



joy of helping

HELPING BY TOUCHING LIVES

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ABOUT JOY OF HELPING



We have identified some institutions that are functioning well but they need more funds to support their causes. There are institutes in which people are dedicated to social services for life time and have served to support humanitarian activities for three decades.

I was inspired by my very religious mother who took care of my mentally challenge 7 oldest sister for 63 years as well as all seven of us with lots of love.

We grew up very poor but my Mom managed with little money.

She encouraged all of us to get the best education.

In 1983 I received a letter from youth Jain to sponsor a squint eye camp at Mandvi Gujarat that was the starting point in our life to get involved in humanitarian work then we had sponsored polio camp.

We have attended yearly camps since 1984 at Bidada Hospital, working with doctors, volunteers & trustees in various capacities.



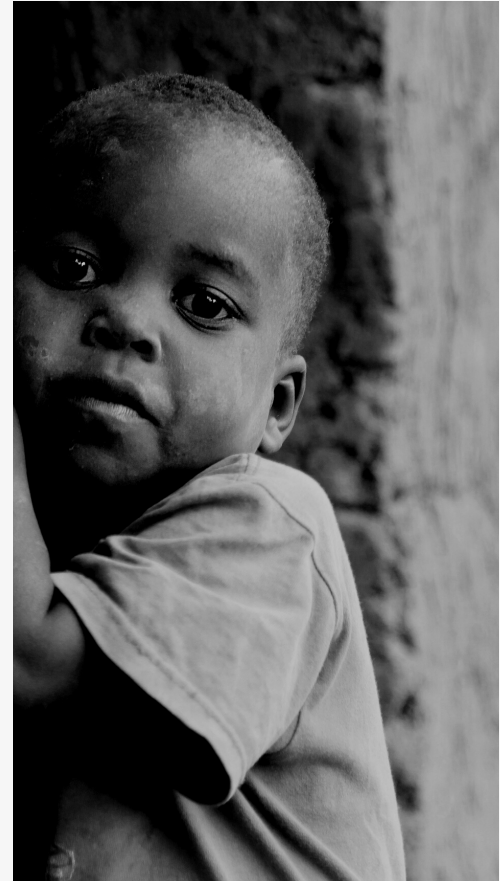
Supporting institutions working at grassroots level in the areas of

- **Providing education** to the children in the slums and the tribal regions
- **Improving health standards** amongst the children in regions where the mortality rate is very high due to malnutrition
- **Rehabilitation** of the mentally/physically challenged, Hearing impaired, CP kids
- **Women empowerment** through vocational training helps them live their life with dignity.
- The primary goal to **fight curable blindness** and work with dedicated eye hospitals in **India and Kenya**.
- **Raising Schedule class** voice against caste-based violence and discrimination poorest should be the main focus for any project.
- **Prevention of the diseases**
- **Encourage women** to participate to join **self-groups** and **income generating** projects
- **Support the NGO** who are willing to work in most poor and difficult areas
- NGO who maintains 100% transparency
- Work against Abuse of **women and children**

our mission

Our mission is to **serve humanity** by supporting like-minded individual philanthropists who have been working for social and humanitarian cause at the grassroots level.

Contribution from our foundation, family and friends are distributed 100% every year. Our goal is to visit all the institutions that we have been supporting in **India and Africa**.





our vision

Transforming the lives of the underprivileged and the neglected of society and allow them to live a **life of dignity.**

our values

To ensure **proper utilization of funds** that every dollar is utilized to improve the lives of neglected and underserved people

All public donations would go to the field and tag to the specific project. To show impacts of their generous donations in changing lives of the people and also connect current donors as well as potential donors showing them life changing work and the impact of their generosity.

To encourage our donors to visit and witness the humanitarian activities of the project to see the impact of their donation





Our Causes





Our Causes

Eradicating Blindness

TO SUPPORT MORE THAN 50% TO NGO WHO ARE WORKING TO ERADICATE CURABLE BLINDNESS IN INDIA AND KENYA

The **restoration of sight** is one of the most effective and cost – efferent ways to reverse. The cycle of poverty for individual and families, according to **World Bank and WHO** Blindness has profound human, social and economic consequences it brings the priceless benefits of education, gainful employment, independence, reduced inequality among many more.

To **eradicate curable blindness** with dedicated eye hospitals in **India and Kenya** by providing affordable, accessible and sustainable eye care services. Globally, **1 out of every 3 Blind People Live in India** India has the highest level of blindness in the world with **15 million** blind people, cataract being the primary cause. **Every 20 Seconds, one person goes blind in India and a Child goes blind every minute.**



Associate NGOs with Eradicating Eye Blindness.

Drasti Eye Hospital

**IN CHENNAI,
BY DR. MEHUL SHAH AND DR. SHREYA SHAH**

Ophthalmologists couple **Dr. Mehul Shah**, an M.S. in ophthalmology, specialized in the field of Retina and Vitreous from **Sankara Netralaya**, Chennai, and **Dr. Shreya Shah**, Pediatric ophthalmologist and Oculoplastic surgeon, both pursuing the intention of service to poor .





Associate NGOs with Eradicating Eye Blindness.

DivyaJyoti

Divya Jyoti sees approx. **125000 OPD patients** including outreach activities. All subspecialties of eye care viz. cornea, glaucoma retina, oculoplasty, paediatric eye care, neuro ophthalmology, low vision are managed with the help of either full time consultants or experts coming from nearby cities

Training of paramedics and Ophthalmologists – both short term and long term trainings has also started.

From Sept. 2017 onwards an optometry college has also started.

Some research activities are also being carried out.

Thrice a week diagnostic eye camps are being conducted right from the beginning in a radius of **100 kms** around us.

This includes 2000 villages and a population of 2.5 million.



Our Causes

Disabilities Rehabilitation

IN INDIA, THE POPULATION WITH DISABILITIES IS AROUND 26.8 MILLION, CONSTITUTING 2.21% OF INDIA'S TOTAL POPULATION

Child Welfare Special School focuses mainly on comprehensive rehabilitation of children with different disabilities like Cerebral Palsy, Autism, Down syndrome and Multiple Disability. A panel of experts including a Psychologist, Special Educator, Physiotherapist, Speech therapist and Occupational therapist evaluates each child at the time of admission and required therapy programs are provided based on the evaluation. Some of the special therapy programs sensory integration therapy, music therapy, hydrotherapy etc. Progress of each child is reviewed every six months and modifications in the therapy program are made. For the next quarter the same protocol is planned for almost all the children in the program for getting the desired outcome.





Our Causes

Education

EDUCATION TO UNDER PRIVILEGED DALIT

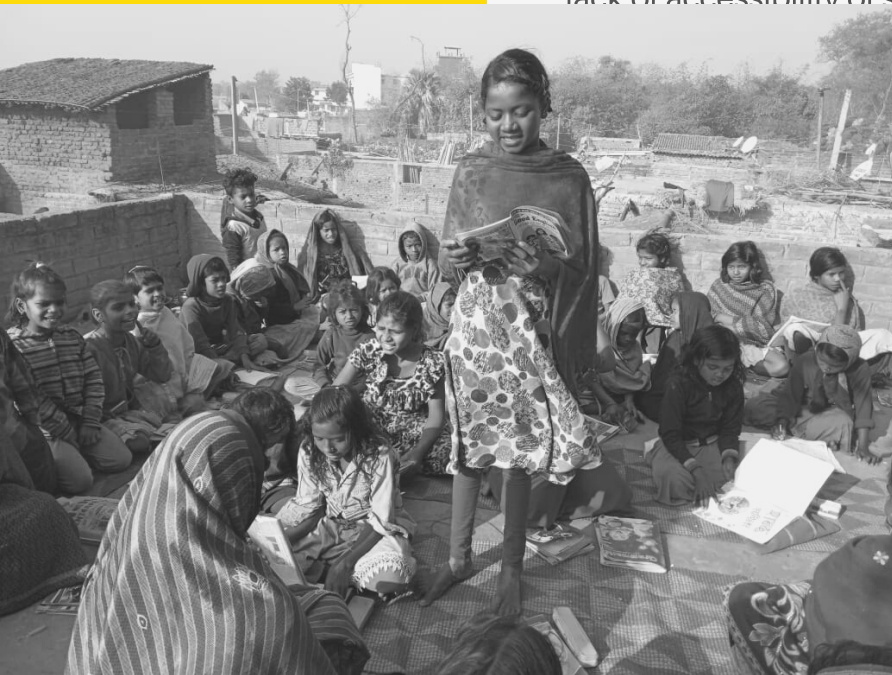
20 Million Children in India do not go to school.

