



THINGS WE DO

HEALTH & HUNGER RESOURCE GROUP
OF ROTARY INTERNATIONAL

DATE: September 2009
HHRG #6

Welcome

to the "Things We Do" Health and Hunger Resource Group Newsletter.

It is a sample of the good work that Rotarians are doing for others around the world.

It is a newsletter with articles to inspire individuals and clubs where the real work of Rotary grows.

Please share it freely and allow others the chance to be leaders, motivators and visionaries.

This edition features you, the Rotarians who make things happen. It is important to be aware of successful projects, partnerships and inexpensive solutions.

We encourage support of Our Rotary Foundation and Polio Eradication.

Please share with your clubs and friends to help "build a healthier, more peaceful world".



Heather Yarker
General Coordinator



Chuck Kurtzman
Assistant
General Coordinator

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Every Rotarian responsible for Rotary's future

It is a very great honor to begin my term as the 2009-10 president of Rotary International, and a special honor to be the first RI president from Scotland. We have in Scotland a saying that I'm fond of quoting: "We must look beyond our own parish pump." It means that we must be aware of what lies outside our daily experience, and know that ours is only one of the countless communities in the hundreds of countries around the world.

As Rotarians, our own clubs and our own communities form the majority of our lives and our work. This is as it should be, for each Rotary club's primary responsibility is the community it serves. But we are all equally responsible for the wider world of Rotary. We must life our eyes from our own valley and look to the mountains beyond — for it is ofen in distant communities that our help is needed the most.

We as mere mortals cannot perfect an imperfect world. We cannot ease every distress or resolve every difficulty. But as



responsible individuals who have been privileged in so many ways, we've obligated ourselves to demonstrate our caring and deal with some of the most terrible problems of our day.

And so I ask all of you to work together, as Rotarians, to do the work that lies before us. I ask you to serve through our emphases of water, health and hunger, and literacy; to strive judiciously to bring in qualified new members; and to help bring Rotary's US\$200 Million Challenge, and the work of polio eradication, to a successful conclusion.

President John Kenny

THINGS YOU CAN DO

A compilation of Rotarian Action Groups

www.rotary.org/RI/documents/en_pdf/things_you_can_do_en.pdf

Click here





This is why we have emphases



In Rotary, everything begins and ends with our clubs.

“Our clubs can and do work together; they work through their own districts, in cooperation with other clubs and districts, and with the support of our Foundation. But at the end of the day, everything that we accomplish is done through the strength of our clubs. And so each club must have autonomy to serve where and how it can serve best. It is not for any of us to limit a club’s service to only the areas outlined from above in a given year.

But we also strive for continuity in our service, so that we may continue to go from strength to strength. This is why we have emphases, to encourage Rotary clubs to direct their work in the broad areas where we have seen the greatest need and the greatest benefit from Rotary service. Water, health and hunger, and literacy will be our emphases in the year ahead. In this Rotary year, I ask Rotarians everywhere to continue to learn from our experiences and to build upon our successes. I ask you all to continue to work for the health and well-being of not only children but their families, and of people everywhere.

Water is our first emphasis because it is the first necessity for every man, woman, and child. We could, I suppose, all live without oil, but we can none of us live without water. And so we must work to bring clean water to those who lack it, as well as ensure the safety of existing supplies. This is an area in which I have believed strongly, and worked consistently, for the last 20 years. And from my experience I will emphasize, as none of us can do too strongly, that water projects must encompass projects dealing with sanitation, because without adequate sanitation, our good work is easily undone.

Health and hunger is the tent within which so much of our Rotary service dwells. We must all remember that when we work in this area, we are also working toward the greater goal of peace — for how can there be peace in the world when so many will try to sleep tonight without having eaten today?

And we will strive as well to bring literacy, because, in the words of Nelson Mandela, “no country can succeed if its future leaders are not educated.”

If Rotary is to be relevant in the 21st century, it must tackle these real problems of water, health and hunger, and literacy. And it must strive for continuity in the years ahead, which is why your Board of Directors, after consultation with clubs and districts, has adopted the Rotary International Strategic Plan.”

