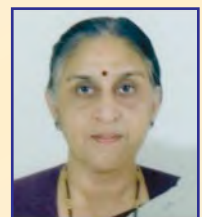
Jignesh
Pange



Chandrakant
Solanki



Mulchand
Parmar



Dr. Jayshree Rao

Clinic Staff

Teachers



Smita
Sapkal



Kanak
Dalal



Amisha
Parmar



Bina Naik



Daxa Patel



Kaumudi
Shelat



Mohini
Joshi



Reena
Shah



Jagruti
Jesur



Navanit
Jesur

Plan to Expand Healthcare Project

- Improve and implement strategies to promote community health, personal hygiene, dental care, prevention of malaria by mosquito net, regular use of footwear, use of 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), avoiding blind faith in local healers (Bhut-Bhuva), avoiding early age marriage (teenage marriage and pregnancies are common), etc.
- Put greater emphasis on addressing treatment for addictions like Gutka, smoking and alcohol with more effective strategies. Our current method of counseling is not effective, since only about 3% were able to quit the use of tobacco or alcohol on our advice.
- Switch paper based patient's records to electronic medical records.

Knowledge Sharing Platform for Indian NGOs

There are about 33 lakh non-profit organizations registered in India, however, there is no broad based common platform for the Indian NGOs. A separate website (www.novoi.org) has been launched for creating knowledge sharing platform for Indian NGOs. This platform is intended to serve NGOs, volunteers, interns, donors and professionals interested in social work. It will provide an opportunity to share their experiences, facilitate multiplication of good work, minimize repetition of mistakes or duplication of efforts, create consensus on social issues and strive for collective efforts.

The salient features of this website are

- **Create a central digital resource for Indian NGOs:** It will provide an easily accessible on-line database of Indian NGOs, Funding Agencies (national and international), CSR companies, Government Laws/ Schemes, Digital Library, NGO Handbook, etc.
- **Facilitate exchange of useful information/expertise:** This is done by publishing opportunities about employment in NGOs, seminars/ training, e-magazine, etc.
- **Free to use:** Like Wikipedia, it is free and open for interaction and contribution.

This is an ambitious project. For its success we seek active participation by NGOs to contribute to various sections of the website.

Summary of NOVOI website activities

Item	Total entries 2012-17	Total entries 2017-18	Total entries 2018-19	Total entries 2019-20
NGO database loaded	4995	5522	6304	6382
Funding agency database loaded	99	99	100	101
e-Library	571	616	708	708

Achievements of NOVOI website launching:

- So far we have uploaded 6382 NGO, 101 funding agencies and 708 e-library databases on website. Compared to previous year new entries in database is slow since the current website has been hacked and development of new website is under process.
- Interest in NOVOI website is reflected in its visit by 11856 persons and 275 NGOs have sent their database for loading.

Future plan for NOVOI project

- Finish the development of mobile friendly website.
- Send regular e-magazine to NGOs/ individuals.
- Popularize this platform through social media.
- Arrange meeting of NGOs in Vadodara to discuss NOVOI improvement and issues related to NGOs.

Our Visitor's Book

Comments from few visitors in appreciation of our work:

- Rashmibhai Shah, Managing Director of Himalayan Machinery Pvt. Ltd, Vadodara, "Your dedication of social work by shifting from USA to slum of India is highly admirable."
- Professor CV Ramakrishnan, "This is a real Gandhian work."
- Kavita Patel, a fourth year medical student from USA took one month rotation in 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."
- Shannon Holman and Erica Harris from USA, "We facilitated an art workshop and took photographic portraits of many of the students. The approach of Koshish-Milap is based on mutual respect rather than pity or condescension, and in everything they do; there is careful attention to root causes rather than merely treating symptoms."
- Jinal Patel, a nurse from USA took one month rotation in 2012. In her report she described her experiences, "It has been a wonderful and eye-opening learning experience for me."

Summary of our experiences of working with slum population

While providing two basic needs of education and health, we learnt about poverty, its causes, consequences and possible solutions.