Millions of children are still denied their right to education because of poverty and the caste system. Close to **53% of girls** in the age group of **5 to 9 years** are illiterate. More than **50 % of girls** fail to enroll in school: those that do are likely to drop out by the age of 12.

Aim of **Dalit Children Access to Education, Equity &**

Liberation: We believe that is the fundamental Right of every child without exception to receive free and quality education up to the **age of 14** on the basis of equal opportunity, without the discrimination on the basis of caste, class, gender or religion in an environment of love and care and with appropriate facilities conducive to joyful learning.

To improve the quality of education and upgrade the living standard of these people. **Mushar community and other Dalit communities** have been living in a very underprivileged condition due to lack of education, lack of information, unawareness and lack of accessibility of services given by government.



The young girls and boys of the Mushar community love to explore education in their areas/villages. They motivate the people of other communities to send their children to the education centers. The concern for health too increases in these communities. The people now know the value of cleanness, hygiene and sanitation. Apart from this, our effort is to decrease the percentage of child marriage, child labor, child abuse and domestic violence to bring out the people of Dalit communities from the state of backwardness and illiteracy.



Our Causes

Women Empowerment

INDIA HAS OVER 120 MILLION TRIBAL LIVING IN APPROX. 135000 VILLAGES. THERE ARE 537 DIFFERENT TRIBES AND SUB-TRIBES

Women Empowerment Income Generating Projects

The continual, overall enrichment of the lives of the tribal masses in the area of income generation by strengthening the community, particularly women through **self-groups and income generating projects**, so that they can stand on their own. This will create women empowerment and it will prevent exploitation.



This objective is aimed at promoting, for the tribal people, self-reliance and economic independence, thereby providing them with freedom from debt and also preventing their temporary migration to urban areas for earning their livelihood. It is met by implementing the following schemes: 1. Formation of Cooperative Societies for: production of Bamboo Craft, weaving work, production of food stuffs such as Nachni khichiya, Karamda Jam etc. collection of Jungle Products such as **Gum, Mahuva, Sitafal, Medicinal Seeds like Kuvadida** etc



Our Causes

Vision Centres

INDIA HAS OVER 120 MILLION TRIBAL LIVING IN APPROX. 135000 VILLAGES. THERE ARE 537 DIFFERENT TRIBES AND SUB-TRIBES



Technology Development TeleMedicine app. on smartphone/ Vision Centers

Bihar and Uttar Pradesh are the worst affected states Bihar has **700,000 Blind, 4.3 million** Visually impaired'

19 Million people need a spectacle but do not wear

one TeleMedicine app. The smartphone will be the most important of the latest advancements in internet and mobile technologies. Through telemedicine our expert volunteers teach and support eye care teams around Bihar and eastern Uttar Pradesh



The Problem- of any eye hospital is based in rural areas and the target population travels in from across the many districts of Bihar & 4 key districts of Eastern Uttar Pradesh. Because of limited space of the fixed facilities, the patient load is unmanageable to screen and handle and often patients must wait for long periods to avoid treatment. Such limitations burdens patients with longer wait time, long distant of travel and loss of pay (as most of these patients are daily wage earners) To mitigate and enable the patient to access faster and reliable services, Technological development of telemedicine intends to service patients with live doctor consultation.

Vision Centers eradicating Bilateral Blindness

A vision center is a small, permanent facility set up to provide primary eye care services to semi-rural and rural communities. Ophthalmic assistants operate the center, but with the help of telemedicine, patients can consult ophthalmologists in the base hospital and avail treatment.

Researches show that permanent eye care facilities in rural areas motivate people to seek earlier treatment for vision problems, allowing them to reintegrate back into the workforce instead of becoming visually impaired.





Our Causes

Kenya Eye Projects

ACCORDING TO WHO, ALMOST A QUARTER OF A MILLION KENYANS SUFFER FROM BLINDNESS; 43% OF THESE CASES ARE CAUSED BY CATARACTS, AN AVOIDABLE AND OFTEN TREATABLE CONDITION.

The number of blind people in Kenya has increased. Currently, an estimated 224,000 people are blind while another 750,000 are visually impaired.

Potentially leading. Four out of five people who are blind don't have to be. These are people who are suffering from avoidable blindness, which can be defined as blindness that can either be treated or prevented.

Cataract Eye surgeries had been coordinated in three eye hospitals.

Lion sight first Eye Hospital in Nairobi

Lion hospital coordinated nine different camp sites within 100 miles from Nairobi. Average of 11,000 patients were screened. Selected patients were sent to the hospital and operated three times a week to complete all 500 cataract operations within three weeks. The funding was provided to perform 300 pediatric surgeries during the whole year.

Lion Eye Hospital in Mombasa.

Lion hospital coordinated three different camp sites within 85 miles from Mombasa. Average of 1,000 patients came for the checkup. Selected patients were sent to the hospital and operated twice a week to complete all 200 cataract operations within one month.

Sabatia Eye Hospital in Kisumu.

Lion Sabatia eye hospital selected 380 cataract patients out of 1,169 that were screened. 124 patients had cataracts in both eyes while 132 patients had in one eye. Cataract as a major cause of blindness is still very widespread and with no dedicated facility to serve the population in this region.

White canes Distribution to blind children schools

To reach the target of distributing 15,000 white canes to blind school children by 2020 throughout all the districts of Kenya. They have collected data on how many blind children in each district and blind children school in a district.

A white cane is a device used by many people who are blind or visually impaired. It primarily allows its user to scan their surroundings for obstacles or orientation marks and is also helpful for onlookers in identifying the user as blind or visually impaired and taking appropriate care.





Our Causes

Disaster Relief

IN KENYA AND INDIA

Disaster Relief in India and Kenya

Food Packages, Blankets and Mosquito net distribution
Kids suffering from hunger especially during Covid-19.
Children would not die due to coronavirus but due to hunger and Malaria.



Kenya floods uproot families, complicating coronavirus fight while infrastructure has been damaged, making aid delivery the distribution of food packages to thousands of daily wage earner in slum areas Emergency Funding for NGO working to eliminate Blindness

During the Crisis period some of the NGO will face significant cash flow pressures, as the incurred operating expenses (albeit at a reduced level reflecting re-planned measures) will be significantly outweighed by the related income during the period, given that some of the NGO will not be able to deliver eye care at any significant scale.

Three eye hospitals have an outstanding track record of delivering high quality eye care on a mass scale and prudently managing its finances in a transparent manner. However, in these uncertain times, all of them need special one-off financial support to finance its operations, so that it is able to come through the Covid19 induced crisis as a going concern and continue to resolve blindness for the poor.





