About the organization

This logo symbolizes the objectives of the organization.

- The words in the outer circle are from the great Indian epic "Mahabharat", saying that "nothing is above a Human". This is also the motto of the organization.
- The triangle in the inner circle symbolizes the hands of three people and stands for community development through participation.
- The light from the lamp in the small hut in the centre symbolizes the development of the weakest and poorest person of the community.

Founder trustees of the organization were inspired by Gandhian thinking and work of great men like Albert Schweitzer. They felt deeply the agony and hopelessness of poor villagers. They saw the plight of villagers and felt a need of medical services in these villages. Hence they brought like minded friends together and founded Gram Seva Trust, an organization dedicated to rural health and development.

In 1994 the trust started a 30 bedded hospital with 5 staff members in an old dilapidated building, given by another trust. As the need arose the hospital was expanded to accommodate more patients and better services. Today after 20 years the hospital can accommodate 80 patients and has all basic facilities required in a rural hospital providing health services at affordable rates and sometimes free of charge to the needy from nearly 200 surrounding villages of Navsari and Dang districts.

The organization also wanted to improve health of the surrounding villages hence as and when need was identified different community projects were started in the surrounding villages with main focus on health and development of women and children. Immense efforts are put in to decrease malnutrition. Gram Seva Trust also reaches out to the tribals in deep interior villages of Vansda and Dang through satellite centers and general medical mega camps arranged every year.

The organization has also started different projects for development of villages like Self Help Group project (a micro saving and micro lending project for women), trainings for income generation activities, adolescent girl project, tutorial classes to strengthen primary education and a Child Education and Development Centre to improve standard of education in children of landless labourers.

Governing Board Members

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position In Board</th>
<th>Address</th>
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<tr>
<td>1.</td>
<td>Dr. Ashwin A. Shah</td>
<td>Managing Trustee</td>
<td>Kharel</td>
</tr>
<tr>
<td>2.</td>
<td>Mr. Nalinbhai J. Desai</td>
<td>Trustee &amp; Hon. Secretary</td>
<td>Surat</td>
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<tr>
<td>3.</td>
<td>Dr. Harsha A.Shah</td>
<td>Trustee</td>
<td>Kharel</td>
</tr>
<tr>
<td>4.</td>
<td>Mr. Nalinbhai T. Desai</td>
<td>Trustee</td>
<td>Dhamdachha</td>
</tr>
<tr>
<td>5.</td>
<td>Mr. Dipakbhai A. Vashi</td>
<td>Trustee</td>
<td>Dhamdachha</td>
</tr>
<tr>
<td>6.</td>
<td>Mr. Moghabhai L. Naik</td>
<td>Trustee</td>
<td>Pipaldhara</td>
</tr>
<tr>
<td>7.</td>
<td>Mr. Dinubhai R. Patel</td>
<td>Trustee</td>
<td>Khaparia</td>
</tr>
<tr>
<td>8.</td>
<td>Dr. Anilbhai C. Desai</td>
<td>Trustee</td>
<td>Jhagadia</td>
</tr>
<tr>
<td>9.</td>
<td>Mr. Chhaganbhai P. Naik</td>
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<td>Surat</td>
</tr>
<tr>
<td>10.</td>
<td>Dr. Ratna Magotra</td>
<td>Trustee</td>
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<td>11.</td>
<td>Dr. Khushroo Patel</td>
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Advisors

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<tr>
<td>Shri Dhananjaybhai Desai</td>
<td>Valsad</td>
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<tr>
<td>Dr. Lataben Desai</td>
<td>SEWA Rural, Jhagadia</td>
</tr>
<tr>
<td>Shri I.J. Desai</td>
<td>Surat</td>
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Editorial:

The Urban Sector in India benefits the most from the development in the country. We all know that India is a rural country as 75% of the population is in villages. Yet most of our villages (specially the interior ones) are deprived of the benefits of development and are underdeveloped or semi-developed. Even today our villages have inadequate health, education, communication and transport services. Our youth are caught in the clutches of unemployment and underemployment. This in turn increases poverty. Cultural beliefs, Superstitions, Lack of Awareness further increase health and other problems in villages.

With the hope to overcome their problems there is migration from villages to cities. This migration not only disrupts village life with more and more slums and limits.

Gram Seva Trust was founded in 1994 by a doctor couple and their friends who were aware of and wanted to help to improve rural health. We present in brief, memoirs of our activities and comprehensive approach towards health and rural development over two decades.

We look forward to your opinions and suggestions to help improve future projects of the organization.

Thank you and Best Wishes,

Dr. Ashwin Shah,
(Managing Trustee)

On Behalf of the Gram Seva Parivar
Down the Memory Lane.........

Our Work, Our Achievements,
Gram Seva has entered the 3rd decade of its services for rural health and development. We are happy to celebrate and share the experiences of these twenty years with all our friends, well wishers and donors. Each and every project of Gram Seva brings with it memories of help, support, hardwork, joy and satisfaction. No doubt there were some bitter experiences and failures too. But mostly there are sweet and warm memories of team work and achievements. It is this mix of bitter and sweet experiences that will help us build a bright future.

Ours is a story of our dreams and our efforts to live these dreams. Our achievements are based on hard work and belief in selfless work. It is also a tale of all those who believed in us and supported us by walking few miles with us on our difficult path.

Our Founder Trustees were inspired by Gandhi, Albert Schweitzer, Karl Marx, Navneet Fouzdar, Babalbhai Mehta and many other social workers. They were moved by the plight of the poor and downtrodden villagers and eager to alleviate their misery and help in their struggles in life. Thus began our journey in 1994 in a small village Kharel......

Beginning...
We neither had the identity of ‘Social Workers’ nor the faith of surrounding community. There was no backing of substantial monetary resource. What we had was an unchartered terrain with lack of communication, electricity or transport facilities. A deep burning desire to reach to the poorest of the poor was a great motivation.

The Trustees of Kharel Vibhag Samaj Seva Trust (a local trust), Shri Dahyakaka, Shri Haribhai and Shri Chagankaka granted us the lease of a small hospital built by them in Kharel. We thus started a 30 bed hospital with five staff members (including the doctor couple – Drs Ashwin & Harsha Shah, in our team) and minimal facilities. Initially the doctor couple resided in the office rooms of the old building. Today it has developed into a well equipped 80 bed hospital with many facilities. Along with it we have also started community health and development projects in surrounding villages and those of Vansda and Dang. Thus this small sapling planted by us has grown into a huge banyan tree.