Summary of Mujmahuda slum survey

A door to door survey was carried out in 2010-11 in Mujmahuda slum. Following is the summary of this survey:

- a) Population of 2518 with 520 families, 60% Gujarati, 20% Hindi (UP), 20% Marathi, few from Kerala, Odisha, Nepal. They live in pockets as per their state/caste/language.
- b) Average daily income per capita was Rs 46 (in 2010-11). About 95% were employed as daily wagers without any weekly off or holidays or health insurance or retirement benefits. Males work as driver (Riksha, Tempo, and car), home painter, carpenter, plumber, mason, security guard, street vendor, priest, astrologer, auto detailer, car washer, milk and newspaper hawker, construction laborer. Females work as house maid, street vendor, or construction laborer.
- c) Living in crowded conditions. Average five members live in a cramped house of 1-2 rooms (typically of size 12 feet x12 feet). Surprisingly, 75% of households had three appliances: TV, fan and mobile phone. With increased income they add cooking gas (45% have it) and two wheeler (30% have it). Mobile phone is owned by 98% families versus 64% families having toilet facility.
- d) Majority of the adults were school dropouts who could not read and write. However, their awareness for education was reflected in sending half of their children to private schools. During 1-7 grade classes the female: male to ratio is 1: 1 but after that it decreased to 0.5: 1, thus indicating preferential treatment to the males for further studies.

Poverty is linked with:

- a) **Poor nutrition:** About half of the families reported that they could not afford to consume vegetables and 90% could not afford milk every day.
- b) **Unaffordable medical treatment:** Most of them cannot afford expensive private medical treatment, examples:
 - A 60 year old patient with a history of heart attack was advised to get angiography/angioplasty. Such treatments are not available in government hospital, and it costs more than Rs 1 lakh in private hospital. The patient could not afford it, and he died suddenly from acute attack.
 - A thirty five year old female working as construction worker came with a complaint of low back pain as a result of carrying heavy loads on her head. She was given pain medicines, counseled for safe method to lift the heavy loads and 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 elderly mother-in-law.

- c) **Poor living conditions:** Most of the families live in a single room home that lacks water, basic facilities like proper drainage, sanitation etc. Many of them use wood, charcoal braziers or kerosene stoves for cooking. Mishaps like fire, electric shocks and accidental poisoning (e.g. kerosene drinking by child) are more frequent. During rainy season it is common to face leaky roof and flooding. Crowded living spreads infections (e.g. viral, TB, malaria, scabies) faster and it also increases distractions for students.
- d) **Early age household responsibilities:** In majority of families both parents work. In such families the female child is loaded prematurely with domestic responsibilities like cooking, taking care of younger siblings, helping mother at her job as house maid, etc. For example: An eleven year old female child was forcefully dropped out in 3rd grade by parents so that she can take care of two brothers attending school as well as cleaning and cooking at home.
- e) **Debt:** About 60% families have some form of debt with interest rate of 20-30% per annum and thus cycle of debt goes on.
- f) **Poor parenthood:** Working of both parents make it hard to take care of children properly, example: A 25 year tribal female migrant construction worker came to request medicine to stop her breast milk production since her one year old baby was sent away to live with grandmother. She told that she could not work with a baby.

Self-hurting behavior of slum population

We observed negative behavioral patterns in slum population leading to vicious cycle of poverty. Multiple explanations are possible for such self-hurting behavior: ignorance, poor education of parents, lack of long-term vision from poor surrounding (home and society) models of life, prone to choose wrong options (e.g. alcoholism) due to more stressful life, etc.

- a) **Poor self-discipline:** Students have shorter attention span and higher irregularity.
- b) **Higher dropout rate in school:** Half of them drop-out by the time they reach 8th grade especially female students. In Mujmahuda slum about 54% adults had desire to study up to 10-12th grade, but 25% adults reported not attending school and 90% did not study beyond 7th grade mainly due to poverty. However, 90% slum parents want their children to study at least 10-12 grades, because they have realized that higher education is required for better earning.
- c) **Over-spending in social occasions:** Common to over-spend in social customs/rituals such as Babari (first haircut), wedding, death, etc. Such a preventable overspending wipes out saving and leads to debt cycles. Few examples are:
 - Thirty five year old female patient reported earning about Rs 3000 per month by selling old clothes. She was planning her daughter's wedding by inviting 250 relatives and spending Rs 1 lac which is equivalent to about 3 years of total earning. She told that

they have to follow such social custom so that their children can get married in the caste. She also felt that she had attended many weddings, and now it was her turn!

