Annual Report (2010-11)

Koshish-Milap Trust

For Education, Health & Knowledge sharing

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Education Support Centre & Clinic:

MujMahuda Slum, Near Akshar Chawk, Vadodara-390020

Our Mission is to:

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

Background:

On August 15, 2010, Koshish-Milap Trust initiated serving the needy MujMahuda slum population of Vadodara. We provide affordable quality education and health care services. In this slum there is no qualified doctor and a nearby municipal school has one hall for 1 to 7 grade students. We found that many of the 7th grade 'passed' students were unable to read simple sentences in Gujarati. After holding multiple meetings with the slum community, we confirmed that our service will contribute to their well being and we will be able to get their co-operation. In the two rental premises of MujMahuda slum, educational classes are run during morning hours (8:30 to 12 noon) and clinic during evening hours (4:30 to 7:00).

Service to the needy slum population by providing quality education:

This work was initiated by providing formal supplementary education to the school going students of the 1st and 2nd grades. Our goal is to make the students competitive, confident, and self-disciplined and also to reduce school dropout by employing following teaching strategies:

- Provide basic teaching resources like reading books, pencils, work-books, etc.
- Differential instruction to address individual needs.
- Emphasize regular attendance and personal hygiene.
- Use students' names to teach alphabets and phonics.
- Develop appropriate curriculum and reading material.
- Replace corporal punishment with love, logic and discussion.
- Create partnership between teachers and parents.
- Regular training for the teachers.
- Incorporating educational tour, cultural awareness, self-discipline and interpersonal skills.
- Documenting an impact of our work.

We spend about Rs 3000 per year for a student, and charge a nominal fee to recover 10% of the expense. During 2010-11, a total of 31 students (19 boys and 12 girls) attended the classes. Six of these students had never been to the school. Of the total 31 students, 17 came regularly and 14 dropped out for various reasons e.g. migration to other slum, parental preference for domestic help, parental carelessness, switching to other tuition class, etc.

Achievements of our supportive education:

1. There were five students (ages 5-10) who had never gone to the school like their parents. They were educated to the level of their age, and all of them finally got admitted to the school. Two of them were admitted to the 3rd grade, two to the 2nd grade and one to the 1st grade.
2. There were two migrated students who were admitted to the school.
3. Two boys were showing signs of emotional disturbance, autism and violence; however, with our consistent efforts, they turned out to be sincere and stable students.
4. Thirteen students needed individual help for fine motor skill in order to initiate writing.
5. During this academic year, the students were exposed to about 70 different reading books.
6. Developed following educational support materials in Gujarati: Nineteen books are translated from Hindi to Gujarati; five books are translated and converted into large-sized books from Hindi to Gujarati; and composed two song books. Multiple teaching aid materials are developed including word-picture dictionary to teach Gujarati vowels, picture cards (with and without names) and laminated charts (animals, birds, fruits, vegetables, transport vehicles, body parts, insects, colors, and alphabets), 22 types of charts for group names (animals, birds, relatives, colors, etc), Housie games (alphabets, animals, birds, vegetables and fruits), charts and cards for

students' names, behavior chart for students, laminated charts for Tanagram games, charts to teach numbers, charts for story words, simple story charts without pictures, varieties of flash cards to teach specific concepts (e.g. classification and ascending/descending orders), picture cards of stories, etc.

7. Showed two educational movies.
8. Arranged three sessions of art work by the invited experts.
9. Annual exam conducted at the end of the first year showed an excellent performance of the students with 68-96% marks.

Lessons learnt:

1. Awareness for quality education in slum is reflected in the willingness to spend a significant portion of their income for the educational efforts. Last year, our survey showed that in the MujMahuda slum, there were 29 students in the 1st grade, of which 2/3 attended private school (with an average expense of Rs 500 per month) and ¾ of them also attended private tuition class (paying Rs 100-200 monthly fee). However, the remaining 1/3 poor students attended government school and 90% of them were unable to afford tuition class, this is the group that we are targeting by providing quality education. Currently, out 21 regular students in our classes, 80% are from government school.
2. The most important factor in the academic success is the regularity of the student, for which the assertiveness of their parents is crucial. We counsel the parents for this.
3. Teacher's professional training, dedication and love are other crucial factors for academic excellence.
4. At elementary school level, personal attention plays important role; thus smaller the class size, faster is the learning. That is why our class size is limited to 20.
5. Most of the students love books, exposing them to appropriate reading material provides positive inspiration.
6. Just completion of workbooks by students is not a good indicator of learning, since it may have involved copying, help from teacher/parent or completion without understanding the concept.
7. Earlier the stage we provide quality education, better is the success and lesser is the dropout. That is why we want to concentrate from KG though fourth grade. We also found that, if not properly guided, the second or third grade students can become headstrong and loose interest in studies and finally becomes drop out. During this early age, imitating their parents, some of them even start experimenting with Gutaka. Also, during such early age it is easier to nurture self-discipline, which becomes harder or even impossible at later stage.
8. TV at home is highly distractive to students, some of them get hooked up to TV till late night along with their parents and come tired on the following day.
9. Gender partiality by the parents is visible in the school education. It is a common practice to send male child to private school/tuition class and the female child to government school.
10. It is common for the girls of 2nd grade to start helping domestic work of cleaning, cooking, and taking care of younger siblings.
11. In slum usually both parents work, typically male as daily wagers (artisan, labor) or street vendor and female as house maid. Their children are left unattended, unsupervised, and loaded with early household responsibilities of cleaning/cooking especially to a girl. Thus these slum children grow up with poor education and poor parenthood.
12. Verbal and physical violence is common in slum homes and even in the local schools, which fuels a vicious cycle of violence in their lives.
13. Many students are given regular pocket money to spend 2-5 Rupees, which is typically used to purchase unhealthy food.
14. The economic status of slum dwellers varies considerably.
15. Slum students are equally potential to achieve academic success if provided proper exposure and opportunities.