Acknowledgements
Many helping hands have come forward to support us in our mission. We are thankful to each and every one for their faith and support. It is difficult to include all by name though there are few whose names are integral to us and our work and merit a mention for their substantial support in this journey of 20 years. Omission of these names would leave the story incomplete.

Dr.Roda Patel & Dr.Khushroo Patel
Dr.Roda Patel, a paediatrician from U.S.A. started our Child Health and Nutrition Project. She spent four months annually in Kharel for 16 years looking after the implementation and development of this project. She also strived hard to collect funds and donations for the same enabling us to reach to all the children, pregnant mothers and adolescents in the surrounding villages. Gram Seva Foundation U.S.A. founded by her has contributed immensely towards our work. Today after her untimely demise Dr.Khushroo Patel, her husband and their family have continued her work and support to Gram Seva.

Shri Anilbhai Naik (Chairman L&T) came forward to build the beautiful Geetagram colony for staff quarters. Shri Chaganbhai Naik, our Trustee has been continuously supporting and funding us in all our projects. Shri Chotubhai Patel(Kuched) has supported financially for building the community centre. Rotary Clubs of Bilimora, Navsari and also from other countries, Rotary Foundation,
Shanti Seva Pratishthan, Patidar Samaj (U.K.), Maganbhai Patel and family (Matwad), Prabhubhai Patel and family (Matwad), Hasubhai Naik (Canada) and many others have continuously supported in cash and kind for constructions, instruments, bhojnalaya and other recurring costs for all our projects and activities. Although it is difficult to mention the names of all our well wishers here, we gratefully acknowledge even the smallest of donations since these donations of love and support have sustained us. We also thank local communities, volunteers, well wishers and our staff along with other organizations for their co-operation and support in helping us to reach the people with our services and changing the attitude of villagers in accepting us and our work. Shri Dhananjaybhai Desai, Dr. Anilbhai Desai, Dr. Lataben Desai (Sewa Rural) and Shri I.J. Desai have been our pillars of strength in all turbulent phases in these 20 years.

Self Discipline
The need to follow self discipline was felt since the beginning of the organization and some unwritten codes have been followed
• Good Governance, Transparency and Accountability
• It has been our policy to maintain complete transparency in our governance and accounts. For this the organization has been accredited by Credibility Alliance and publish so in our annual reports every year.
• Low Administrative Expenses
• It has been our endeavor to maintain distance from the so called ‘Hi Fi’ NGO culture as much as possible. Only four to five percent of amount has been spent on administrative expenses. Major chunk of funds is utilized for services to the beneficiaries.

Gram Seva also tries to work with the government and not duplicate its activities. Emphasis is given to Team work and the development of staff and their families.

There have been many obstacles and some not so pleasant experiences in these twenty years. Recruitment of skilled staff and doctors was more difficult than any financial crisis. Local villagers were trained to face this crises but running a hospital with shortage of doctors is very difficult. Following the self imposed principles has also brought difficulties and some bitter experiences but after so many years, this has been accepted as a small cost for our commitment to serve the community.

The development of the organization has also helped in our personal development. Team work, need based project works, getting financial support, quality work, acceptance of new ideas, thoughts and even experiment with new strategies, evaluation of our work and ongoing discussions have been important factors in keeping any organization ‘live’. Negligence of these factors can be the nemesis of an organization.

In all these years the organization has worked for mostly providing medical services and relief. But it is our dream to develope self sustaining rural communities and work towards it in the coming years. Society is changing in many ways. There is rapid urbanization of the villages. Our Youth are lured towards a lifestyle of materialism, no restrictions and addictions. Utility of education has become limited to getting jobs. The entire meaning of development is changing. At the same time interior villages are struggling for needs like health, education, employment. It shall be the need to handle many problems in the community due to such diverse scenarios in the coming years. We request community leaders, donors, well wishers to support us in facing these challenges.

Lastly with the promise to carry forward our motto that “Nothing is above Human beings” we once again acknowledge your support, guidance and well wishes.

Thank you,

Dr Ashwin Shah (Managing Trustee)
& Board of Trustees
Our Activities

Keeping in view our vision and mission we have conducted different activities in medical services, health and rural development which are as follows:

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<tr>
<td>2</td>
<td>Feb'97</td>
<td>Child Health and Nutrition Project</td>
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<td>3</td>
<td>Apr'97</td>
<td>Ma Devi Annapurna Bhojanalay</td>
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<td>4</td>
<td>Feb'98</td>
<td>Health Awareness Project</td>
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<td>5</td>
<td>Mar'02</td>
<td>Adolescent Health Education Project</td>
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<td>6</td>
<td>Mar'02</td>
<td>Women's Empowerment Project</td>
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<td>7</td>
<td>May'03</td>
<td>Satellite Centre Project</td>
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<td>8</td>
<td>May'03</td>
<td>Shri Sukhabhai Govindbhai Patel Eye Department</td>
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<td>9</td>
<td>June'08</td>
<td>Parodh- Child Education and Development Centre</td>
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<td>10</td>
<td>2009-10</td>
<td>Toilet Project (Phase 1)</td>
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<td>11</td>
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<td>Geriatric Project</td>
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<tr>
<td>12</td>
<td>2011-12</td>
<td>Mamtaghar</td>
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<tr>
<td>13</td>
<td>2013-14</td>
<td>Toilet Project (Phase 2)</td>
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Hospital Service

The Founder trustees of the organization were doctors with expertise in health sciences hence Hospital Services were started in Kharel in 1994. The Hospital was started with capacity of 30 beds which have expanded to 80 beds. Through the years different facilities were added and expanded like the laboratory services, operation theatres, delivery rooms, six general wards, nine private rooms, Neonatal Intensive care unit, ICU, X-Ray, Sonography, dialysis etc. Services were provided in medicine, surgery, gynae, paediatrics, ophthalm, ortho, skin, ent, dental, psychiatry, etc. Patients suffering from road traffic accident injuries, snake bites, tuberculosis, sickle cell anaemia are treated here. All departments have full time and visiting doctors giving their services. 24 hours emergency ambulance service is also available. Our charges are kept as low as possible through these years and relief either partial or total is also given to very poor patients through poor relief fund.