- 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.
- d) **Poor parenthood:** Parents are not serious about regular cooking, controlling TV hours and eating junk food (for example 82% of families consume biscuits for breakfast), supervising school homework, child's regularity in school and regularity in sleep. Verbal and physical violence are reported from 90% and 50% parents respectively.
- e) **Pocket-money to children:** In Mujmahuda slum three out of four parents give an average of Rs 10 for pocket expense to their children, which is used to buy junk foods such as wafers, biscuits, chocolate, ice candy, Pani-puri, etc. Consumption of such tasty junk food also reduces intake of home cooked food. That leads to malnutrition and unnecessary economic burden.
- f) **Irregularity in job:** The daily wagers on average work for 62% of days in a year. Reasons can be multiple: most of them are daily workers and may not get the job every day, less motivated, lack of long term vision, frustration or dissatisfaction at work, alcoholism, illness, social event, etc.
- g) **Higher addiction rate:** In Mujmahuda slum 45% adult males and 22% of females use tobacco (mostly chewing) or alcohol. The use of tobacco chewing starts in early age with peers, initially they like its pleasant taste and smell. The laborers like it because it suppresses their hunger so that they can postpone meal and continue working. Later on they get addicted. Only about 3% of tobacco/alcohol users were able to quit the habit after our counseling.

Alcoholism is a highly complex issue. Usually it begins in early age. One local health worker told the reality that even if we come together and destroy illegal alcohol shop, it will come back. Sedative alcohol provides temporary escapism from the real issues of life. Alcoholism drains poor people economically, leads to irregular and poor job performance and ultimately loss of the job, it spoils their health from toxins of illicit liquor and most are doing binge drinking instead of pleasure drinking along with food. Alcoholism is also associated with more home violence against wife and children. About one-third families reported domestic violence because of alcoholic male members. The most difficult part is a denial from alcoholics because they think that they have control over drinking, It is not easy to come out from such abusive relation for wife. Children's education is affected and they watch to imitate that life style later on.

Few examples of frustrating alcoholism:

- A 45 year old alcoholic male committed suicide. About four years ago his wife opted to live separately with two children. Before separation, the wife tried all known ways to treat the alcoholism, including, our counseling, religious blessing and treatment that required some kind of injections in scalp; however, nothing helped. Alcohol drinking continued even after separation.
- A 65 year old male patient with high BP along with habits of smoking and alcoholism came with shortness of breath. He responded quickly with aspirin, sub-lingual nitrate and

atenolol. His ECG also showed sign of heart disease. In the past, the advice to quit smoking and drinking was not successful. After knowing the heart disease, the patient agreed to quit smoking and cut down on alcohol use. On a follow up visit the patient told emotionally that his wife had tears of joy thanking doctor for advising to quit the bad habits. However, later on the patient resumed drinking, did not go to cardiologist and died after 2 years with heart attack.

- A wife came almost begging for medicine to treat husband's alcoholism. The husband was not willing to get treatment. Hesitantly, we prescribed Disulfiram medicine and the wife started successfully mixing it in husband's tea. The medicine caused vomiting to the alcoholic patient, so the wife advised him, "the liquor does not suit to your body, stop it!" For few days patient stopped drinking but later on it was resumed.
- One family spent close to Rs 1 lakh on various treatments based on newspaper advertisements, rehab program and pilgrimage to a distant temple. Another family tried donkey's urine therapy costing Rs1000 per bottle. They did not help.

h) **Lack of family planning:** In slum dwellers, on an average there are three children per couple. In Mujmahuda slum about 90% females desired to have two children in family; however, 51% has more than two children mainly due to pressure from in laws to have a male child.

i) **Blind faiths:** Few common blind faiths leading to delayed medical treatment are described here:

- Going to the healer to "Wash" off jaundice with a magic green chemical rub between palms. Many times anemia patient is labeled as jaundice.
- The stool worm infection is common in slum children; however, many parents attribute it to the consumption of sweets.
- Amoebic dysentery with abdominal cramps is labeled as 'Ambhoi misplacement' and it is traditionally treated by abdominal massage.
- Many patients wear a copper belt in upper arm to control their high blood pressure.
- Eight month old child with seizure attack (without fever or vomiting) was brought into our clinic by panicked parents. Upon inquiring the parents denied history of such episode. The patient recovered in few minutes. Further questioning to the mother revealed such previous episodes, and for that they took Badha i.e. a personal promise to the god for certain service after a cure of the disease.
- Forty year old male painter came with a complaint of abdominal pain. As suspected, it turned out to be a kidney stone after ultrasonography. He was given pain medicines and advised to drink plenty of water. He visited the local healer for the treatment. The healer placed a plate on the side of stone 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 solve all the obstacles or economic, social or health problems. During this observation, the lady of the house reads or listens to the story of the Goddess Dashama every day after taking shower, fasts, worships the earthen idol of the goddess riding on a camel and lighting the ghee lamp for 10 days. Then the idol 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.
 - While searching for rented place for clinic in the slum, we came across a house where the members of two generations of same family (father, mother and grandmother) had died from TB and alcoholism in short period leaving behind two orphan children. Community suspected act of witchcraft and advised us not to rent this place. We decided to set an example by moving into this place. One young patient came and started staring around in the clinic as if he was looking for something. Upon our request, he explained that there are ghosts in this house. Initially fewer patients came for the treatment but later on, the number increased more than what we can handle.
 - A four year old male patient came with swelling and blood clot in left ear resulted from piercing ritual to treat hernia in groin.
 - A father came with a six year old daughter with left eye strabismus. And the doctor advised to consult ophthalmologist for her treatment at earlier stage. Father told that when she was born, due to failure of electricity they lit oil lamp and seeing that by the newborn resulted in to strabismus.
 - Strict ritual is observed during menses period lasting 3-5 days. During this time females become untouchable and they are not allowed to cook or worship. The young children are given about Rs. 5 -10 to buy the street vendor food, which is neither healthy nor enough. Girls as young as 8 years are trained to cook for the entire family during such time. Very commonly, ladies come to the clinic to request a medicine to pre/postpone the menses time, so that it does not 'spoil' the upcoming event. Many ladies opt for the major hysterectomy (removal of uterus) operation done at young age of 30s to solve this 'problem'.
- j) **Early age marriage and pregnancies:** Child marriage practice is quite common especially for girls. In Mujmahuda slum one third of adults reported married before legal age of 18, and about 75% by age of 20. The Social, religious, economical factors and gender prejudices play a major role in this. Most of the girls are not allowed to study beyond 8th grade. Child marriages also result into early age pregnancy and childbirth resulting into higher maternal as well as infant mortality. Good news is that more than 95% parents reported that they will not force the marriage of their children before legal age 18 years.
- k) **Gender discrimination:** Female children are burdened earlier for household responsibilities such as cooking, cleaning, caring for siblings, etc. Parents pay greater attention to the male child for education by sending them to private schools. For example 20% parents expressed desire to support college education for male child versus less than

3% for female child. Earlier age wedding is also more common for female child. Such discrimination leads to vicious cycle of poverty.

Analytical Summary of Our Experiences

In order to see poor people from slum to become self-sufficient, questions arise: Why are they poor? Why do they remain poor? Why counseling does not change their self-destructive behavior? Following is a short analysis using our experiences and other's published literature in trying to answer such questions.

Migration from village to city can end up in slum area. About 40% farmers are ready to quit farming and move to city. The main reason for this is a poverty linked with farming. About half of total population in India is dependent on agriculture, but their GDP is about 15% of total, thus income per capita is one-fifth that of urban. The other reasons for emigration to cities include inadequate basic facility of education, health, banking, transport, electricity, drinking water, cooking fuel, irrigation, etc. Death rate in rural area is about 50% higher than in urban area. Most of the migrants are poorly educated and hence they become laborer without any Sunday off, sick leave, health insurance or retirement benefits.