Our Causes

Children and Women's Health



The Gynecology problems of the rural women remained unattended for years. The continuous initiative by BST to reach rural women to address their unresolved health problems with the help of midwives brought unexpected results. In 20 years more than 3500 women have undergone successful gynecology surgeries in 60 camps during 18 years. Rural women of Kutch have been suffering from prolapse utters as well as large fibrosis particularly women think it is common after home delivery. The Heart problems of the rural women and children remained unattended for year's Poor working Women have been suffering from MVR, DVR and other heart illnesses and children have been suffering from heart diseases such as ASD, VSD, TOF and PDA. Managing, collecting and distributing funds annually to run a cardiac camp was provided by Helping Hands since 2003.



Our Causes

Vocational Training

Vocational Training Skill Training to Rural Entrepreneurship Program

A pioneer of the Rural Entrepreneurship Program, where teaching is imparted by way of hands on training. This is a Comprehensive Employment generating Skilling built around ground realities and focused opportunities of translating the duly gained real time learning to employment. A Non Formal Vocational Center attached with hostel facilities, for tribal youths, who are dropouts from schools, giving six months training in various skills like, welding, electrical wiring, home appliance repairs and two wheelers repairs. The training is free, including boarding and lodging. The program is based on the philosophy of learning while doing' in real life environment which integrates rural development and education. . This is a unique program and is recognized by 'National Institute of Open Schooling (NIOS)'. This is a work based education which enables the students to be gainfully employed, start their enterprises, develop innovative technologies and successfully commercialize.



About **90 %** of the children, who enroll in the primary school, do not cross the SSC barrier. It is not that these children are unfit for education. In fact they are the major work force for India. They are the skilled masons, the car mechanics, they start many small enterprises and generally they contribute substantially to the progress of India. They have probably dropped out because our book based education system did not suit them, and the children lose interest in all education. Very often the very thought of schooling and examination frightens them. If your ward is one of these, the Diploma in Basic Rural Technology is the right course for him. It will resettle him in life, give him self-confidence and give him a new path to his future. He may be destined for starting a small enterprise and building his own future.



Our Projects





Our Projects

Child Welfare School

IN DHANVANTRI, BHUJ; BY DR. SHANTUBEN PATEL

The **CHILD WELFARE TRUST (CWT)**, Bhuj was established in 1998, by Dr. Shantuben Patel, a pediatrician with a clear agenda of mainstreaming the special children in Kutch district. CWT is registered as a public charitable trust under The Bombay Trust Act 1950, and runs the **DHANVANTRI School**. Child Welfare School, since the last 24 years, has touched many lives and has had a positive impact on children with special needs with its unique training and education programs that not only allow such children to be recognized as individuals with different capabilities, but also provides a hand holding to them to be able to lead their lives independently.

Helping Hands was able to collect and contribute a large amount to build Handicapped Children's School in Bhuj, Kutch, India. This is a modern, 18,000 square feet school designed specifically to meet the needs of handicapped children's education and vocational training. There are **70 mentally challenged children, 45 hearing impaired children, 35 cerebral palsy children and 12 Autistic** kids. The children are picked up from various places by bus and bring them to school for their education and vocational training.





Our Projects

Yusuf Mehrally Centre

The Centre has been engaged in multiple Philanthropic activities including **COMPREHENSIVE HEALTH CARE, EDUCATION** ,mainstream as well as skilling) , VILLAGE INDUSTRIES EMPOWERMENT of women and Adivasis (tribal), AGRICULTURE skilling and Off farm employment generation DISASTER RELIEF all this through the medium of its 10 branches across the country in (Maharashtra), Kutch (Gujarat), Nagapattinam (Tamilnadu), Orissa, M.P. Bihar. UP Uttarakhand JK and even in Kerala





Our Projects

Bhansali Trust



Bhansali Trust is a Public Charitable Trust registered at Bombay in the year 1969 and has been carrying out various activities in Medical, Educational, Income generation, De-addiction and other Socio-Economic fields. The Trust has 610 full time and 1724 part time staff. The continual, overall enrichment of the lives of the tribal masses in the area of income generation by strengthening the community, particularly women through self-groups and income generating projects, so that they can stand on their own.

This will create women empowerment and it will prevent exploitation. Bhansali trust is involved in many activities but we will be supporting only in the area of women empowerment through income generation. Insert the image picture no. The trust has also carried out various relief projects during natural calamities. Most of the Trust projects are carried out with family funds, while natural calamity relief projects are carried out with funds from Diamond trade and friends

The Primary Objectives The continual, overall enrichment of the lives of the tribal masses, whilst conserving, simultaneously, their centuries-old culture and heritage, is one of the key, long-term goals of the Trust. The Trust is of the belief that in order to achieve this important goal, it needs to adopt, necessarily, an Integrated Development approach. Keeping this in view, the Trust has defined, as a matter of planned strategy, the following Primary Objectives for the benefit of the tribal masses in areas supported by the Trust:

- A. Healthcare**
- B. Education**
- C. Income Generation**
- D. 'Satsang Mandals' and Vyasank Mukti (De-addiction)**
- E. Preservation of Indigenous Faith and Culture**
- F. Promotion of Rural Technology**
- G. Help to the Needy**



Our Projects

Akhand Jyoti

Akhand Jyoti Vision Centers and Telemedicine at Bihar:

Akhand Jyoti prioritizes work on eradicating Bilateral Blindness. They address the problem by setting up Vision Centers (VC) in places where they have already performed at least over **50,000 surgeries** in the last few years. Akhand Jyoti wants to scale up its VC operations across Bihar to spread up its mission of eradicating avoidable blindness by 2022. Helping Hands will be opening up between **6-7 vision centers in seven districts** strategically based on the need and detail analysis with collaboration with Akhand Jyoti advise and their input and time schedule in 2021 to eliminate part of the blindness in Bihar. This new pattern of proactively seeking eye care before it is too late makes the role of vision centers even more crucial in an eye care institution's mix of outreach initiatives. Of the patients who seek care at these centers, over **90%** can be fully treated on-site and less than **10%** are referred to the base hospital for further treatment, usually for surgery or advanced investigations. Vision Centers have been able to achieve much higher penetration of those in need of eye care





Our Cause with Akhand Jyoti

Vision Centres

IN INDIA

A vision center is a small, permanent facility set up to provide primary eye care services to semi-rural and rural communities. Ophthalmic assistants operate the center, but with the help of telemedicine, patients can consult ophthalmologists in the base hospital and avail treatment. Those with complicated problems are referred to the hospital. Researches show that permanent eye care facilities in rural areas motivate people to seek earlier treatment for vision problems, allowing them to reintegrate back into the workforce instead of becoming visually impaired. This new pattern of proactively seeking eye care before it is too late makes the role of vision centers even more crucial in an eye care institution's mix of outreach initiatives. Of the patients who seek care at these centers, over 90% can be fully treated on-site and less than **10%** are referred to the base hospital for further treatment, usually for surgery or advanced investigations. Vision Centers have been able to achieve much higher penetration of those in need of eye care. These centers have been able to reach more than 90% of those who need care within four years. It is therefore important to create a legacy community eye care unit in the region. As a thumb rule for every **200,000** population a VC needs to be set up to provide primary eye care and surgical referral?

Given the large population of each district of Bihar each district would need at least 10-12 VC.