Salient Features
1. Hospital Occupancy rate is nearly 70 to 80%
2. Average 80% patients get partial or total relief in medical bills
3. Patients get benefits from Government schemes like Cheeranjeevi Yojana, Balsakha Yojana, RSBY, Blindness Control project etc for Below Poverty line families.
4. Free Food to all patients in general ward and their attendents.
5. Medicines sold at very low prices (less than MRP) in Medical Store.
6. Free Antenatal Clinics thrice a week
7. Diagnosis of Sickle Cell Disease in laboratory by Electrophoresis
8. Management of Snake Bite, Tuberculosis and Sickle Cell Disease Patients
9. Mamtaghar for pregnant women from interior areas for early admission in Hospital
10. Co-ordination with Community Projects
11. Early Initiation of Breast Feeding, Mother and Baby Friendly Services
12. Rational Use of Laboratoty tests, X-rays, USG, other tests and Medicines
13. Health Education
14. Mineral Water Plant for Staff and patients
**Statistical Information**

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<tr>
<th>Sr.No</th>
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<td>6</td>
<td>Consultations</td>
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<tr>
<td>7</td>
<td>Surgeries</td>
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<td>Obstetric Deliveries</td>
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<td>TB patients</td>
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Note: Services from serial no.12 to 16 were not available in 1994-95

**Reflections by our staff:**

“संस्थाम् जोकया बाद मने अहीं अन्यु वातावरण हरुक्यू छे जे हुँ मारा पोताना भएक्या, अनुमव अने रस मुजन्नी कामगीरी करि रहछो हुँ, अनेका, जवारे आ प्रवृतिमोहिः गरिएको, पछि आलिङ्गाङ्गीकोन जननी धुलो पुरा हुँ जटो जोह हुँ, त्याँहरु सम्पूर्ण आत्मसंयोग महानानी आफ्नो थाल छ।

मोटा भागमी संस्थामा अवैयो कामगीरी कर छे, जे संस्था पोते करी रहका अनेका सारी लागा। जवारे अही ग्राम सेवा ट्रस्टमा लोकोली जनरियाज पहेला अचौचाहरुमा आउँछे, अनेका त्याहरु बाक लोकोली जनरियाजना आधार प्रवृतिमा नक्की करवायाः आउँछे, जने कारण प्रवृत्तिमा पाठ्रण वपसता संसाधनामो असफाक्का अनेक प्राकृतिक उपयोग थानो अनुमव दरेक प्रवृत्तिमा थाल छ।.”

■ Mihir Dave

(Community Health and Rural Development Department)
### Satellite Centre

**MISSION**

- Serve the economically deprived tribal people residing in the interior villages of Dang District by taking medical facilities and health care to their doorstep to decrease transport expenses and save time.

- Create awareness regarding health issues and social taboos and various addictions.

- Help in social and economic development

**Activities and Milestones**

Many patients from the interior villages of Dang District, which is a hilly, forest and tribal region, come to the hospital for medical services. They have to travel more than 200 km to and fro to come to Kharel. Seeing the plight of these poor tribals we started the Van Arogya Kendra (Satellite Centre) at Kudkas in 2003. Our second Van Arogya Kendra was started at village ‘Mahal’ in 2008. Our team of medical and paramedical staff, with laboratory personnel visit the Centre every Wednesday and Friday to run a medical dispensary. Patients requiring further management or surgery are brought to GST hospital at Kharel and then followed up in the Satellite centres.

**General Medical Camps**

Medical and eye camps are regularly held in the interior villages of Dang so that patients from interior villages get treatment. Patients are given complete medical and surgical treatment free of charge in these camps.
### Statistical Information

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<td>Gynae Patients</td>
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<td>Total Patients</td>
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<td>No. of Patients given Relief</td>
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</table>

### Reflections by our staff:

“आ संस्थाम जे नवा-नवा विभागो, प्रवृत्तियो शाल थाय तेनी तो आपसे कर्ममा झ न होय, अने तेनी सरकार अठार घाट जी. सरकार द्वारा अत्याधुनिक संस्थाम अभियानलो जोडिए तो दरवर्ष दोि-दोि प्रवृत्तियो बनी ज थाली छ, अने हुग पारा भुग प्रगति करे अवि माली अंतरभागी पार्थिवा, साथे माराम भन्दै मडह कर्ममा पश्च माली तयारी छ.”

■ Neelam Desai  
( Women's Empowerment Department)

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The woods are lovely, dark and deep,  
But I have promises to keep,  
And miles to go before I sleep,  
And miles to go before I sleep.  
- Robert Frost
Sukhabhai Govindji Eye Department

There was and still is a high prevalence of cataract in the elderly in the surrounding villages. Cataract is caused due to aging process and leads to blindness in the elderly. They avoid cataract surgeries due to fear or social and financial problems. Though the diagnosis could be done in the village itself, the patients had to go to the cities for their surgeries. Hence this department was started in 1995 to provide such services in the vicinity. The eye department is well equipped with all modern instruments for OPD and surgeries. Free Camps are conducted every month for cataract surgeries.

Objectives
- Medical Management of Eye Problems
- Free Eye camps for diagnosis and management of eye problems in poor patients
- Screening of students for refractive errors and other eye problems
- Free cataract surgeries for poor patients

Milestones
- The eye department was started in 1995 and eye check-ups and camps were conducted by visiting eye consultants
- The full time eye department was started in November 2003 with modern machines and instruments. Every month free eye camp was organized for poor patients.

- Eye camps were conducted every year in deep interior villages and patients were brought to Kharel for free cataract surgeries.

Constraints
- Only 10 to 15 percent of all patients diagnosed in camps come to the hospital for surgeries. The reason being their fear of surgery, lack of familial support and attendance in hospital, financial constraints, lack of transport facilities from villages etc. The organization tries to help in these situations as much as possible.
- There is difficulty in recruiting and retaining good eye specialist in rural areas.

<table>
<thead>
<tr>
<th>Particulars</th>
<th>1994-95</th>
<th>2013-14</th>
<th>1994-2014 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Camps</td>
<td>2</td>
<td>14</td>
<td>205</td>
</tr>
<tr>
<td>Total Patients</td>
<td>103</td>
<td>1571</td>
<td>23299</td>
</tr>
<tr>
<td>Total Cataract Surgeries</td>
<td>25</td>
<td>313</td>
<td>4386</td>
</tr>
<tr>
<td>Total Spectacles Given</td>
<td>27</td>
<td>952</td>
<td>11173</td>
</tr>
</tbody>
</table>
Ma Devi Annapurna Bhojanalay

Poor patients in general wards and their attendants are provided free meals & milk every day in our Annapurna bhojanalay. Other patients are charged nominally.

Since the food is prepared under our guidance it is hygienically prepared, taking into account nutritive values, essential for recuperating patients. Relatives are also saved the expenses and trouble of travelling to procure food from home, as no facilities for food are available nearby.

An average of 50 thousand dishes every year and a total of 776301 free meals have been distributed to the poor patients. Donations are accepted for food to patients on anniversaries and other occasions.