Lack of opportunity is linked with poverty and widening economic disparity. For example only 2% poor students reach to college versus 27% in wealthy family. According to recent study by Chancel and Piketty the top 1% captured 6% income in 1980 and now they have 22% of total income in India. Oxfam report showed that the India's richest 1% holds 58% of total wealth and 57 billionaires have wealth equal to bottom 70% population, thus ratio of average wealth in billionaire is more than 10 million times that in 70% bottom people. According to another report CEO and business owner can earn 1000 - 25,000 times the laborer can earn.

Poverty can impair physical and mental development permanently. About 43% of Indian children are malnourished and underweight. Stunting of growth (lower height for age) of a child is associated with poor cognition, poor executive function and lower achievements in school. Poverty is linked with greater physical and psychological stress in early age of development leading to shorter attention span and higher incidence for alcoholism.

It is well established that about 85% of brain structure is formed by age of three. The pace of learning social skills, language and emotional control peaks between birth and 4 years of age, that is before kindergarten starts. Poor parenthood, poor nutrition and poor exposure can impair these processes permanently. Now it is believed that the 80% of brain development is dependent upon social factors and only 20% is genetic. The early age brain wiring is very difficult to rewire later on.

But for the self-destructive behavior poor are also equally responsible. From our experience we believe that many of their hurdles can be resolved partly by simple behavioral change such as:

- a) Limiting family size to 1-2 children and concentrating to educate them.
- b) Restricting the excessive spending in marriage, death and other rituals to avoid cycles of debt.
- c) Avoiding early age marriage and pregnancy.
- d) Consuming home cooked food and avoiding street food.

- e) Avoiding addictions of alcohol or tobacco.
- f) Be regular in sleep, meals, work and sending child to school.
- g) While the child is doing homework, avoid TV or mobile phone distractions.
- h) Make sure that child (male or female) completes at least 10th grade of education.
- i) Think long term and prioritize the resources e.g. toilet versus mobile phone/TV.

Our service for education and health is reaching only to less than 1% slum population of Vadodara indicating limit of NGO work versus the real need of society.

Thus, in order to make poor slum population self-sufficient, just providing subsidized services and counseling are not enough, but there should be also an attempt to improve the social, political and economic structure.

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. All other trustees also contribute voluntarily without any compensation.
- Currently 18 employees are working. This includes 10 part-time teachers, one part-time physician, two part-time health assistants, one full time office administrator, one full time network coordinator and two contractual persons for office and classrooms cleaning.
- Low (15%) administration expenses.

Budget Summary for 2019-20

Donation: Total donation received was Rs 33.7 lakh for ongoing projects; and Rs 40.8 lakh for corpus fund.

Expenditure: The total expenditure was Rs 26.5 lakh, Rs. 12.4 lakh for Education, Rs. 6.6 lakh for Health, Rs 3.3 lakh for NOVOI project and Rs.4.2 lakh for overall administrative expense.

With the generous support from donors, Koshish-Milap Trust could purchase the he currently used administrative office at 10 Ganga Park, Pashabhai Park, Vadodara for Rs 50 lakh.

Projected Budget for 2020-21

Total projected expenditure for 2020-21 is estimated to be Rs 30.8 lakh that includes the expenditure for Education, Health, and NOVOI projects as Rs 16.2, 8.6 and 6.0 lakh respectively.

Thanks to volunteers

We would like to thank the following volunteers who provided their services in administrative work, NOVOI or education project:

Mr. C. K. Shah, Isha Brahmhatt, Dr. Suman Brahmhatt, Rushi Luhar, Biren Nayak, Anil Gheewala, Bhavna & Sanat Chudasama, Shaishav Desai, Dinesh Modi, Smita Desai, Kalpana Shah and her group, Nisha Chudasama, Kapil Shah, Tapas Shah, Kanti Kalola, and Hansa Vaid.