President John Kenny

This is why we have emphases, to encourage Rotary clubs to direct their work in the broad areas where we have seen the greatest need and the greatest benefit from Rotary service. Water, health and hunger, and literacy will be our emphases in the year ahead.

Clean hands save lives:

Global Handwashing Day celebrated worldwide 15 October

Resource Group combined initiative—Literacy, Water & Sanitation & Health and Hunger

The driving theme for Global Handwashing Day is handwashing in schools. Therefore, a key target audience is children, positioned as the agents of change. You can join Global Handwashing Day celebrations on 15 October by organizing activities to motivate children to wash hands with soap.



Clean hands save lives: Global Handwashing Day celebrated worldwide

15 October marks the annual Global Handwashing Day, aimed at increasing awareness and understanding about the importance of handwashing with soap as an effective and affordable way to prevent diseases.

Building on a hugely successful inaugural Global Handwashing Day in 2008 - in which over 120 million children around the world washed their hands with soap in more than 70 countries, this year it is anticipated that millions of children across five continents will celebrate Global Handwashing Day again.

Around the world, children, teachers, parents, celebrities, and government officials plan to mobilize and motivate millions to lather up in order to reduce life-threatening diseases, such as diarrhea and acute respiratory infections.

Children suffer disproportionately from diarrheal diseases - with more than 3.5 million children under five dying every year from diarrhea and pneumonia-related diseases.

The simple act of washing hands with soap can reduce the incidence of diarrheal rates among children under five by almost 50 per cent, and respiratory infections by nearly 25%



Under the slogan “**Clean hands save lives**”, the driving theme for Global Handwashing Day is

children and schools.

Children acting as agents of change, take the good practices of hygiene learned at school back into their homes and communities.

The active participation and involvement of children, along with culturally sensitive community-based interventions aim at ensuring sustained behavioural change.

Handwashing with soap - particularly at critical moments, including after using the toilet and before handling food - is a key cost effective and life-saving intervention.

Research in several developing countries illustrates that lack of soap is usually not the barrier - with the vast majority of even poor households having soap at home - rather, the problem is that soap is rarely used for handwashing.

Global Handwashing Day was initiated in 2008 by the Global Public-Private Partnership for Handwashing with Soap, and it is endorsed by a wide array of governments, international institutions, civil society organizations, NGOs, private companies and individuals around the globe.