Our Cause with Akhand Jyoti

Telemedicine

FRIENDS OF HELPING HANDS PROVIDED THE PROJECT FUNDING OF 2.5 MILLION INR. THIS WOULD INCLUDE THE PRODUCT DEVELOPMENT COST, LICENSING , INTEGRATION COST AND HANDHELD TOOLS TO CHECK THE EYE DISEASE AT THE CAMPSITE

The report claims that Bihar shows the highest growth in new internet user additions across both urban and rural areas, registering a growth of **35%** over last year Why Now- The development of the APP was a pressing issue for quite some time and in need of resource allocation. However, in the light of the COVID-19 crisis, the post COVID-19 outbreak scenario will make social distancing mandatory. In this light Akhand Jyoti would have to cut down on the screening and servicing of the patients at screening camps and fixed facility. This would leave a lot of patients without any recourse to avail basic eye care facility. It is in this context the development of the APP is a priority more than ever. The APP would provide an alternative to these patients to access eye care without having to leave their home. What will the App do(Summary)- The App will help connect patients from rural Bihar & Uttar Pradesh(in the present scope, can be expanded into newer territories• New and existing rural Patients of Akhand Jyoti Eye Hospital for quick, easy to use online consultation and prescription generation • Akhand Jyoti's Community Outreach workers- Use the App to bridge patients in remote areas directly with the doctor's office for access and continuity of care. • Doctor's at Akhand Jyoti - Use the web interface of the App to provide online consultation to the patients



Our Projects

Nari Gunjan

Nari Gujan. Dalit Children's Access to Education

Nari Gunjan is a women's organization that operates in the districts of Patna, Gaya, Purnea and Saran in Bihar. Nari Gunjan represents women who are Dalits, landless and agricultural laborers. The organization came into being with grass root women of rural areas coming together to share and to exchange their experiences and to support one another in their struggles. Nari Gujan Mission is also our Mission to educate the deprive sections of society-

Dalit, women and children In order to make them an improved and mainstreamed community

Helping Hands believe that is the fundamental Right of every child without exception to receive free and quality education up to the **age of 14** on the basis of equal opportunity, without the discrimination on the basis of caste, class, gender or religion in an environment of love and care and with appropriate facilities conducive to joyful learning. Provide education for Dalit children to overcome the problems of illiteracy, socio- economic and cultural bondages. By the effort of Nari Gunjan, today the young girls and boys of the musahar community love to explore education in their areas/villages. They motivate the people of other communities to send their children to the education centers of Nari Gunjan. The concern for health too increases in these communities. The people now know the value of cleanness, hygiene and sanitation. Apart from this, our effort is to decrease the percentage of child marriage, child labor, child abuse and domestic violence to bring out the people of Dalit communities from the state of backwardness and illiteracy.,





The teacher, parents and civil society have a responsibility to demand and pressurize the state to meet its obligation and a duty to facilitate the process of realization of this

- Right by deprived and bonded children.
- Provide special emphasize for dalit youth education in 10th std.
- in order to make use of the available reservation spaces to go for better employment opportunities and be accountable to the society. .
- To uphold education as the basis for change and development, and to make it possible for children, women, especially girls
- To create awareness about health - preventive, curative, promotive; and to become familiar with herbal and home remedies; promoting reproductive health especially among Dalits and economically weaker sections of society.
- To identify and to fight against violence and any kind of discrimination against women.
- To assist women to become economically independent and self-confident. Promote leadership qualities among women and to encourage potential leaders to bargain for decision-making positions.

Specific Achievements in Education of Children

- Children's enrollment in the primary schools has increased every year in our project area of 120 villages.
- Special coaching for High School students has been giving fruitful results for the young students.
- Supplementary education for Dalit primary school children in 15 villages have been helping the children to equip themselves on par with other children in the school
- The 25 centers have the special focus for dropout children, gaining momentum to achieve better results.
- 26 Mahadalit students have passed the board exam.
- 02 Musahar girls have passed in 1st Division in 10th Class board exam



Our Projects

Divya Jyoti Trust

Divyajyoti trust was established with the support of “Chhanyado” in 2010. Tejas Eye Hospital run by Divyajyoti trust in Mandvi town with a view to serve the poor and needy tribal population around the area was started in May 2011. The work started with a 40 bedded eye hospital (now converted into a 100 bedded hospital) with the required facilities to serve as a tertiary hospital. Total 16000 sq. ft. area is put to use (another 15000 sq. ft. area was added by June 2015). Our hospital is one of the very well-equipped hospitals of Gujarat. The ambience created is also pleasing and all the basic facilities are provided to the patients. Presently doing approx. 13000+ eye operations a year with the help of twelve full time Ophthalmologists including corneal transplants and retina surgeries

Helping Hands during Covid19 crisis is committed to help financially to Divyajyoti to send donation from USA

Divyajyoti has an outstanding track record of delivering high quality eye care on a mass scale and prudently managing its finances in a transparent manner. However, in these uncertain times, Divyajyoti needs special one-off financial support to finance its operations, so that it is able to come through the Covid19 induced crisis as a going concern and continue to resolve blindness for the poor.



Our Projects

Drashti Eye

Ophthalmologists couple **Dr. Mehul Shah, an M.S. in ophthalmology, specialized in the field of Retina and Vitreous from Sankara Netralaya, Chennai, and Dr. Shreya Shah, Pediatric ophthalmologist and Oculoplastic surgeon,** both pursuing the intention of service to poor and dedication, and being an inhabitant of Dahod, falling in the second largest tribal belt of India, felt the need to initiate similar work like Sankara Nethralaya in their hometown and its neighboring villages before 30 years (May-1991).

Tertiary Eye care Center: As far as quality is concern their motto is single standard of care to all whether the person is rich or poor and hospital is Tertiary eye care center which deals with preventive and curative aspects all eye problems through various departments like Cataract dept, Retina and vitreous dept, pediatric ophthalmology dept, strabismus dept, ocular trauma care center, oculoplasty dept, cornea dept, ocular oncology dept, optometry services, contact lens dept etc. They are having rehabilitation centers for blinds and patients with low vision.
www.drashtiinetralaya.org



Our Projects

Sankara Eye Foundation

Sankara Eye Foundation (SEF), USA, founded in **1998** by Mr. K. Muralidharan, Mr. K. Sridharan, and Mr. Khushnood Ahmad, is striving hard to eradicate curable blindness in India. SEF is registered as a non-profit under sec 501(c) (3) of the Internal Revenue Code. The goal of SEF, USA is to work towards eradicating curable blindness in India and enabling SEF India and other partners to scale their operations to accomplish this goal. SEF USA will raise funds to build super specialty eye-care hospitals across India and for free eye surgeries. Helping Hands during Covid19 crisis under emergency funding is committed to help financially to Drashti Netralaya to send donation from through Sankara Eye Foundation (SEF) USA

SEF, USA continuously excels and has won the highest rating of 4 stars from Charity Navigator, multiple years in a row. Charity Navigator bases its ratings on the non-profit's financial health and commitment to accountability and transparency. Sankara brings quality timely eye care to the doorsteps of rural India through its award winning Gift of Vision rural outreach program.



Our Projects

Project Life



Since 1978, **Project Life** has pioneered invaluable interventions which have served to alleviate poverty, facilitate quality blood banking facilities, bring about gender equality, rejuvenate educational infrastructure and learning ambience, powered health and wellness campaigns, prevent genetic blood disorders such as Thalassemia through awareness programs and conserve the environment. Over the course of 41 years, he has touched and transformed more than 6 million lives. The lives of the socially and economically deprived women are transformed through the Women Empowerment Program through vocational skill based training for various vocations like sewing, embroidery, catering, beautician practice etc. to make them self-reliant. We also provide supplementary livelihood training like Self-Defense, Gender Equity, Banking, Budgeting & Finance enabling the women to live with dignity and status in the society. Women can better survive their families and educate children who improve socio-economic status of the society and help GDP growth of the country. After getting skill based training the monthly income per woman is INR 6000, the annual income works out to INR 72000 and for next 30 years she can earn approx. INR 216 million (Nearly US\$ 29,000). The combined income of 8000 such women will work out to nearly 17.2 billion (nearly US\$ 2.293 Millions). This can be considered as a significant Social Return on Investment (SROI).