Thank You to All Generous Donors

- Thanks to Bhansali family to allow us to use rent free office premise for about eight years. In fact this was the very first help we got for the work, and that increased our enthusiasm.
- Thanks to the following donors for Sponsoring Students for Private Schooling: Ananta Charitable Trust, Dardi Sahayak Trust, Sushma Shah, Divyang Dave, Dr. Anshu Shah, Rohit Desai, Premal Shah, Rupal Dave, Vandan & Harshil Patel, Kalpesh Parikh, Nimisha Desai, Adil Bavaadam, and Bharatiya Seva Samaj.
- Thanks to the following donors to fund the purchase the premise of office: Amit Akkad, Anand Kane, Dr. Aniruddh Apte, Aruna Patel, late Bhagvanji Shah, Bakul Shah, Bhavin Shah, Indians for Collective Action, Krishnakumar Luhar, Dr. Kuldeep Vasvani, Lalit Shah, Dr. Lata Shah, Lata Kacholia, Mahatma Gandhi Leprosy Foundation, Ravi Shah, Sejal Shah, Shailesh Patel, Shyam Luhar, late Dr. Shirish Shah, Smita Desai, Sonal Hitesh Chokshi, Dr Vaishali Shah, Yuva Pragati Inc.
- Thanks to Bhavin Shah to arrange purchase of premise in Mujmahuda slum which is now used for clinic and teaching.
- Thanks to Dr. Barin Desai and Bhavin Shah for the corpus fund to support highly subsidized medicines for chronic diseases like diabetes, blood pressure, asthma etc.
- Sharad Vaghela for free and regular maintenance of invertors installed in the office and clinic.
- Thanks to Rushi Luhar for financial support to maintain www.koshish-milap.org website.
- Thanks to all trustees for their services without any monetary reward.
- Thanks to Dr. Pankaj Jain and his team of Gyanshala Ahmedabad, for providing teaching material that helped us to develop our curriculum.
- Thanks to Yogini Shah and Smita Desai for helping in preparing lesson plans for KG to 8th grades.
- Thanks to Smita Desai, Bhavesh Mistry, S. Srinivasan, Kapil Shah and Prof. Allan De Fina in preparing this annual report.

Thank you for your in_kind donations

- In-kind donation items included: food items, slates, used laptop and iPod, teaching items for class, steel cabinet, library books, stationery kits, LED tube-lights and bulbs, etc. For the donation of such items, thanks to: Amit Akkad, Aruna & Chandrakant Brahmhatt, Ashwin Chothani, Beena &

Mahesh Chudasama, Sushma and Kirit Shah, Divyang and Falguni Dave, Bina Naik, Daksha Salil Gandhi, Hemendrabhai Bhatt, Krishnakumar Luhar, Dr. Niranjana Amin, Neeta Chudasama, Rajendra Mistry, Ruchita Bhadiyadara, Sejal Soni, Shailesh Patel, Siddhant Gawahale, Dr. Taralika Trivedi, Toshiben Jha, Dr. Yogendra Patel and late Dr. Shirish Shah.

- Thanks to Jayesh Kanuga, Bharatiya Seva Samaj, Krishnakumar Luhar, Rina Shah and Bina Naik for distributing food grain kits to 228 poor and needy Mujmahuda slum families during Covid-19 pandemic.

Thank you for your donations (April 2019 to March 2020)