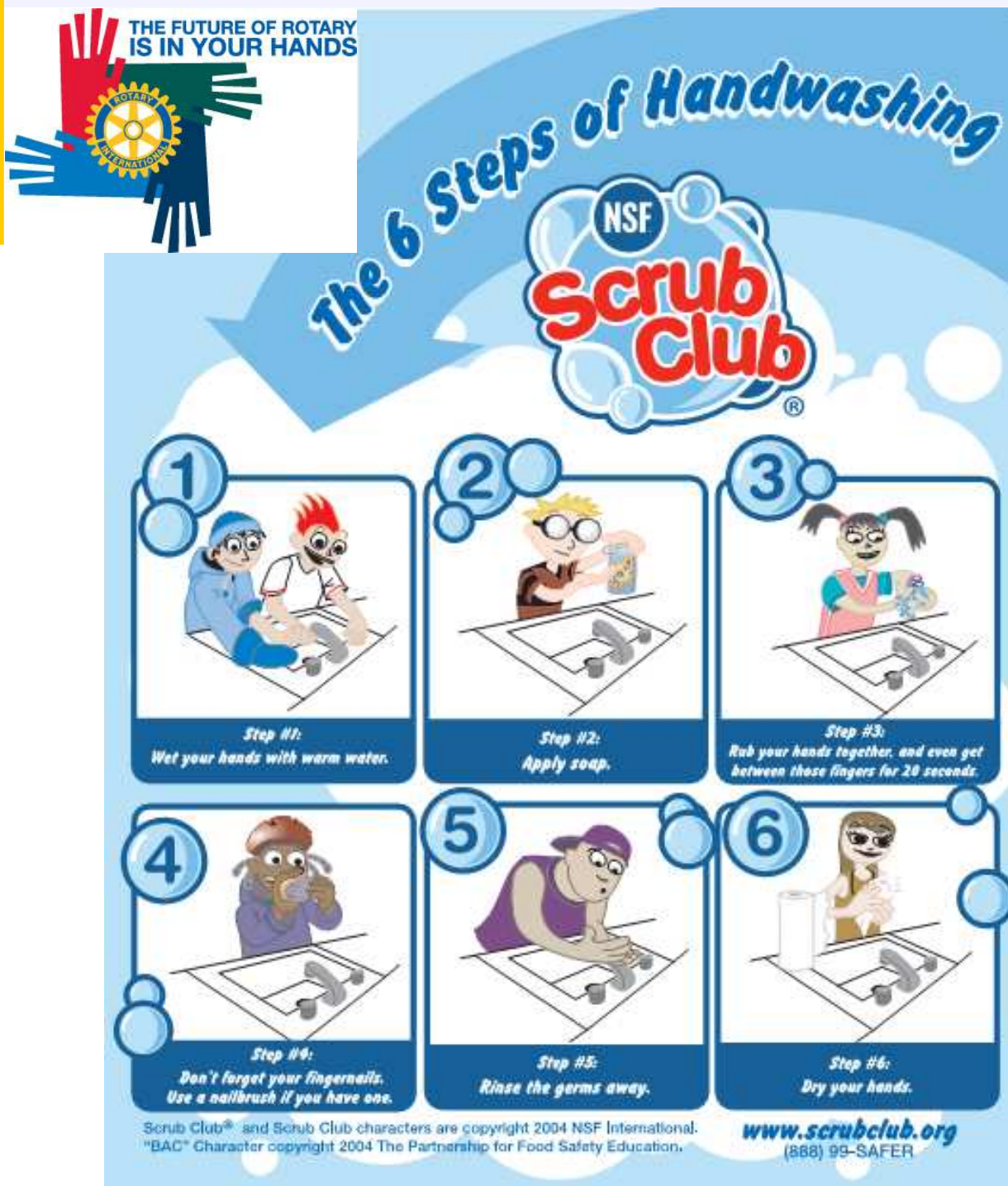
Everyone can get involved in this year's Global Handwashing Day celebrations.

For further information, please visit www.globalhandwashingday.org

Clean hands save lives:

Global Handwashing Day celebrated worldwide 15 October

Resource Group combined initiative—Literacy, Water & Sanitation & Health and Hunger



Above is a copy of a poster download which any zone-district-club in your area might use. In the case of the Rotary club of Boynton Beach-Lantana the club plans to do is:

1. Make 600 copies of the poster.
2. Paste a Rotary sticker on each copy (the club president's son loves to put stickers on dictionaries so he will gladly do the same for these posters).

3. Put a copy of the poster in each of the 600 dictionaries which the club will be distributing to third-graders in October.

4. On October 15th, the official Global Handwashing Day -- Make an official presentation of posters for each of the classrooms in each of the 7 elementary schools where the club does the Dictionary Project (Hopefully with some local publicity).

There are many other things an ambitious club might do. Plenty of ideas are available at www.globalhandwashingday.org. In fact, I pulled the attached poster out of the manual which you will find on that site.

Dick Hattwick
General Coordinator
Literacy Resource Group

Life Saving Equipment Shipped to Tanzania



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“All the world’s children are our children”

D. K. Lee told us at San Diego January 2008.

He added “25,000 children under 5 die each day from preventable diseases. Let’s try to do something to reduce child mortality”

Immediate Past D.G. 1040 John Philip and Chris

“We must look beyond our own parish pump.”

President John Kenny reminds us this year.

Reducing child mortality by a holistic programme of intervention

Improve hospital facilities, encourage child immunisations, launch malaria eradication, provide clean water and sanitation and literacy (adult and young people) programme with emphasis on health education, provide waiting hostel for expectant women

LIFE SAVING EQUIPMENTS SHIPPED TO TANZANIA

A quarter of million pounds (\$400,000) worth of life saving equipments were loaded by Rotary volunteers on to a 40-foot container recently in Huddersfield, England. The container is destined for the Tanzanian town of Mwanza, on Lake Victoria from where the equipments will be transported by ferry to the island of Ukerewe.