Plan to expand educational activities during 2011-12:

1. Extend the class from 1-2 grades to 1-3 grades. For this we will rent additional site in the slum and employ the teachers.
2. Emphasize for regularity, personal hygiene, regular sleep, nutritious foods, etc.
3. Address an issue of violence (verbal or physical) at home and school. For this we have to develop convincing strategy for the parents and school teachers. In our classes no physical punishment is allowed.
4. Arrange educational tour.
5. Arrange cultural program by the slum students.
6. Attract and retain more students by introducing English and Computer (as requested by few parents), providing breakfast to the students, or providing pair of clothes/Chappal, donating educational material to the students, etc. There are pros and cons for each these approaches, and we will learn the effectiveness by trials and errors.
7. Use big banners for advertising.

Serving slum population through outpatient clinic:

Koshish-Milap Trust provides affordable quality healthcare by:

- Reducing the cost by using generic medicines, and avoiding unnecessary injections.
- Emphasizing the preventive measures of vaccine, healthy lifestyle, hygiene, and preventing addictions (Gutaka, smoking , tobacco).
- Creating awareness about the locally available nutritious foods.
- Planning healthcare camp to screen common medical problems.
- Documenting an impact of our work.

We treat common illnesses such as cough, cold, fever, pain, diarrhea, malaria and other infections, acidity, COPD, diabetes and hypertension. We maintain a stock of commonly used 80 medicines (oral medicines, IM injections, Tetanus vaccine). Most of these treatments cost about Rs 7 per day. We do not charge any consultation fee.

Ten most common causes of patients visits (Aug 16 2010 to Aug 15, 2011):

Disease	**Number of children**	**Number of males**	**Number of females**	**Total number**
Cold (Viral)	113 (35%)	31 (7%)	72 (18%)	216 (19%)
Malaria	62 (19%)	54 (13%)	51 (13%)	167 (15%)
Gastroenteritis	29 (9%)	12 (3%)	10 (2%)	51 (5%)
Bronchitis	13 (4%)	15 (4%)	12 (3%)	40 (3%)
Wound care	35 (11%)	26 (6%)	11 (3%)	72 (6%)
Dermatitis	6 (2%)	14 (3%)	17 (4%)	37 (3%)
Hypertension	-	49 (12%)	13 (3%)	62 (5%)
Diabetes	-	53 (13%)	3 (<1%)	56 (5%)
Acidity	-	25 (6%)	16 (4%)	41 (4%)
COPD	-	32 (8%)	1 (<1%)	33 (3%)
Subtotal of above 10 causes	***258 (80%)***	***311 (75%)***	***206 (52%)***	***775 (68%)***
Other diseases	67 (20%)	104 (25%)	188 (48%)	359 (32%)
Grand Total of all causes	**325 (100%)**	**415 (100%)**	**394 (100%)**	**1134 (100%)**

Summary of the patients treated in the clinic:

1. Total number of patients treated during Aug 16, 2010 to Aug 15, 2011 was 1134.
2. About 1/3 patients were children, 1/3 males and 1/3 females.
3. Across all age groups, the ten most common diagnoses were: viral cold (19%), malaria (15%), wound care (6%), diabetes (5%), Hypertension (5%), gastroenteritis (5%), acidity (4%), bronchitis (3%), COPD (3%), dermatitis (3%). These ten diagnoses constitute 70% cases. Thus most common causes of illnesses are infectious diseases, followed by musculoskeletal pain. The high prevalence of malaria is due to nearby Vishvamitri river responsible for the rampant mosquito problem.
4. In pediatric patients, infectious diseases are the most common problems: The first five causes include cold (35%), malaria (19%), wound care (11%), viral gastroenteritis (9%), and bronchitis (4%); these causes constitute 80% complaints. One of the reasons for high incidence of wound is that the children are not wearing Chappal regularly.
5. The gender differences: In females more common illnesses are viral cold, headache (mostly migraine), scabies, knee osteoarthritis, allergic rhinitis, vertigo, urinary tract infections, and leg pain. In males more common causes are diabetes, hypertension, COPD, and acidity. These differences may reflect under-screening of females for diabetes/hypertension, more common smoking/alcohol habits in males, and/or a gender difference in visiting the doctor.
6. Dental pain and loosing teeth in middle age is common due to neglected dental care.
7. Prevalence of addictive habits reported by the adult patients: Gutka (23% in males, 14% in females), smoking (12% in males and 2% in females), alcohol drinking (8% in males and none reported by the females).
8. Asthma, diabetes-type-I and HIV are not reported or their prevalence is very low. One with TB, two with stroke, and three with heart disease were reported.
9. Currently, about 10 patients are seen per day versus a potential for 20. Even after advertising twice with handbills, many patients are not aware of our clinic. Some patients are requesting IV bottles/injections as a quick fix, and they may be going to nearby doctor for such unnecessary treatments. We are confident that the message of our quality care with minimal medicines will spread by the patients themselves.

Plan to expand Health care activities in 2011-12:

1. Attract more patients by arranging medical camps to screen common diseases like diabetes, hypertension, anemia, gynecological problems, eye and dental problems, etc.
2. Use big banners for advertising.
3. Provide community health education for personal hygiene, dental care, preventing malaria by mosquito net, regular use of Chappal, locally available nutritious foods, abuse of injections and IV bottles, blind faith in local healers (Bhut-Bhuva) practices, etc.
4. Address the addiction for Gutka, smoking and alcohol. In Muj Mahuda slum, there are at least four illegal shops for illicit liquor, and the use of Gutka is common in early age. It is not uncommon to hear family accounts where the alcoholic husband is either not earning enough or has stopped working and the family is largely supported by the income from wife. Some of the ladies also drink alcohol, in fact there was a report of finding alcohol bags under the death-bed of an old lady! She was a known drinker.

Creating a knowledge sharing platform for NGOs:

Our third goal is to create a knowledge sharing platform for the Indian NGOs. In 2010, a survey showed that there are about 33 lakhs non-profit organizations registered in India! On individual basis many of these organizations are doing wonderful work; however, the work is fragmented. Our goal is to create a platform to share knowledge and experience. The actual work is expected to begin in September 2011. The specific methodologies used will be:

- To collect and compile the database of India's non-profit organizations as well as of funding agencies (national and international) and make them available on the web site.
- To develop online e-library of the published literature related to the non-profit organizations after obtaining permission.
- To exchange experiences between various voluntary organizations through electronic journal, meetings, training, and central resource facility.
- To facilitate development of consensus on various issues: health, education, public transport, noise pollution, population control, environment protection, prevention of addictions (tobacco, Gutka, alcohol), ethical guidelines for non-profit organizations, advocacy, etc.
- To facilitate cross-training for fund raising, self-accountability, transparency, professional management, documentation, inspiring second generation leadership, etc.

Budget summary for the year 2010-11:

Credits (Rs.):

Donations: …………… 3.07,908
Income from class fees: 1,825
Income from patient fees: 11,418
Interest…………………… 123

Grand total of credits: 3,21.274

Expenditures (Rs.):

Rent ……………………………………..…. 9600
Salaries…………………………….…….. 7155
Educational books, other supplies… 5774
Stationery, Student workbook………....16195.
Phone, internet, electricity, mailing…... 3315
Furniture……….……………………….. 77216
Medicines……………………………….. 23688
PC, Printer, Pen Drives ………………..41059
Miscellaneous………………………….... 45656

Total: ………………..2,29,658

Projected budget for the year 2011-12 (Recurring + Non-recurring):

Educational service activities……..……………………… Rs. 2,77,000
Health service activities…………………………………..Rs. 36,000
Central office establishment & recurrence expenses…Rs. 4,58,000

Total: …………………….……………Rs. 7,71,000

Thank you volunteers and supporters:

1. All the generous donors.
2. Bhagvanji M. Shah for giving a “positive push” to initiate the work.
3. Bhansali Trust for providing a rent-free office at Pashabhai Park, Vadodara.
4. Rushi K. Luhar for creating our website.
5. Anand V. Kane for volunteering.
6. Sahaj Shishu Milap team’s support.
7. Yogini Shah and Smita Desai for art work demonstration
8. Kapilbhai Shah, Dr. Bharatbhai Shah and Jagdishbhai Shah for guiding us in the trust formation and administration.
9. Vishnubhai P. Mistry for helping in renovating classrooms and office.
10. All trustees who are contributing without any financial reward.

Trustees:

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

Our Inspirations

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

“Ignorance, inequality, and desire are the three causes of human misery.” - ***Swami Vivekananda***

“United Truth wins.” - ***Manubhai Pancholi,***

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

Public Trust Reg. No. E/7429/Vadodara,

PAN No. AABTK7478B,

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