Mamtaghar

Delivery of a baby is a physiological process and hence there should not be any maternal or newborn deaths except in exceptional cases. Pregnant women in interior areas do not reach the hospital in time for delivery due to the distance from home or lack of transport facilities which may cause unwanted complications.

Hence the government has started the Mamtaghar scheme and our hospital has been selected for this. The scheme supports women in such interior villages and/or having some risk who need special services, to get admitted in the hospital a week prior to their expected date of delivery in time to avoid and manage complications.

Mamtaghar was started in a hospital ward initially but the government supported us in building a separate block near the hospital so that the attendants can stay with them. A total of 1090 pregnant women have received these services in the year 2013-14. Pregnant women need nutritious food and hence free milk and three meals are provided to them and their attendants. Audio visual aids are used to give them health education during their stay.
Community Health and Development

There are many factors affecting health. Access to health services is one of them. Hence this hospital in Kharel was started so that people had access to rational and low cost health services in their vicinity. But health of the villages cannot be improved with health services alone. Other factors affecting health of the people like Health awareness, nutrition, hygiene, sanitation, mis-beliefs, blind faith , illiteracy etc needed to be addressed too. To address these issues our Community Health and development department was started to implement various health and development projects in the surrounding villages.

Child Health and Nutrition Project

This project was started in 1997 when Dr. Roda Patel, Paediatrician from U.S.A. who had joined Gram Seva Trust, found that malnutrition was rampant in children coming to the OPD. Three Anganwadi centres( Comprehensive Child Care centres) in surrounding villages were started. At the same time the Government ICDS department also started Anganwadi centres hence the organization stopped starting new centres and partnered with them in providing medical services to the Anganwadi children all aged between 0 to 6 years. The project has expanded from 3 anganwadis to 40 in Gandevi Block and then 22 in Chikhli Block. Today a total of 101 Anganwadis are under this project with services to about 3500 children every year. Till date 11576 children have been treated for malnutrition in this project.

Objectives

- Primary health care and medical management of children aged 0-6 years
- Prevention of malnutrition and promotion of health for optimum mental and physical growth.
- Information regarding child care to parents and relatives.

Salient Features

- Monthly monitoring of the 0-6 years children for nutritional status and growth and development.

Statistical Information

- No of children registered in this project from 1999 to 2015 - 11576 children
- Nutritional Status of 11576 children registered under this project

<table>
<thead>
<tr>
<th>Nutritional Status of 11851 children registered in this project since 1999</th>
<th>First registration</th>
<th>Percent</th>
<th>Last Checkup</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>2937</td>
<td>25.37</td>
<td>5610</td>
<td>48.46</td>
</tr>
<tr>
<td>Mild Malnutrition</td>
<td>4731</td>
<td>40.87</td>
<td>4850</td>
<td>41.90</td>
</tr>
<tr>
<td>Moderate Malnutrition</td>
<td>3216</td>
<td>27.78</td>
<td>1009</td>
<td>8.72</td>
</tr>
<tr>
<td>Severe Malnutrition</td>
<td>692</td>
<td>5.98</td>
<td>107</td>
<td>0.94</td>
</tr>
</tbody>
</table>
• Malnourished children provided with high calorie & high protein powder and skimmed milk powder.
• Supplementation with vitamins, iron and calcium to prevent deficiency states. Deworming every 6 months.
• Home visits for follow up of children and counselling to parents, by field workers and supervisors.
• Information and training regarding personal & social hygiene, prevention of diseases and child care development is given to family members during home visits.
• Nutrition Demonstrations showing meals that are nutritious, at low cost from ingredients, that are easily available at home and village.
• Every child covered with Hepa-B and MMR vaccine.
• Monthly training of Anganwadi workers about health education & child development.
• Antenatal and Nutritional care of pregnant women to prevent malnutrition in womb.
• Children treated for Major illness or surgeries.

Adolescent Project

Adolescent health education project was started in 5 villages in 2002, as these were future mothers who needed care, guidance and support in these growing years.

Gradually it was expanded to 22 villages with the help of our community outreach workers in health who were regularly trained. Efforts were also made to include adolescent boys in this project.

Our workers conduct monthly separate meetings with the adolescent girls and boys in groups. Groups are divided according to falias (hamlets) and age. They are divided in age groups of 10 to 14 years and 15 to 19 years and various topics related to life skills development for that age are discussed with them.

At the same time they are screened for illness like anaemia etc. They are also given vaccines for Hepatitis B and MMR which were not included in the national immunization programme earlier.

Objectives:
• Increase health awareness amongst adolescents
• Improve the health of Adolescents
• Protect them with Hep B and MMR vaccines
• Delay Teenage Pregnancy

Constraints
• Boys aged 15 years and above resist coming for these sessions.

Statistical Information
• Total Health education sessions Girls 3534 sessions Boys 1294
• Total Vaccines MMR- 878, HepB - 1256
Geriatric Project
Changes in the health and social dynamics have led to an increase in the population of elderly in India and their health problems. At present, 75% of the elderly in India are living in villages. A rise in chronic non-communicable diseases like hypertension and diabetes is seen in the poor rural communities. A rise in cases of Paralysis in our Hospital was noted in recent years. Problems like cataract affect nearly 50% of the elderly in the villages. The elderly are not only affected by non-communicable diseases but are also physically and economically dependent and neglected by children leading to lack of medical care. The geriatric project was started in 2010 to reach out to the elderly in the surrounding villages, find the health problems in them and help them to manage them. Initially, the project was implemented in 5 villages and then expanded to 10 villages with support from AUM Foundation Australia. It is our wish to expand this project to all 22 villages.

Objectives
- To find the prevalence of Non-communicable diseases like Hypertension, Diabetes, Cataract, Osteoarthritis etc.
- Treatment, follow up and counselling of patients and their families.
- Generate awareness in the community regarding these diseases.

Salient Features
- Door to Door Screening the elderly of the villages
- Management of non-communicable diseases at Hospital
- Follow up and Counselling of patients and family members.
- Total 1754 elderly from 10 villages were screened
- 15% of villagers suffering from Hypertension, 4% from Diabetes and 66% from Cataract

Reflections by our staff:
"हे मारा कुंठुं साथे सेवाचा केंद्रांचा राजू रडहू लागला. तुम्ही रखेंयाचा घरात माझ्या भांडोने साही शाळांना लाव भरला छा, आला मारा भांडो मार्या राखून दरेंया नोटबुक पाशी आला संस्थामध्ये मणे छ. आला उपरांत संस्था तस्करी भांडोने भांडतर मार्या आर्थिक मद्द पाशी मणी रड्या छ. केंद्रांचा रखेंयाचा घरात मारा भांडो मार्या वाचाचा प्रवृत्ती अनेक परंपरा डेंडर्स पालेंधी मार्या रड्या छ.
जवानमारी अर्जीकरण सेवा सिवाय मी बीचूं करू वर्ण नसली. सेवा ज कर्मचारींचा धक्का डेंडूया. सेवा प्रत्यक्षसूचनी साधू शक्य आला. ग्राम सेवा दृष्टिकोण कर्ण विज्ञापन करूकडे कर्मचारीहरू दुःखित वर्णनी सेवा करी शक्य आला अंशूं माझ्या मानविने छ.."