For Rotary’s immediate 1040 past district Governor John Philip this was the first stage in making a dream come true.



In January this year, retired surgeon John and his wife Chris went to Ukerewe and were heart broken by the poor facilities of the local hospital which served a population of 350,000. The hospital operating theatre and adjacent labour ward were poorly equipped and in a dire state of disrepair, that John was shocked. He learned that there were more than a 10,000 births each year there, but one in 16 children born in the hospital died, mostly due to preventable causes.



WE HOPE TO IMPROVE THIS WITH EQUIPMENTS DONATED BY UK HOSPITALS

Rotary’s challenge during the year was to reduce child mortality from the shocking figure of 20,000 each day; the vast majority in sub Saharan Africa including Tanzania.

On return, John set himself the challenge of refurbishing the hospital in Ukerewe, providing them with life saving equipments and going out there with volunteers to install equipments, train staff and instigate a health awareness campaign particularly aimed at reducing the risk from the major killer – malaria.

All the equipments have been donated and Rotarians have raised the necessary funds for shipping and refurbishing costs.

THIS IS A MULTI-DISTRICT, MULTI-AGENCY PROJECT



A 40-FT CONTAINER BEING LOADED BY ROTARY VOLUNTEERS

John will lead a team of volunteers to Ukerewe in October. The project is jointly managed by Rotary district 1040 and the RC of Mwanza (D9200).

Rotary Clubs of Bookham and Horsley (D1250) and Saltash (D1290) are providing significant financial contribution. The malaria prevention work will be undertaken by REMIT. Inner Wheel and the Seroptomists have offered support.



For further information and/or volunteering please contact John Philip at bjtconnect.com 01484 421032 or 07880 388038 Full details: www.rotary1040.org (Child mortality)

“This is real Rotary service, and it is what the poor truly wants, and we figured this is what Rotary should do.”

For my zone 7, Philippines, I have chosen to promote projects that address the basic causes of hunger and health problems.

For under-developed countries, it is useful to consider projects that focus on poverty, because in most cases, that is the root of the problem.

Our experience has been when the economic situation of a family improves, there is a corresponding decrease in their problems related to health and hunger. Thus we continue to promote increased agricultural production, because in our country, 70% of our people are in the rural areas, which are the poorest parts of the nation, largely because agricultural production is very low.

We started with increasing rice productivity by tying up with the International Rice Research Institute. The involvement of Rotary is for a Rotary Club to sponsor the costs of training and initial hybrid seeds at the experimental farms of IRRI.

The trained farmer will in turn train five other neighboring farmers. The thesis is that this makes it a continuing-program. The increased production not only puts food on the table but the excess can be sold, allowing the family to educate their children and access to medical services that they can pay for, not dole-outs.

Thus, Rotary allows the poor not only access to food, medical services and education, but also to recover their dignity, which is the first thing that poverty steals from them.

In the area of health, we have been promoting the concept of having permanent, regular medical clinics instead of medical missions.

It is not possible to arrange when to get sick to coincide with the coming of the medical mission, which in most cases are done only once a year. Thus there is really no significant medical benefit derived from the mission, and so very often the only medicines given out are cough syrups and vitamins.

Missions are popular because it is done only once a year and there is a lot of fellowship and photo opportunities, but the intended beneficiaries do not really benefit.

A permanent clinic is there when the poor patient needs it. This is real Rotary service, and it is what the poor truly wants, and we figured this is what Rotary should do.

Best regards,
Mario R. Nery
Zone 7 Zone Coordinator

RI PRESIDENT JOHN KENNY TELLS ROTARIANS WORLDWIDE
THE FUTURE OF ROTARY IS IN YOUR HANDS

THINGS YOU CAN DO

YOUR GUIDE TO THE ROTARIAN ACTION GROUPS



**2009-10 Health and Hunger
Resource Group**

Supported by Rotary International, the Health and Hunger, Literacy, and Water Resource Groups were established to help support Rotary's annual service emphases and connect Rotary clubs and districts with the information and resources they need to address these issues in their communities.