Donations from India

Sr. No.	Donor's Name	Amount (Rs)	Sr. No.	Donor's Name	Amount (Rs)
1	Jaykal Exports Pvt. Ltd.	750000	2	Samvedana Foundation	500000
3	Smita Harish Desai	240000	4	Himalaya Machinery Pvt. Ltd.	200000
5	Prasad GWK Cool-tech Pvt. Ltd.	200000	6	Nishith Anil Merchant	125000
7	Shashank Anil Merchant	125000	8	V2 Tech Ventures Pvt. Ltd.	100000
9	Kirit J. Shah	53780	10	Devendrasinh Prabhatsinh Barot	51000
11	Gatubhai G. Mistry	50000	12	Dr. Nayanaben	50000
13	Jayantilal Chimanlal Shah	50000	14	Kalpesh S. Parikh	41540
15	Manjula Shah	35000	16	Premal Vinodkant Shah	30000
17	Anirudha Mukund Apte	25000	18	Apte Charitable Trust	25000
19	Jigar Gajiwala	24350	20	Dinesh Somabhai Amin	22000
21	Sarjak Consulting Engineering	21200	22	Girishkumar Punamchand Shah	21000
23	Devision Charity	20000	24	Dr. Darshana Vijay Vyas	20000
25	Vaishali Shah	20000	26	Bhavesh V. Mistry	15000
27	Dr. Taralika Trivedi	15000	28	Ruma Trust	15000
29	Late Anand Kane	14000	30	Jayshree Kane	14000
31	Dr. Sudarshan Bagchi	12500	32	Bhaumik Pravinbhai	11000
33	Chudasama Sanatbhai Shantilal	11000	34	Daksha Salil Gandhi	10000
35	Dr. Ketan Jhaveri	10000	36	Pandya Ashaben Kaushikbhai	10000
37	Pandya Kaushikbhai Dashrathbhai	10000	38	Mahendrabhai Toprani	7000
39	Rasheedunnisa Begum	7000	40	Usha Ramanlal Gandhi	6400
41	Aadil Bavaadam	5000	42	Ashutosh Dalal	5000
43	Baktu Bavaadam	5000	44	Bharatbhai K. Shah	5000
45	Bhaskarabhai Patel	5000	46	Binaifer Gai	5000

47	Farah Bavaadam	5000	48	Farhad Ghadiali	5000
49	Firdosh Bavaadam	5000	50	Jal Bavaadam	5000
51	Jasmine Aklesaria	5000	52	Kaivan Bavaadam	5000
53	Katy Anklesari	5000	54	Pallu Ghadiali	5000
55	Persang Bavaadam	5000	56	Sannu Bavaadam	5000
57	Shree Ananta Charitable Trust	5000	58	Urviben Amrutlal Patel	5000
59	Ashish Nath	4244	60	Jyoti Kumar Shah	3699
61	Deepak Joshi	3209	62	Anand Vyas	2500
63	Nisha Shukla	2500	64	Chandrakant Brahmhatt	2000
65	Dr. Jayshree Rao	2000	66	Kiran Chavan	2000
67	Arvind S. Rao	2000	68	Mukundbhai Gheeya	2000
69	Dharvin Thakkar	1835	70	Bhaskar Srivastav	1600
71	Yatraben Kantibhai	1551	72	Freddy Gai	1500
73	Ravikumar Bamrotiya	1435	74	Maulik Gandhi	1335
75	Khusboo Dalal	1309	76	Saurabh Srivastava	1200
77	JagdipThakorbhai Luhar	1000	78	Jenit Vaghasia	1000
79	Smitaben Soneji	1000	80	Kandarp Bhatt	723
81	Shaileshbhai Shah	550	82	Chandni Jain	500
83	Dipali Patadiya	500	84	Piyali Roy	400
85	Sweta Marfatia	200	86	Dhaval Vibhakar	150
87	Ishwarbhai Yogi	120	88	Devang Vyas	100
89	Dhara Bhatia	100	90	Sandhyasingh Rathore	100
91	Sanket Patel	100	92	Sunilkumar Patel	100
93	Vijay Prajapati	100	94	Vishal Shah	100

Donations from abroad (FCRA)

Sr. No.	Donor's Name	Amount
1	Indians for collective action (ICA)	\$ 18901 (Rs.1338452.52)
2	Educare Foundation Inc.	\$ 9695 (Rs.666298.10)
3	Share & Care Foundation	\$ 5500 (Rs. 384237.45)
4	Mahatma Gandhi Leprosy Foundation	\$ 5000 (Rs.354250)
5	Sonal R. Amin and Rashesh H. Amin	\$ 1400 (Rs.97888)
6	Civica Pty Limited	\$ 600 (Rs. 28698)
7	Benevity Causes Portal	\$ 476 (Rs. 31929.16)

Trustees

Dr. Kishorkumar P. Mistry, MD in Family Medicine (USA), PhD in Biochemistry

Kishor has wide experiences both in India (as Head of Quality Control in industry, Lecturer at the MS University of Baroda, and as lab in-charge in a Hospital, Physician in a rural area); and in USA (as a Scientist and Physician). He has published 24 scientific research articles in national and international journals. He also wrote articles for newspapers, magazines and gave talks on radio. After staying in USA for 21 years, he returned to India with an idea of giving back to the society.