- Rekhaben J.Patel (Senior Nurse)
Rural Development Projects

Education

Education is yet another factor that affects health status of individuals, families and villages. It also affects the development of villages. The quality of primary education in the surrounding villages was poor. Children of landless labourers did not attend school regularly. They were lacking in their reading, writing and arithmetic skills. Hence it was decided to support them with tutorials in villages to strengthen their primary education. Volunteers from the village are selected to tutor these children and strengthen their basic skills like reading, writing and arithmetic. At the same time give value education to them.

Objectives:
- To strengthen primary education of children of landless labourers
- To decrease school drop-out rate.
- Give Value based education to the children

Constraints
- Environment around children does not promote education.
- Lack of good volunteers who are interested in teaching children.

"Parodh" Child Education and Development Centre

Some children in the villages migrate to brick factories, salt pans or other working sites for about 8 months a year. They lose the opportunity to study due to this. Many children are also orphaned and have no families to look after. These children do not get any schooling and start working as labourers at very young age. Hence Dr. Roda Patel, who was disturbed by the plight of these children wanted to start a residential facility for education of these children. She felt that educating this generation will help improve the health of the next generation. She was our motivating force behind starting Balawas now renamed Parodh (Dawn) - Child Education and Development Centre. Balawas project was started in 2008 with 21 children in Khaparia village in a rented facility.

Statistical Information

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Year</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2005-2006</td>
<td>25</td>
</tr>
<tr>
<td>2</td>
<td>2006-2007</td>
<td>209</td>
</tr>
<tr>
<td>3</td>
<td>2007-2008</td>
<td>412</td>
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<tr>
<td>4</td>
<td>2008-2009</td>
<td>355</td>
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<tr>
<td>5</td>
<td>2009-2010</td>
<td>451</td>
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<tr>
<td>6</td>
<td>2010-2011</td>
<td>478</td>
</tr>
<tr>
<td>7</td>
<td>2011-2012</td>
<td>368</td>
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<tr>
<td>8</td>
<td>2012-2013</td>
<td>397</td>
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<tr>
<td>9</td>
<td>2013-2014</td>
<td>316</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3011</td>
</tr>
</tbody>
</table>
1994-1995

- 30 bedded Hospital started at Kharel

1995-1996

- X – Ray, Sonography Services were started
- Consultant Services in other branches of medicine started

1996-1997

- Child Health & Nutrition
- Community Project - 2 Aanganwadis Adopted
- Health Awareness Project

1997-1998

- Hospital Expansion – Construction of first floor
- Maa Annapurna Devi Bhojnalay (Food Services) Started

1998-1999

- New Equipments for Eye & General Surgeries
- Free Ante Natal Clinic
- Child Health & Nutrition Project Extension – 5 Aanganwadis adopted
Milestones

1999-2000
- New Equipments in Laboratory - Auto cell Counter, Semi Auto Analyzer, Sickle cell Electrophoresis
- Ambulance Service
- Child Health & Nutrition Project – Collaboration with ICDS 40 Aanganwadis

2000-2001
- Ashok Gondhiya Award
- Adolescent Girls Education Project

2001-2002
- Women Empowerment Project
- Formation of Micro Credit Groups
- Started Dental Department

2002-2003
- Staff Residence Constructed – Gitagram Colony
- Campus Development

2003-2004
- Renovation of Hospital Building
- Mineral Water Plant
Milestones

2004-2005
- Shree Gulabben Chhotubhai Patel Community Center
- Physiotherapy Department started
- Low Price Medical Store started
- Satellite Project – Van Arogya Kendra started at Kudkas

2005-2006
- New Hospital Equipments and Colour Doppler Sonography Machine Facility
- Vatsayan Kendra – Centre for HIV testing and counseling

2006-2007
- Alcohol De-addiction project – phase 1
- Tutorial classes for children of labourers started

2007-2008
- Heart Disease Screening Project
- Service NGO Mother & Child Health Project – 1 in Villages of Chikhli Taluka

2008-2009
- "PARODH" Balawas – Centre for Child Education and Development started in Khaparia village
- Sanitation Project - Phase 1
Milestones

2009-2010
- Satellite Center started at Mahal, Dang District
- Gram Sanjeevani Samiti, Mentoring Project, Navsari District

2010-2011
- Hospital Extension - Neonatal Intensive Care Unit (NICU) expanded
- Intensive Care Unit (ICU) started
- Renovation of Bhojnalay (Kitchen)
- Geriatric Project Started in 5 villages

2011-2012
- Gram Sanjeevani Samiti, Mentoring Project, Dang District
- Research Project on Social Benefit Schemes in Villages

2012-2013
- "Mamtaghar" - residential facility for Pregnant Women
- Dialysis Department
- Rheumatic Heart Disease Screening - A Research Project

2013-2014
- Sanitation Project - Phase 2
- Started "Samvedan" a four monthly newsletter
- Alcohol De-addiction Project Phase 2
Objectives

• Provide formal education to children of migrant and or broken families.
• Provide food, clothes and Shelter
• Provide Value education for overall development of these children

A total of 51 students have been admitted to Balawas in these years. Out of which 4 have passed S.S.C exams 2 have finished Vocational training courses. At present 40 students are residing with us. It is our plan to build a residential facility where at least 100 students can reside at a time. It is our blessing to have generous trustees and well wishers like Shri Chaganbhai Naik (Gandeva) and his family who donated land for Parodh. Dr.Khushroo Patel and family who have made this project their mission after the untimely demise of Dr.Roda Patel through Gram Seva Foundation (U.S.A). Very soon the construction of this building which will be green building (eco friendly) shall be completed.

Womens’ Empowerment Project

Objectives

• Women become economically independent
• Upgrade status of women in community

Women and child welfare has always been our priority. Along with activities for health of women we also felt that their economic empowerment was necessary. With the help of NABARD a project to form Self Help Groups for village women was started in 2003. These groups helped to inculcate the habit of saving in the village women and utilize the saved money for their needs, thus saving them from the clutches of the local money lenders. In 2004 training programmes were conducted in tailoring and household toiletries for SHG members. A retail shop was started in our campus and another in Navsari to promote the marketing of products produced by these women. At the same time two tailoring classes were started in Kharel and Tankan where young local women were given six month training.