Associate NGOs





Our Associates and NGOs



**SUDHA
VARGHESE**
NARI GUNJAN

Founder SUDHA VARGHESE

Started in: 1987

Area of Intervention: Started the Organization- **Nari Gunjan for rural, Dalit, landless-agricultural laborer women in 1987**, with a view to organizing them and to create awareness among them and thus they come to know their rights as women and to be able to access their rights.

They raised their voice against caste-based violence and discrimination, atrocities on women, demanded minimum wages, land rights, fair dealing in PDS, and scholarships for their children in schools. About her work: Number of rape cases were registered from among the Musahar community and arrest of the accused in each case was procured by sheer protest and pressure from women. Led many agitations by women on district, state and national level against atrocities on women, rape, caste violence and domestic violence, World March of Women against poverty and violence, etc. Sudha Varghese is born in Manjoor, in the District of Kottayam in Kerala, in the year 1950. Early education was completed in Kerala and came to Bihar in the year 1965. Completed studies- Graduation from Mysore University in the year 1973 and completed Law Studies in 1989 from Bangalore University. Entered into Social work in 1979 with the marginalized communities in the districts of Dhanbad, Bhojpur and Munger.



Came to Patna District in 1986 and started working with the most marginalized community- the Musahars - in the Block of Danapur. Got the children and women together to play, sing and gradually to learn and to come in contact with the alphabet. Organizing and initiating any change in the marginalized Dalit communities began with education, non- formal and functional. Jamsaut Musahar tola was the base from where the Social Analysis, Discussions, Planning and Concept Development and laying the foundation of a strong organization of women-poor, illiterate, insecure, vulnerable in every sense of the word but determined and clear and strong fearless and ready to risk and challenge, and when they got together, they were a force difficult to reckon with. And this was the beginning of Nari Gunjan. At present Secretary of Nari Gunjan with about 75 Kishori Kendras of education for Dalit Kishoris, 40 Anand Shiksha Kendras for Musahar children of 4 to 7 age group Danapur, Patna-, India

1000 women's SHGs in Danapur and Phulwarisharif Blocks

Regular campaign for Primary education and against child marriages in the Blocks of Danapur, Phulwarishariff, Punpun, Bihta and Naubatpur

Attended the Fifth World Conference of Women in Beijing, as member of National Alliance of Women,

1995 World March of Women in New York,

2000 Attended World Social Forums in Bombay, Hyderabad, and Brazil,

2005 Public Hearing on Violence on Dalit Women at Hague,

2007 Attended Commission on Status of Women- UN,

2010 Received PADMASHREE AWARD from President of India, Abdul Kalamji in

2006 Part of Bihar Women's Network

National Alliance of Women

National Campaign on Dalit Human Rights

NIRMAL GRAM PANCHAYAT, RAGHURAMPUR, through Nari Gunjan's work on Sanitation Convener of Dalit Watch-Bihar (Network for monitoring discrimination and exclusion in Disaster situation)

State Representative of NCPCR for monitoring the provisions for children under Right To Education

Member of Working Group for NRLM under Rural Development Ministry for 12th Five Year Plan. Appointed as Vice-Chairperson of Minority Commission, Government of Bihar, Aug.2012

Took part in Kon Banega Crorepati in Sept. 2018



Our Associates and NGOs

RAMESH MEHTA

KIMUSU, KENYA

Started :member of Lions Fraternity for past 45 years.

Area of Intervention: To eliminate blindness from western province around Kisumu
The major causes of blindness in this region are cataract and refractive error. Over the years, there has been a strong focus to address the cataract blindness – more so with Free Eye Camps in rural areas.

In Western Province around Kisumu, cataract as a cause of blindness is still very widespread and with no dedicated facility to serve the population in this region, the condition gets worse.

This is noted during the free eye camps which are flooded with hundreds of people.



PRESENTLY SERVING AS

Regional Council Chairman St. Johns Ambulance, Kisumu County.

Trustee – Hindu Council of Kenya.

Trustee – Lions Sight

First Eye Hospital, Nairobi.

Trustee – Jalaram Academy.Chairman

KIFA- Kenya India Friendship Association,
Kisumu Chapter.

Board Member- Sabatia Eye Hospital from 1996 till date.

Member of the Board of Uzima University of Medical Science.

Non-Executive Director – Bank of Baroda (Kenya) Limited appointed in June 2017.

Chairman of the Board of Management of Jaramogi Oginga Odinga Teaching & Referral Hospital – appointed by Hon. Governor of Kisumu County.Member of

Kisumu Comprehensive Cancer Centre Project (KCCCP) Implementation

Team.Chairman of Lions Eye & Medical Centre in Kisumu which is currently under construction.He was also instrumental in bringing the Sabatia Eye Hospital project from Lions of Germany.

He has also rendered services in many other Medical and Eye camps sponsored by Lions Clubs.He has presided over a number of Harambees and raised funds for various needy projects in Kenya.Ramesh C. Mehta was born in Bhanvad, India and had his primary and secondary education in Kisumu. Later he obtained a diploma in Business Management and in his spare time he pursued an Interior Decoration course as his hobby.Ramesh C. Mehta was unanimously elected the District Governor for Lions International District 411 (Kenya, Uganda, Tanzania and Ethiopia) at the 32nd Annual District Convention held in Dar es Salaam in April 1994. He is an active member of Lions Fraternity for the past 45 years.

SPECIAL RECOGNITION (MILESTONES)

He has earned many awards both locally & at International levels; some of the notable ones are:He is decorated with 100% District Governor's Award & District Governor's Excellence Award from the International Association of Lions Clubs.In January, 1997-The Nyanza Provincial Commissioner appointed him a Special Secretary of this Committee.Committee of 11 people to look into Terms and Conditions of Service for Police, Administration Police, Prison Officers and The National Youth Service, for the Republic of Kenya. He was also appointed December 2006 in recognition of outstanding and distinguished services rendered to the nation in various capacities and responsibilities.The Hospital of St. John of Jerusalem has granted the dignity of an Officer Brother of the Most Venerable Order of Kisumu for his services to mankind.



Our Associates and NGOs



MRITUNJAY
AKHAND JYOTI

Area of intervention: Akhand Jyoti Eye Hospitals, one of India's top 5 hospitals. The Football to Eyeball project exemplifies the unique work of Akhand Jyoti which not only restores sight (and program aimed at empowering women & girls. Therefore income and dignity) to the most deprived sections of society but also incorporates an active gender equality

Mritunjay With a background in Commerce and experience of 12 years in marketing,

Mritunjay is the Founder & Head of Projects at the Akhand Jyoti Eye Hospital, Mastichak, Bihar, which has now become one of the top 5 eye hospitals in India. He started the project with a strong belief that eye-health delivered innovatively can alleviate poverty, tackle gender equality and usher societal change in the low-income states of India. The hospital offers world-class eye care services including all sub-specialties and does over 65,000 surgeries annually, 80% free, and in the process impacts the lives of 1 million people every year.



Akhand Jyoti Eye Hospitals Mastichak, Bihar,

Being centered in a village where supporting ecosystems are negligible.

FOOTBALL to EYEBALL is his mantra, and he was given the Reliance - CNN IBN REAL HEROES AWARD in 2010 for this initiative.