The 2009-10 Health and Hunger Resource Group is comprised of experienced Rotarian coordinators appointed by RI President John Kenny and hundreds of district coordinators appointed by their respective district governors to support the goal of improving health and reducing hunger.

Additional information about the Health and Hunger Resource Group may be found on the RI Web site, www.rotary.org/healthandhunger, including contact information for your district's zone coordinator.

The Health and Hunger Resource Group supports and encourages club and district efforts to improve health and nutrition in their communities.

The resource group encourages clubs to conduct projects that improve nutrition, reduce vulnerability to preventable or treatable diseases, and increase access to safe drinking water and basic sanitation.

It is important that each club keep their district and zone coordinators informed regarding the actions of their club on health and hunger projects.

Rotary 3-H project for fighting tuberculosis sickness in Lithuania.

Founded by District 1460 Denmark / Lithuania.
From Zone Coordinator Torben F Bech



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SITUATIONAL ANALYSIS

The facts given by WHO suggest that TB remains one of the most contagious diseases in the world, one third of the world's population is infected with TB micro bacteria. Every year ~ 8 million new cases of TB are being diagnosed, 2 million people die. In separate European countries in the year 2003 from 11,3 up to 208,4 new cases of TB were diagnosed for 100 000 inhabitants. In the Baltic countries ~ one fourth of the patients' ill with TB are infected with TB form that is resistant to medical treatment.

After the implementation of directly controlled treatment strategy, TB morbidity in Lithuania has stabilized and started decreasing.

TB morbidity decreased from 81,4:100 000 inhabitants (3176 cases) in 1998 down to 68,7:100 000 (2371 cases) in 2005.

Death rates also tend to decrease: 11,8:100 000 (437 patients) in 1998 down to 8,7:100 000 (297 patients) in 2005.

The number of children ill with TB (0-17 years of age) decreased from 212 (1998) down to 123 (2005).

The following treatment results achieved:

In 1998 77,1 % of new cases have been successfully cured, in 2005 – 85,2%.

Suspended cure percentage decreased from 13,4% in 1998 down to 5% in 2005.

Current tendencies suggest that the main problem is patients ill with resistant to medical treatment TB form. The situation in Lithuania in 2004:

Resistance of micro bacteria (of patients that have not been cured earlier) to the concrete drug *Etambutol* is 4,6%, resistance of micro bacteria to the concrete drug – *Isoniazid* is 21,3%. Resistance of micro bacteria (of patients that have been cured) to *Etambutol* is 30,2% to *Isoniazid* – 58,7%.

Patients that have not been cured earlier make up 9,2% of all patients ill with resistant form of TB, patients that have been cured earlier make up 46,1% of all cases.

TB is conditioned by:

use of alcohol unemployment
drug usage no motivation for curing
Violation of cure regime.

70% of TB patients are workless people that use alcohol, violate cure regime and are source of infection spread.

Social support that was given in 2003-2006 by the governmental TB program prove that it is possible to find out 70% new cases of lungs' TB and cure not less than 85% of all cases. This index was also presented by WHO in Amsterdam

declaration in 2000 as well as in the world-wide plan for stopping TB and preventing the spread of resistant forms of the discussed disease.

GOALS AND OBJECTIVES OF THE PROJECT

The main goal is to decrease morbidity rate, spread of resistant forms of TB and its outcome to the country's inhabitants.

The main tasks:

- Strengthen TB prophylaxis, inform the citizens of the country about epidemiological TB situation as well as the means for protecting against the disease.
- Secure effective diagnosis of TB in microscopic centers, bacteriological laboratories; employ other diagnostic means recommended by WHO.
- Secure directly controlled cure of new, repeatedly diagnosed cases of resistant and DAV tuberculosis in all stages. Expand education of TBC patients as well as doctors regarding the questions of TB prophylaxis and control.

EXPECTED RESULTS

The Lithuanian society will have more knowledge and information about the sources of TB spread how to avoid getting infected with TB. In this way the number of patients infected with TB will decrease.