Constraints

• Lack of entrepreneurship qualities in local women
• Interference in the working of groups by alcoholic husbands.
### Statistical Information

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Particular</th>
<th>2003 to 2014</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Total group</td>
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</tr>
<tr>
<td>2</td>
<td>Total members</td>
<td>1045</td>
</tr>
<tr>
<td>3</td>
<td>Total Saving (Rs.)</td>
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<tr>
<td>4</td>
<td>Total internal lending upto March 2013 (Rs.)</td>
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<tr>
<td>5</td>
<td>Total Bank Loan Amount (Rs.)</td>
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<tr>
<td>6</td>
<td>Total Amount of Repayment to Banks (Rs.)</td>
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<tr>
<td>7</td>
<td>No. of Group Completed loan repayment</td>
<td>55</td>
</tr>
<tr>
<td>8</td>
<td>Remain Bank loan amount (Rs.)</td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Class</th>
<th>No. Of young women completing sewing class</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2003 to March- 2014</td>
<td>Kharel</td>
<td>432</td>
</tr>
<tr>
<td>Aug 2010 to March- 2014</td>
<td>Tankal</td>
<td>430</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>862</td>
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### No of trainings

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Particulars</th>
<th>No. of trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tailoring</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Beauty Parlour</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>BesWaste</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Household toileteries</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Vermicompost</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Handicrafts</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Baj dadiya</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Readymade garments</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Papad</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Kitchen gardening</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>Mango sapling</td>
<td>1</td>
</tr>
</tbody>
</table>

### Reflections by our staff:

"मारी जिवनकी भें मोटी घायल छ के हु हा संस्था भें जी कार्य, आपली आंगणो आंगणा हुन्नी धुन्नी हुन्नी कार्य गर्न सबै थाँडा अद्वीत महझूल थाउँग। आपली जिवनकी रूपमा जरिया िप््तका संस्था आंगणो आंगणा सेवन लाम निर्णय भए छन्। नति मोटी घायल छ। आपली संस्था भें जी कार्य गर्न सबै थाउँग, ज्या गरीबी मा गरीबी व्यवस्था पनि एक मोटी आंगणा साधा भएका छ के अँकी पैसा पहेला धारा थाउँग, जसे संस्थाले आंगणो मॉडल धारा ज प्रयोग गरीबी छैसो। मारी जिवनकी समय धेरामा पैसाले आवाज न थयो होय तेघु कही भन्ने नसीहती।"

■ Jigna Patel (Hospital Staff)
Sanitation and Hygiene are important factors affecting health. About 46 percent families in this area do not have any toilet facilities. Many village women requested us to support them in building low cost toilets for their families. Hence the organization started this project in 2008. The Government has also started schemes to provide toilets to poor families in villages. Gram Seva Trust decided to build low cost toilets in villages with combined efforts of government, villagers, NGO like us and voluntary donors. To date 102 toilets have been built. Your support will help us expand this project and provide toilet facility to many more families in surrounding villages.

Objectives:

- To build low cost, sturdy toilets for individual families in villages
- Increase awareness regarding personal hygiene
- Increase awareness regarding the cleanliness of villages and falias
- Support all activities to improve sanitation and Hygiene of villages

Trainings

Gram Seva Trust has developed as a training centre over these years and trainings have been given to NGOS, ASHAs, ANMs, GSS, SHGs, Sakhi Mandal etc. Trainings for Gram Sanjeevani Samitis in 275 villages and USHA workers in Navsari District have been completed successfully. Trainings for Sakhi Mandals and their trainers in Navsari, Gandevi, Chikhli, Vansda Blocks are being conducted under National Rural Livelihood Mission in Navsari District.

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Particulars</th>
<th>No.of trainings</th>
<th>Participants</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Anganwadi Workers Trainings</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Trainings to field workers of different NGOs</td>
<td>9</td>
<td>267</td>
</tr>
<tr>
<td>3</td>
<td>ASHA- workers training</td>
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</tr>
<tr>
<td>4</td>
<td>USHA</td>
<td>12</td>
<td>67</td>
</tr>
<tr>
<td>5</td>
<td>Sakhi Mandal</td>
<td>84</td>
<td>252</td>
</tr>
<tr>
<td>6</td>
<td>Gram Sanjeevani Samiti</td>
<td>920</td>
<td>230 Samitis</td>
</tr>
</tbody>
</table>

There is no higher religion than human service.
- Albert Schweitzer
Facilities for the staff

- Geetagram colony consisting of 27 residential quarters for staff
- Guest Rooms and Common Room for staff
- Salaries, provident funds, Gratuity and leaves are given to staff members according to Government Norms
- Accident and medical insurance is given to all staff members
- Free medical services to all permanent staff.
- Staff meeting conducted every 1st Saturday of the month.
- Departmental meetings conducted every month.
- Garden facility, canteen and kitchen facilities at concessional rates
- Picnics and exposure visits for staff every year, cultural and sports activities on Republic Day and Foundation Day.
- Regular Trainings

Reflections by our staff:

"आपणी संस्था कारा स्टाफकडून दररोज कर्मचारीनांच्या घोरपण 8 थी वणु अभ्यास करता तेवा त्यांनं मापते जे स्कोलस्टीपनी योजना करते हे ते पुण्यत ज प्रसंसनीय छे. तेम्हे आपणी संस्था कारा जे नवु "परोद" भाव-आवास बनी रहूने हे ते आपनार नवी पेडी माटे भूल ज आशीर्वादाने बनी रहेहे..”

■ Babubhai G. Patel (Satellite Project, Dang)

"I joined Gram Seva Trust 12 years ago and have been a part of an important phase in the growth of the organization. I have seen the vision of Dr.Ashwin Shah being realized through these years, well supported by his wife Dr.Harsha Shah and the Trustees of the organization.

Working in Gram Seva has also helped me in my personal growth. I have not only gained knowledge and skills, but also few very important people in my life. One of them is Dr.Roda Patel. She was my Mother in this far land, my teacher, friend, philosopher and Guru. It was her motivation and guidance that helped my growth.

I wish to see Gram Seva grow further. I hope I shall be writing my experiences when we complete another 20 years and see the organization growing and thriving and achieve its objectives of rural health and community development."