He draws inspiration from his Guru, Pandit Shriram Sharma Acharya (founder of Gayatri Pariwar) found the purpose of his life in Bihar and started with the primary goal to fight curable blindness in Bihar, one of the most backward states of India and where widespread poverty, rampant illiteracy and poor infrastructure made the task much more daunting.

He also works actively to provide equal opportunities to girls from rural Bihar by running a unique talent creation initiative at the eye hospital which aims to tackle child marriage and gender inequality by giving an alternative to girls.

180 girls have now reclaimed their lives with 30 girls added to the scheme every year. He wants to scale up the annual impact of his work by helping 200,000 of the rural poor get their sight back, 2 million people get treatment and 300 girls reclaim their life each year.

For a living, he runs 6 franchise businesses for the last 25 years, devotes 5 days a month to his family and his family business at Kolkata and has limited personal ambitions due to his passion for achieving the dream of bringing societal change in the poorest regions of the country.

Football and wildlife photography are his passions.



Our Associates and NGOs

MR. MANISH SHAH

KINGSWAY GROUP OF COMPANIES

Dr. MANISH R SHAH

KINGSWAY GROUP OF COMPANIES (Nairobi, Kenya): Executive Chairman

The Kingsway Group of Companies started operations in 1957 with a single company dealing in the sale of tyres. 55 years later, the Group comprises 38 associated companies with an overall annual turnover in excess of US\$ 200 Million.

Kingsway Group of Companies activities cover a wide and diverse range of sectors among the group of companies are:

- Kingsway Tyres Limited: Sale of new imported tyres and accessories and re-trading of tyres.
- The Village Market: The most modern shopping and recreation center in the heart Nairobi, neighboring the American Embassy, Canadian High Commission, UN Headquarters.
- Creative Innovations Ltd: Electrical Lightings and Fittings, Furniture & Supplies to Supermarkets
- Real Estates: Substantial investment has been made in both residential and Commercial Properties throughout Kenya.
- Tribe Hotel: Boutique Hotel & Hospitality Group
- Trademark Hotel: Urban Business Hotel and Member of Design Hotels
- Westend Hotel and Serviced Apartments



ACHIEVEMENTS 2019: Honorary Doctorate Degree of Philosophy – United Graduate College and Seminary International, USA 2005: Chairman, Mata Amritanandamayi Social organization 1998: Chairman, Tae Kwondo Association of Kenya 1979-1999: Member, Wildlife Society of Kenya 1995-2006: Member, YPO International M.A.MATH CHARITABLE TRUST KENYA (Non-profit)- CHAIRMAN AND TRUSTEE Projects under the Trust for the less fortunate in Kenya include: 1. The White C(r)ane Project for the visually impaired 2. Free Eye Cataract Camps 3. Free Meals for Slum Children 4. Amrita Centre Primary Day School 5. Vocational and Technical Training 6. Amrita Sanitation Project



Our Associates and NGOs



**MR. LILADHAR
MANEK GADA**
BHOJAY TRUST

Founder Liladhar Manek Gada

Started in: 1981

Area of Intervention: contribution in the field of cardiology and epilepsy. The first hand diagnosis of rheumatic and congenital heart diseases among children below age of 16 yrs. was done at remote places and children needing cardiac surgery were transferred to Bombay. First ever Eye Hospital at Bidada in kutch in 1981
About Their work: He started social service activities in the medical field in 1973 by organizing eye camps in rural areas of kutch. He was the founder of. Soon the diagnostic and surgical facilities in other faculties like General surgery, Orthopedics, ENT, Gynecology etc., were added in the medical camp. The entire cost of transportation, stay surgery and medicine was borne by Trust .The diagnosis, E.E.G and medicine for epileptic patients were also arranged at epileptic camps benefiting about 700 to 800 patients.

He established another rural hospital in western kutch in village Bhojay to cater the needs of about 400 villages where there was total void in medical facilities. He Village Bhojay Kutch Concentrated to resolve the problems of reproductive organs among women. He trained around 250 rural midwives and involved them to create awareness about health and hygiene in villages. The gynecology camps at Bhojay (Six camps in a year) have relieved more than 4800 women of their gynecology problems by surgical intervention. He founded a state of art Eye Hospital at Bhojay where cataract surgeries are performed at a cost of \$ 15 only.



He played the lead role in relief and rehabilitation work post massive earthquake in kutch in 2001.

He involved beneficiaries in reconstruction of their houses by co-operative labor and self help. The material for it was provided by his trust. This very principle was later universally accepted as ODR Owner Driven Reconstruction after any disaster. He also participated in rehabilitation work in Indonesia post Tsunami, Kashmir post-earthquake & Uttrakhand in India post floods.

He has started residential training school for mentally challenged rural boys and girls. Recently he has concentrated on welfare activities for nomadic tribes and other tribal groups. He has focused on issues of human rights, education and livelihood of these backward communities. Liladhar Gada works for more than twelve hours a day even at the age of 82 years.

Recently Bhojay Trust has started a Dialysis center . It is the first free center for rural patients.



Our Associates and NGOs



G G PARIKH
YUSUF
MEHERALLY
CENTRE

Founder G.G Parikh

Started in: 1961

Area of Intervention: The Centre has been engaged in multiple Philanthropic activities including COMPREHENSIVE HEALTH CARE, EDUCATION, (mainstream as well as skilling), VILLAGE INDUSTRIES EMPOWERMENT of women and Adivasis (tribal), AGRICULTURE skilling and Off farm employment generation DISASTER RELIEF all this through the medium of its 10 branches across the country in (Maharashtra), Kutch (Gujarat), Nagapattinam (Tamilnadu), Orissa, M.P. Bihar. UP Uttarakhand JK and even in Kerala

www.yusufmeherally.org

G.G. Parikh. (96), born in Surendra Nagar - the then wadhwan camp - on December 30, 1924, educated in Saurashtra, Rajasthan, UP and Mumbai. He is a medical practitioner. He was in jail during the Quit India movement and also during the emergency. He was a volunteer at the famous AICC session of the Indian National Congress in Mumbai in April 1942.



Yusuf Meherally Centre In 1961 When the leaders were released and the Congress Socialist Party (CSP) was formed again, he became a cadet member of the CSP and has remained a socialist. He was active in the student movement during his student days and was the president of the Bombay unit of the Student's Congress in 1947, when the country became free. He was active in the trade union movement for a number of years and has promoted several consumer cooperatives. He was one of those who promoted the Yusuf Meherally Centre in 1961 and has served it in one or the other capacity since. At present he is its Chairman. He has looked after Janata, a socialist weekly, since early fifties and is still associated with it. He was associated with the Yusuf Meherally Centenary Committee as its Secretary with Justice (Retd.) Chandrashekhar Dharmadhikari.

- * Started taking interest in the student movement in Saurashtra as well as in Mumbai since 1940.
- * Remained in Jail in 1942 Quit India movement for 10 months.
- * One of the promoters of the Students Congress.
- * Promoted students cooperatives, Consumer cooperatives.
- * Joined the Trade union movement after release from Jail in 1942.
- * Became a cadet member of CSP-Congress Socialist Party in 1946.
- * Attached with the socialist movement till date.
- * Connected with the JANATA weekly till date since the early 1950s.
- * Went underground in Emergency and later jailed for 18 months
- * Awards: FIE foundation Award for social work
- * Today at the age of 96 he works 14 hrs a day despite his infected thigh due to an uncured fracture. He gives practice at his clinic at Mumbai as a physician and travels to Yusuf Meherally Centre, a model of village industrialization situated at Tara village, 64 km from Mumbai on Mumbai Goa road



Our Associates and NGOs



**DR. UDAY
GAJIWALA**
OPHTHALMOLOGY

Founder: Dr.Uday Gajiwala M.S Ophthalmology 1991

Started in: 2010

Area of Intervention: Availability of all the sub specialties in eye care.