The quality of diagnosing TB will undoubtedly improve. After the implementation of new bacteriological diagnostic technologies (BACTEC MGIT 960), lungs' TB will be diagnosed and sensitivity of micro bacteria to medicine will be fixed 8 times quicker (from 96 days down to 12,6 days). Earlier diagnosis will help start controlled medical treatment on time. Consequently the quality of live will improve; the duration of treatment will decrease.

Social support for patients getting ambulant treatment will secure motivation to end the treatment. It will also help secure the right, controlled and uninterrupted treatment.

Having cured 85% of patients ill with lungs' TB and having decreased cases of interrupted treatment down to 2%, it will be possible to stop the spread of infection, prevent the Lithuanian society from development and spread of resistant TB forms.

Before 2008 the following results will be achieved:

- Decrease of TB morbidity from 58 cases for 100 000 inhabitants in 2007 down to 53 cases for 100 000 in 2008
 - Decrease mortality rate from not more than 8 cases for 100 000 inhabitants in 2007 down to 7,5 cases in 2008
 - Find out not less than 70% of new TB cases
 - Successfully cure not less than 85% of lungs' TB cases
- Decrease interrupted treatment of newly diagnosed cases down to 3%.

THE PROJECT IS FULLY SPONSORED AND CARRIED OUT BY ROTARY.

District 2360 Coordinators for water, health & hunger joined forces. Proposed a joint project for the whole district. It covers all aspects of water, health & hunger – and a lot more.

From Zone Coordinator Torben F Bech



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The summary report was delivered via the assisting governors. 15 clubs out of 68 that are involved in any H&H projects. And on the “water front” the situation is similar. This is of course a reflection of the difficulties for any club to start and effectively run a project on their own.

Therefore the two District coordinators for water, health & hunger have joined the forces and proposed a joint project for the whole district, a project which covers all aspects of water, health & hunger – and a lot more.

The District will support the development of a so called epicentre in Africa over a five year period resulting in a community of some 10,000 people becoming self sufficient in all aspects.

Epicenter strategy – brief description

The epicenter strategy is a **proven, large-scale, low-cost** methodology for empowering the people of rural communities in Africa to be the authors of their own development, and succeed in meeting all their basic needs on a sustainable basis, including the UN Millennium Development Goals. Through **four well-defined phases**, the strategy brings people from abject poverty to self-reliance in five years. There are currently more than 100 epicenters mobilized.

An epicenter is defined as a cluster of 10 to 15 villages within a 10km radius, with a population of approximately 10,000 people, that come together to meet basic needs.

The centerpiece of the strategy is an L-shaped **epicenter building** that houses the community’s programs for health, education, food security and economic development. The community elects an overall **epicenter committee** and forms subcommittees to manage each program.

- This strategy is **replicable**. It has already been applied and is improving lives in eight countries of East, West and Southern Africa.
- It **empowers women**. Women in Africa are the most important – yet least supported – producers on the Continent. The epicenter strategy places women and their leadership at the center of the development process.
- It is **integrated and holistic**. It achieves synergy among programs in health (including HIV/AIDS prevention), education, adult literacy, nutrition, improved farming and food security, microfinance, water and sanitation, and building community spirit with a momentum of accomplishment involving the entire population.
- It is **economically sustainable**. The primary resources for the strategy come from the local people themselves, and by making existing local government resources more effective. Income generation is built into the strategy from the

start. Within five years, our epicenters require no further financial support from The Hunger Project. They are entirely self-reliant.

- It is **environmentally sustainable**. People at our epicenters learn composting and small-scale, environmentally sound irrigation technologies such as drip irrigation.
- It is based on a fundamentally **different framework of thinking**. Most programs treat local people as “beneficiaries” and, despite the best of intentions, reinforce dependency. The Hunger Project treats local people as the **primary authors and actors for their own development**.

It works. It achieves success on a continent where failure is all too common.

To date, in eight countries across Africa, the Epicenter Strategy has already been successfully replicated in 103 clusters of villages. Such a cluster of villages normally has a population of 10 000 to 15 000 people. Through four distinct phases over approximately five years, it empowers these people to achieve lasting progress towards achieving all eight Millennium Development Goals, which include ending hunger and poverty and access to clean water and health care.