■ Dr. Sharmishtha Patil
Community Health and Rural Development Department
Twenty Years of a Memorable Journey

12/06/1984 ने पवसारी माॅलो अने ग्राम गेजाट ट्रस्टनी शासकत मूलन वृक्षेने नवा दिवसो छत्रां कर्च करवाने अनगाट, ट्रस्टी मिनॉलू पीकलाण, जुस्सो मूलन महद्दाप राहो.

जोतहोतांना 20 वर्षांना मजल पूर्ण बाधे. शैशव पूर्ण बाधे, नुकसानो उभाद अने साथे अनुमोदनांना माणू म्हणू - ने समजून पाहो केनवाय.

मूटकाण वागण्यांना कॅने न गमे? अने अस्फं काहीता नाम्प्रेमी Nostalgia-मूल मजावाये. संस्था विषेस मिलावताना, अने नाही मूलन नसीनवार राहा छीने, नजर सामान गोडा खेळेला, धाळात अथवा कर्मदीर्घकर्मांना माणू नाहीं े, घरा वर्ताने साथे रहा होय अेक परिवारिक वातावरण तैयार बुध नहीं े. अंदायी तेथे माहै कोई दक्षती बनती लागाय स्वाभाविक थाय अने व्यावहारिक हो. जेव्हा आज अभारी अेक मोटी मूळ, जेव्हा संस्थाने शस्त्राती वृक्षेनो, अनुवाद ओढून, परा साथे काम पारा करवाने उतसक-बिंबंग सकाळी राम्या न. धारीवार जुना कर्मदीर्घकर्मांना वर्णन तर्काचता विषेस शजावत करे े, हल्लो स्ताक बधू अमारा शिष्य करे े, कोई साथांनी जी नाही. त्यासह अंदु लागे े के मूलमाली जागणारी, कोडनत आ लोकोमां स्वावलम्ब राहा नहीं.

वीरु भेक अधारणांच्या झाल्या राहू न, गरीफा प्रत्येकी अनुकूल आजना मौलीवार तरुण जिर रहेला समाजांमधे के जबां प्रत्येक नाता अने त्याचार जासर, जेऊ अंश आज सुविधा परा अभारी कर्मदीर्घकर्मांमधे जेऊ जोवा माणतो नाही. धारी जुडीमाळा परा अंदेशास भाषा करे न. 20 वर्षांना आपले काम करवानी देय न पडू, जे योग्य ने भरती? कोरिट पध्धतीने जेव्हा समाविष्टाना अभार, कर्मदीर्घकर्मांनी वर्गें अंतर शुं आ जसती न? ऑक्सिसमा कोष प्रकाशा रोकेट वगरी अभारजवात, जुं आ बधू योग्य न? व्योमानं तो वाचवा जाने जरे हो.

अभारा ट्रस्टी मिनो अने वडीलोंमो अभारांमधू बधू पडती मूळवो विश्वास क्याऱेक मूळवास पेंद करे न. माणता नवीं शुं? आवा प्रेमो सतत योग्यी करे न? आय प्रावरण, भक्तांनी अभार, बहुतांगी- अ लायलीले लाई जमकरी घायी मृत्ती बधू करे न, तोकीस क्लार्ड ''ग्राम सेवा ट्रस्ट'' - सन्ायना विवाह कर्त्यांना परा होतो नाही. भेको शारीरिक अने भाविक कर परा रहा करे न. आता वगर जवळ ताहाय फल?

हा, अेक वाट लोकसंख्या ने, के संस्थाने शस्त्रात माता अभारा जगत तो अेक संवादितता आवी गाय. नदी नाही भावत्तमा अभारीजीनां अनिवार, भावत्ततर, वायक, धडा विवाह-विवेर्ज साथे बंदे अभारीजीनी हूँ माणी. अनाव जय धव वह गाय गाय अेक लागे ने.

भिन्नत्तर तथा जुडून्तीजो, नागम्यांनी केटेटेने याद करीने? अने हेलो नजो साध-सकर अेक यासी विवाहसंबंधी विवेर्जनी बोकेंयां परियाच, जस्तांची वांची संबंधी जुना मिनो तो हंता ज, तथा नवा मिनों उंमेश, क्वा डा.कटाभन अने मुखचाती? अने क्वा अ लोकीं साथें घरों? न मणीं तो न वाच, घरा नत निघो, भावहर्ष अने हूँ, प्रेमांवा वाटो करी ताहाय भेकी ताहाय व्यावहारिक लागी रोती मृत्ती ताहाय?

अंतमां अंबुज कही ताहाय के

मृकाम भवत नाहीं, नरसात सरन नाही।

छतां परा सुकृत साथें नामां सामान विवाहसंबंधी विवेर्जनी, मिनों साथे भाव होते दीक्षित पदवी छी. अने विवाह साथे, नवा साथे रही जसती तरी शकती, अने आवा उम्मी अस्था बटां रहे. भेकी अभारना साथे आवार.

Dr. Harsha Shah
Trustee
Flashback to Present

(Dedicated to Health and Rural Development)

Flashback to Present

(1991-92) Dedicated to Health and Rural Development)

Nalinbhai J. Desai, Trustee and Honorary Secretary
Gram Seva Trust
Reflections:

When 3 likeminded honest, sincere, compassionate persons join forces, like Drs. Harsha, Ashwin Shah, with other friends & Roda Patel, my late wife of 48 years, the impossible becomes a reality. From a small hospital in a dilapidated building to see a vibrant campus to-day, makes the journey very memorable & gratifying. I am very thankful to my late wife to leave a legacy for our children & me to live by. Only the few fortunate like me get to live the last decade of their life associated with a dedicated team, engaged in caring for the poor & the needy.

To work with The Shahs whose impeccable moral standards is a pleasure. In our country where there is an epidemic of spiritual malnutrition, & moral bankruptcy, I can state most emphatically that GST is truly an exception in this vast ocean of corruption. The donors can rest a sure that their hard earned monies are not siphoned by administrative costs. Ashwin's vision of sensing the needs of the people around him, blessed with tireless energy to take on new projects practically every 1-2 years, to benefit the community, is the main key to the growth of this institution. Ashwin is very competently supported by his wife Dr. Harsha in all his endeavors, and indeed is very fortunate to have her work side by side, fulfilling all the dreams & desires. Very lovingly the GST staff acknowledges that Harsha madam has eyes in the back which is the reason the campus is so clean. The Board of Trustees work harmoniously, for the betterment of the institution.

From a hole in the ground yesterday, to have an ICU, NICU, Dialysis, OR, & a very busy OB-gyn dept with over 20,000 deliveries to date, run by the very capable, & compassionate Dr. Kanchan with dedicated staff, a new OPD bldg to-day, are just a few achievements & stay tuned for many more to come.