Training programs for all the cadres of eye care workers.

Research in Ophthalmology is also going on .Almost 75 % of the work being done totally free A state of the art tertiary eye care facility with 100 beds We are providing high quality affordable comprehensive eye care in rural poor tribal area .Everything in eye care ranging from prevention, promotion, cure and rehabilitation available under one roof.

Member of All India Ophthalmological Society, Delhi Ophthalmic Society, Indian Medical Association, BJ Medical College Alumni Association, Hospital Infection Society of India and International member – American Academy of Ophthalmology, Institutional member of the Vision 2020 India forum on behalf of Divyajyoti Trust, Editorial board member of Community Eye Health Journal. Presently President – Vision 2020 Gujarat Chapter and President, Indian Medical Association, Mandvi chapter. Co-founder of Divyajyoti trust and Ophthalmic mission trust, Dahod. Technical advisor to Vision foundation of India and RNC Free eye hospital, Valsad. Considered an expert in infection control practices. Authored and co-authored several manuals and guidelines.



Have several publications in national journals Vision Award by Vision 2020: Right to Sight India program at Udaipur on the occasion of World Sight Day celebration Oct. 2010, Vocational excellence" award by Rotary club of Ahmedabad -- 2011, Dr. R. N. Mathur oration at the 41st All Gujarat Ophthalmic Conference held at Rajkot in Oct. 2013., Vocational excellence award by "Philanthropic Society of Ankleshwar" in May 2014, "SEWA SUWAS" award from Surat Manav Seva Sangh - "Chhayando" on 12th July 2014, Vocational excellence award from Rotary club of Surat main on 10.10.2014, Dr. Aroop and Dr. Mrs. Meenakshi Midya award for excellent services in community ophthalmology by Association of Community Ophthalmologists of India at Lucknow in 2015 and Dr. G. Venkatswamy memorial award by Community Ophthalmology Society of India, Delhi in 2015. Previously, I have worked in SEWA Rural, Jhagadia for 20 years where I was instrumental in developing comprehensive eye care services.

The impact of Divyajyoti had a large outreach component with diagnostic eye camps, satellite OPDs under PPP mode and used to perform close to 6000 surgeries annually.

We were involved in community based rehabilitation of blinds - nearly 800 incurable blinds were rehabilitated in seven blocks around Jhagadia and integrated education activity for incurably blind children - nearly 100 blind children benefitted through this activity.

- Over nine years, we have examined more than 775000 OPD patients including base hospitals, diagnostic camps and outreach centers.
- Performed more than 85000 eye surgeries.
- Helped in academic progress to more than 50 blind students. Set up a tertiary eye care facility in interior rural tribal area
- Screened more than 122654 school children in the service area
- Screened more than 4515 Truck drivers so that their driving remains safe Almost 85% of cataract surgical work is being done free of cost.
- Rehabilitated more than 500 incurably blind individuals.



Our Associates and NGOs



**DR.
SHANTUBEN
PATEL**
SOMAIYA GROUP

Dr Shantuben Patel was born on 11th October in the year 1945 in Kenya. She completed her MBBS from Gandhi Medical College, Bhopal, India in 1972. She went on to complete her DCH from Royal College of Surgeons and Physicians, London, in 1976 and her DTM&H from University of Liverpool, UK, in 1979. In the late 1970s, Dr. Shantuben Patel left her flourishing career as a neonatologist in queen's Elizabeth hospital, Birmingham, England and settled in Kutch, Gujarat. Since 1979, Dr Shantuben has been a practicing pediatrician and neonatologist in Bhuj, Gujarat.

Two important events took place in 1981 that laid the foundation for building the trust in coming years.

The Somiaya group organized a medical camp for 15 days where 20000 individuals including children were provided excellent total care. Magnitude of the problem in handicapped children was immense. Maximum cases were of polio affected children and birth injury. She realized that if good pediatric care was given to them at earlier then the handicap would not have been severe. In lieu of that in 1981 with the help of kutchi leva Patel samaj, she conducted a measles vaccination program where 28 village children, around 400 children were given measles vaccination.



This was the turning point in the life of managing trustee Dr Shantuben Patel. All these years the idea to form the trust was lingering in the mind but the task was so mammoth and there were financial restraints. She decided to start her own hospital—an inclusive space where any child could receive medical treatments. A free educational and therapeutic camp for the challenged children was organized in 1994 and again in 1995, initiated by Prof. Madhuri Kulkarni and her team from Sion hospital, Mumbai. In 1994, 110 challenged children attended this camp, and the number rose to 450 next year.

In 1996, school was started in one of the hospital rooms with three hearing impaired children. Within 3 months we had 45 handicap children. By 2000 we had 106 children in three different departments.

1. cerebral palsy,
2. Mentally challenged,
3. Hearing impaired.

She has been serving as a managing trustee of Child Welfare School, Bhuj since its inception in 1996. She was nominated as India inspired by Indian oil She was recently selected as an 'Amazing Indian' by the TV channels Times Now and is recipient of 'Senior Citizen Award-2013' by CNN-IBN Channel. During her stay in Bhuj, she came in contact with vipassana meditation and was appointed as assistant vipassana teacher in 2001. During her service, she is highly revered as a disciplinary, loving and compassionate teacher. She left for heavenly abode on 29 January 2014 after a battle for 3 month with cancer.

Packed with a lot of vibrancy, she is known for her excellence in work and her acumen as a complete professional. Her extension of a selfless-service and lending her entire life for the cause reflects her devotion and love towards mankind.

She lived a very simplistic but a disciplinary life. With her charismatic smile and her good sense of humor, we would all remember her as an angel who touched each of our lives in a very special way.



Our Associates and NGOs



**DR. MEHUL AND DR.
SHREYA SHAH**
DRASHTI NETRALAYA

Dr Mehul Shah and Dr Shreya Shah “The best way to find you is to lose yourself in the service of others.” – Mahatma Gandhi This is precisely what the Ophthalmologist couple Dr Shreya Shah and Dr Mehul Shah have internalized and living since 25 years, in the form of Drashti Netralaya and Ophthalmic Mission Trust.

In a rural place that falls under the second largest tribal belt of India, where “poverty” has its own definition, where thousands of people lose their sights every year for not being privileged enough to spend meager amount of Rs 100 for treatment or Rs 3500 for a surgery (which their urban counterparts would easily shell out for an evening coffee or weekend dinner respectively), where avoiding eye treatment is preferred choice for the tribal “bhils” over spending their hard earned money on treatment, where ignorance to eye care seldom leads to the only earning member of a family to go blind for a life - a couple decided to take path less travelled and brought about an unprecedented change, a phenomenon called “Drashti Netralaya” that would ultimately make this area a Blindness Free Zone !!!



The place is Dahod, located at a tri-junction of Gujarat, Rajasthan and Madya Pradesh.

The couple is DR Mehul Shah, specialized in the field of Retina and Vitreous and Dr. Shreya Shah, and specialized in Pediatric ophthalmology and Oculoplastic surgeon. Being the inhabitant of Dahod, the doctor couple started a private clinic called “Drashti Netralaya” in the year of 1992 in their hometown. With a noble intention of serving the poor, they rendered “free of cost” services on Saturdays, of course with no difference in quality of treatment.