Dr. Varsha B. Shah, MA in Education (USA), PhD in Biochemistry

Varsha has wide experiences both in India (Lecturer at the MS University of Baroda and as a teacher in rural area); and in USA (as Scientist and school Teacher). Varsha has published 5 research articles in national and international journals. She is a certified Braille transcriber. After staying in USA for 21 years, she returned to India with an idea of giving back to the society.

Krishnakumar B. Luhar, BSc, AMIE in Chemical Engineering

Krishna has wide range of work experiences at Heavy Water Project, Gujarat Alkalies and Chemicals Limited, Vadodara mainly taking care of project execution, Industrial Safety Systems and Quality Management Systems. Based on his rich experiences, he was appointed by UNO affiliated Organisation for the Prohibition of Chemical Weapons (OPCW, which was awarded Nobel Peace prize in 2013) at The Hague, the Netherlands as Inspector and later on promoted as Inspection Team Leader. He was responsible for carrying out inspections of chemical weapons production facilities all over the world in about 40 countries during 14 years.

Harish M. Desai, BSc in Chemistry, LLB

Harish has experience as a Bank Officer for 20 years, and then he left the bank job and moved to a village to live simple life based on organic farming, integrity, and sustainability. He is also helping the local community.

Yogini B. Shah, MSc in Statistics, MEd

Yogini has worked as a school teacher for 10 years, and then she left the job and moved to a village to live simple life based on organic farming and helping the local community. She was a co-ordinator of Balwadi Shibir to conduct certified course for Bal Shikshika (KG Teacher) during 1983-91.

Guideline for Donors

Because of the generous support of people like you, we have been able to expand our activities through Koshish-Milap Trust. We cordially thank you all for your support.

Guidelines for contribution/donation to Koshish-Milap Trust

1. You can send donation for general fund, or for specific project (education, health or knowledge sharing) or for corpus fund.
2. Sponsor a student for our class for Rs. 7,000 per year or one day clinic for Rs 2500.
3. Sponsor a student in a private school: Average annual expense to sponsor one student in a private school is about Rs 12,000. This expense includes school fees and other administrative expenses.
4. Sponsor one day educational tour for Rs.18,000 per tour (Includes transport, food, entry fee as needed)
5. Help us to establish our own school: A model school to practice and fully implement the successful educational strategies developed and used by us. We are planning the school from KG to 10th grade. This will involve procuring land, getting permission from the government, construction and employing the teachers. The initial estimate for such school is about Rs. 8 crore.

Information for sending your donation

Donor from India

- a) **The cheque (in Indian Rs) can be made in favour of “Koshish-Milap Trust” and sent to the office address:**

Koshish Milap Trust
10 Ganga Park, Inside Pashabhai Park,
Near Natubhai Circle, Gotri Road,
Vadodara-390007, Gujarat
Phone: 0265-2334041

- b) **Direct transfer of donation to the bank account:**

Bank	HDFC Bank
Bank Address	Shine Plaza, Near Natubhai Circle, Gotri Road, Vadodara-390007, Gujarat, India
Account Type	Savings
Account Name	Koshish-Milap Trust
Account Number	50100193099402
IFS Code	HDFC0000384

Donor from foreign countries

Our FCRA renewal application is under process, please contact us before sending donation from foreign country.

Remembering Late Mr. Anand Kane

Anandbhai was a supporter and well-wisher of the Koshish-Milap Trust. He helped us voluntarily in administrative work and taught us how to efficiently get the work done from the government office within framework of rules. He died on October 16, 2020. Our prayer for his peaceful soul.



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

“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

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**

FCRA Registration No. 041960184