The HE dept. has made a huge difference in the lives of our villagers. Dr. Sharmistha Patil along with the Daves, Dr. Hiral & Mihir, & the rest of the HE staff have done a splendid job of educating the children & adolescent girls, fighting malnutrition, & emphasizing on prevention of diseases. As of today over 15,000 children have benefitted from these centers and saved them from a life of both Physical & Mental disabilities due to malnutrition between the ages of 0-3 years.

On a personal note, Sharmistha was Roda's & is my pride & joy. She is like our daughter & Roda, apart from painting our children & grandchildren, has painted a huge oil painting of Sharmistha. Their relationship was unique. I admire Sharmistha's dedication & personal sacrifices to serve the HE dept. Her husband Sandeep & daughter Nandini have my great respect, admiration & affection.

Working with Dr. Ratna Magotra is a tremendous honor. She is truly a great soul & inspiration to the Medical profession who should follow her footsteps & adopt her ideals, integrity, & work ethics.

India has 440 million children more than any country in the world & they face some of the toughest challenges of anyone. A great asset wasted. In a small way Roda's vision & her most passionate desire was to build a Balawas to educate, room & board orphans & migrant worker's children, has made a difference. To see balawas near completion gives me great satisfaction that my wife's most cherished ambition has been achieved & the children who have always been her first & foremost concern are cared for.

The welfare of the community at large is always the central theme of GST. From caring for malnourished children, to women empowerment, to geriatrics is the holistic approach, & mission of GST activities.

Are we perfect? Far from it. But with the very limited resources GST has & will continue to make a difference in the lives of our community. Thanks to our generous donors for giving shape to our dreams & desires. Without you GST would be in on the drawing board...

Dr Khoosru Patel
Director, Gram Seva Foundation, USA,
Trustee, Gram Seva Trust, Kharel, India.
Income & Expenditure of 20 Years (1994-2014):

**Income**
- 45.01% Hospital Receipts Rs. 16,41,17,989.80
- 16.50% Grant Received Rs. 6,01,71,604.75
- 9.86% Building Rs. 3,59,34,725.00
- 3.55% Equipment Rs. 1,29,62,629.00
- 15.22% Voluntary Donation Rs. 5,55,00,317.57
- 9.58% Interest on Corpus Fund Rs. 20,45,782.00
- 0.28% Vehicle Rs. 10,34,925.00

**Expenditure**
- 50.53% Hospital Exp. Rs. 18,45,17,159.20
- 13.17% Other Specific Proj. 4,80,79,301.40
- 9.44% Community Health Proj. Rs. 3,44,60,689.20
- 2.25% Medical & Eye Camp Rs. 82,24,722.00
- 0.84% Satellite Proj. Rs. 30,63,163.80
- 1.26% Women's Empowerment Rs. 45,95,313.00
- 4.59% Establishment Exp. Rs. 16,76,2485.20
- 0.84% Vehicle Rs. 30,68,098.80
- 1.41% Bhojnalaya Rs. 51,54,660.00
- 10.23% Building Rs. 3,73,61,766.00
Donations (1994-2014):

Total Donation Rs. 19,96,46,784

- 71% Trust / Orga. / Company Rs. 14,08,40,221.00
- 29% Individual Donation Rs. 5,88,06,563.00

Total Donation Rs. 7,00,22,292.00

- 35% Indian Rs. 7,00,22,292.00
- 65% Foreign Rs. 12,96,24,492.00
Others say...

Date: 23-03-1998

I am glad to see the hospital serving the rural population. Health Education must be given the maximum importance and in that again sanitation must come before everything else.

Dr. Sushila Nayar
Former Union Health Minister,
Director of Mahatma Gandhith Institute of Medical Sciences,
Sewagram, Wardha

Date: 23.12.98

I visited the hospital today. I am very pleased to see that the charity work is going on very generously. The low income group is benefitting from this. I congratulate the management and the doctors and the staff.

Shri. R.C. Gohil
Collector, Navsari District

Date: 20.9.07

A well motivated team under the leadership of Dr. Ashwin Shah is performing dedicated work to improve the overall health of the mothers and children of poverty stricken and underserved community. It was gratifying to see a quantum improvement in cases of malnutrition and anaemia. Exemplary work is also being done on sickle cell, snake bites and parent to child transmission of HIV. I wish the Gram Seva Trust all the best for striving harder to bring prosperity and happiness to the poorest of the poor.

Dr. S. Mukherjee,
MD; DCD; DPH; DIH
Professor and HOD, Community Medicine,
Pramukhswami Medical College, Karamsad, Gujarat
15.11.08

It is an excellent opportunity for me to visit this organization. I am amazed to see the achievement done in 15 years. I am having a dream project for the overall improvement of my village and I got the guidance and feel I can just go in the same way and there is no need to rewind the wheel. I felt that people in all grades believe in Tagore’s philosophy which is as follows,

“I slept and dreamt that life is joy,
I awoke and saw service is joy,
I acted and behold lie service is joy.”

I saw the practice of the above philosophy I believe. Keep up the excellent work. God Bless you all.

Dr. Anil. K. Mandal, M.D,
L.V. Prasad Eye Institute,
Hyderabad

12.10.2013

This is very impressive health care service. I admire all doctors and staff for their dedicated work. I wish we have such hospital in all talukas of the country.

Ghanshyam Shah,
National Fellow,
ICSSR, Delhi

12.10.2013

If only all hospitals could meet the quality and cleanliness of this hospital and with such dedicated and professional staff. So great to have experienced the work of GST and Kharel Hospital. Congratulations and Thank you.

Fredrika Meyer
UNFPA Representative,
INDIA

13.11.13

Thanks for support to all National and Government Programmes. Quite Impressive. My Salutes.

Dr. N.B. Dholakia,
Addl. Director, Family Welfare,
Gujarat

13.11.13

Doing very Good Work. Saw NICU, Mamtaghar, Counselling sessions. Keep up the good Work.

Dr. Dinesh Bagwal
DC(MH) GOI
Gram Seva in News:
Documentation:

... the journey so far ...
Awards and Appreciation:
Thank You
From:
Dr. Ashwin Shah  
(Managing Trustee)
GRAM SEVA TRUST
Kharel, N. H. No. 8, 
Ta. Gandevi, Dist. Navsari - 396 430
Phone : +91 2634 246248, +91 2634 246362.
E-Mail : gram_seva@yahoo.com | gstkharel@yahoo.com | Website : www.gramseva.org

All donations to the Trust are exempted under 80-G (5) of Income Tax Act. ● Please, send your donation by cheque / demand draft in favour of Gram Seva Trust, Kharel