Soon, their work was recognized by the community and a term “Ophthalmic Mission Activity” was coined for the Saturday activities.

The requirements of free services increased as days passed by and free services were extended to Fridays in a year’s time.

This model worked for 6 years, performing 5 to 6 cataract surgeries per day with intraocular lens implantation by a phacoemulsification machine. During this time, people poured in their support in terms of money and voluntary services and there emerged the need to register these activities. June 3, 1999, OPTHALMIC MISSION TRUST received its registration certificate from Gujarat Government. Desperate time calls for desperate measures. Considering the huge backlog of eye surgeries that had piled up over the years in absence of free quality services in this area, the couple decided to convert their private hospital into a Charitable one. On 1st April 2001, they donated their private hospital and equipment to a charitable hospital and they became paid servants of Ophthalmic Mission Trust. With this they let go of their flourishing practice and private income while still in their 30’s!!!

Since then their services have expanded leaps and bounds and attracted support from numerous local, national and international organizations. The journey however has been nothing less than a long battle against all odds. Working for around 14 to 15 hours a day for over 30 years the duo has achieved the impossible feat of performing more than 15000 free surgeries every year at Drashti Netralaya and around 75000 patients being examined for eye problems at base hospital and during outreach, without compromise to quality.

In spite of being located in the backward area, all the records of all patients are computerized and the hospital is equipped with world class instruments and technology, thanks to the Technology vision in the mind of the founders from day one. Relentless and selfless work carried out by the duo has not gone unnoticed by various national and international organizations and their work has been recognized time and again. Below are the feathers in their cap - the awards received along the way in addition to 1,50,000+ surgeries

No	Award s	Place
1	SukhdasMaharaj Humanitarian Award	Shanmukhananda hall Mumbai
2	Eye India 2006 award	Pune
3	Knight of the blind	Chennai
4	Eye care 2012-award	Chennai
5	Gujarat government-Chief Minister	Dahod
6	NPCB-5 times	Gandhinagar
7	Ministry of Health Sultanate of Oman	Salala, Oman
8	Akhil Bhartiya Vaishnav Parishad	Dahod
9	Community Ophthalmology award	All India community ophthal society, Delhi
10	Dahod Ratna Award	Dahod
11	FICCI-excellence in health care award	Delhi



Our Associates and NGOs



**MR. CHANDRAKANT
KOTICHA**
PROJECT LIFE

A great visionary philanthropist.

Mr. Chandrakant Koticha

Founder & Executive Trustee of Project 'Life',
Rajkot, Gujarat, India.

Mr. Chandrakant Koticha is a renowned humanitarian and philanthropist.

As the Founder and Executive Trustee,
he envisaged Project 'Life' in 1978 comprising several diverse interventions
which transformed the community and society in Gujarat and beyond over a
period of 42 years.

www.999life.org.



Mr. Chandrakant Koticha is the epitome of philanthropy and humanitarian intervention.

Since 1978, he has pioneered invaluable interventions which have served to alleviate poverty, facilitate quality blood banking facilities, bring about gender equality, rejuvenate educational infrastructure and learning ambience, powered health and wellness campaigns, prevent the genetic blood disorders such as Thalassemia through awareness programs and conserve the environment. Over the course of 41 years, he has touched and transformed more than 6 million lives. Awards and honours have marked this journey from time to time. Shri Narendra Modi, the then Chief Minister, conferred “Sherdil Award” in 2011 for blood donation movement in Gujarat. Likewise, the Government of Gujarat also felicitated him for his matchless contribution to women empowerment in 2011.

He has been recipient of countless awards and honours for his noble endeavours.

He championed the cause of women empowerment for below poverty line women and widows. His path-breaking work in the area of women empowerment has opened up new directions for social re-engineering in terms of gender equality.

Through vocational training, he has facilitated the training of more than 8000 below poverty line women and widows under Life Women Empowerment Centre.

All his life, he has been a torch bearer of Yoga and alternative therapy. Through his untiring efforts, more than 300 thousand people have benefitted including women, children and even prisoners.

Under the Universal Healing Project, hundreds of people have benefitted. He has also run a mission for environment conservation through Life Greenfield Centre. So far, he has ensured distribution of 260 thousand grown up trees for re-plantation has taken place under the banner of Life Greenfield Centre.

Recognizing his global outreach and international collaborations, the Government of Gujarat extended one of the six Non-Resident Gujaratis Centres to Project ‘Life’.



Our Associates and NGOs



BHANSALI TRUST

About Their work:

- Percentage of severely malnourished children came down to **3% from 15%**.
- Major epidemics of measles, whooping cough and diphtheria considerably reduced with regular vaccination
- Infant mortality rate **reduced by 50%**.
- Maternal deaths, which were **7.5 per 1000 births**, came down to 1.5 by implementing Safe Motherhood Program, training Dais (Traditional birth attendants) and by adopting other measures.
- Childhood blindness was practically eradicated.
- Night blindness, which was common among adults, was eradicated.
- In the last 8 years, **12,031 laparoscopic surgeries** were performed for family planning.



Eye care: performed over 850,000 cataract surgeries in Gujarat, Bihar, Rajasthan and Madhya Pradesh. From 2014, we are holding eye operation camps also in Jharkhand.

Education

Women's literacy rate was extremely low; it gradually improved and today most of the children go to school.

Girls have started going to high schools. Over **2,000 students** from our high schools are now Teachers.

Income generation: Apart from promoting income generation projects such as papad making, sewing etc., we give small loans to help underprivileged families start their own business. In a relatively small area with a population of 1 million, we have formed 4,800 Self Help Groups (Micro Credit Groups). 65,000 families have been able to come out of paying high cost debt and are receiving loans at low interest rates. Many of them have started their own small businesses. Some of them have even sent their children for higher education by availing loans from their respective groups. Registered in 1969, the Bhansali Trust was established by seven brothers of the **Bhansali Family (Bhansali & Co)**. Since then, it has been carrying out various activities in Medical, Educational, Income Generation, Micro Credit, De-addiction and other Socio-Economic fields, in addition to Relief Projects during natural calamities. The area we have selected for our various projects is one of the most socio-economically backward parts of Gujarat, bordering Rajasthan. The eldest brother Dinesh's cherished value was to help fellow human beings in distress. After completing his schooling from a small village in North Gujarat, he came to Mumbai in 1950, and started earning at the age of 16. From his first earnings, he decided that a minimum 20% of his income would go to the less fortunate. This was at a time when the Family was still struggling to make both ends meet. He firmly believed that **"Happiness is more in giving than keeping"**. Dinesh along with his brother Mahesh pioneered the formation of the Trust and the whole family supported this cause financially. Mahesh Bhansali, after completing his graduation in Engineering from VJTI, Mumbai, left Mumbai at the age of 25 and decided not to marry in order to devote his entire life for social work. He has been staying and working in the villages of North Gujarat for the last 50 years. Youngest of the family, Ashok with his wife Shital also started devoting five days a month at the project area, since 1983. At present, they travel 12 days a month to visit projects in various states. He devotes 90% of his time for CSR Activities & Tribal Projects. Prakash Bhansali looks after the work at the Mumbai office. Government has handed over **1,200 Anganwadis** under ICDS to us since last 20 years. Most of the projects were need based. Mortality rate was very high due to TB and we took up a big TB Control Program covering **1,200 villages**. Opium de-addiction was also taken up, as addiction was very high in nearby Rajasthan and people wanted to be free of it. Epidemics and many deaths due to epidemics were a common occurrence; immunization was taken up to reduce epidemics and infant mortality rate. Two hospitals have provided health care at a very low cost or free of cost to the most underprivileged and the needy.



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