Phase One mobilizes the population in a cluster of villages to overcome resignation and dependency, launch village-level development projects, and take on the challenge of constructing their own epicenter building. This phase takes at least one year.

Phase Two has the cluster of villages successfully build and begin to operate their own L-shaped epicenter building, nurses’ quarters and a multi-seat improved latrine, providing facilities necessary for meeting all basic needs. This phase takes approximately one year. See attached sketch of an epicenter building!

Phase Three trains and supports the epicenter leadership to effectively operate all the epicenter programs, and build up epicenter self-funding and microfinance institutions to the point where the epicenter can fund itself.

Phase Four is self-reliance: the epicenter continues to make social and economic progress through its own financial and leadership resources. The process is complete when the micro credit bank is certificated by the central bank of the country.

The Epicenter Strategy has proven to be economically sustainable: the oldest Hunger Project epicenters have been entirely self-funding for more than a decade.

The total cost for achieving this is USD \$500 000 over a 5 year period.

.....epicentre in Africa over a five year period resulting in a community of some 10,000 people becoming self sufficient

Reporting Revolution

New

Exciting

Quick

Easy

Survey Monkey

All welcome



Images.google.com

[surveymonkey](https://www.surveymonkey.com)

Dear Health and Hunger Resource Group Supporters,

We've been working on an easy and efficient way to collect data about the wonderful Rotary Projects going on around the world.

We're interested in all kinds of projects, large and small, local and international, new and in-progress.

Our survey is concise.

One may enter it multiple times to report on multiple projects.

[but we can only accept data by online entry.](#)

These can serve as your report!

The Health and Hunger Resource Group Coordinators are required to make quarterly reports to enable awareness of the vast array of activities around the Rotary World.

Our Coordinators may fill in the survey form themselves, or they may ask a Rotarian associated with the project to go to this site and fill it in.

[we welcome reports from anyone at any time.](#)

Please CTRL + click here

[surveymonkey](https://www.surveymonkey.com)

To fill in the survey form ... Please feel free to distribute this address broadly

https://www.surveymonkey.com/s.aspx?sm=Kbh3CNFApfvqmSSq6BBKiw_3d_3d

With our best regards,

Heather

Heather Yarker, PDG
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Health and Hunger Resource Group
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Chuck

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p.s. Contact Chuck if you need technical help with this reporting tool.



Your Health and Hunger Resource Group encourages Partnering in every way including forwarding reports of your ideas, experiences and projects so they can be shared with the Rotary World

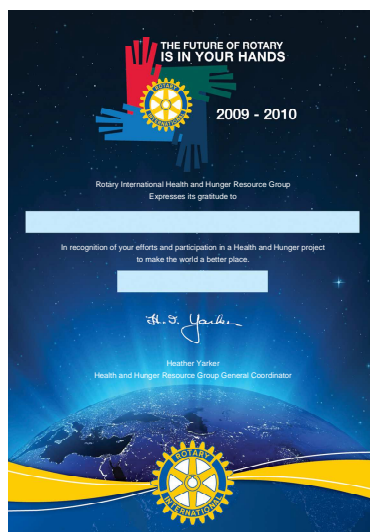


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SHARE SUCCESS

Please share your projects, your dreams or for more information about your Rotary Health and Hunger Resource Group contact your Area, Zone or District Coordinator or District Governor.

Also General Coordinator Heather Yarker yarkerhi@onthenet.com.au or Assistant General Coordinator Chuck Kurtzman c.kurtzman@ourblooddrive.org



AWARD CRITERIA

Participate in any health or hunger projects.

The Health and Hunger Resource Group will recognize your efforts with a certificate if you advise your Health and Hunger District Coordinator or District Governor.

This certificate may be presented to an individual Rotarian, club, district, a friend of Rotary or a Corporation.

Review of Health & Hunger topics

Need a previous copy? Ask Heather yarkerhi@onthenet.com.au



Connect with projects worldwide
www.rotary.org/projectLINK

ProjectLINK

is an on-line, searchable database that lists Rotary club and district service projects in need of funding, volunteers, donated goods, and/or partners for a Rotary Foundation Matching Grant, and completed projects that can be used as examples of best practices. Please submit projects as model project descriptions on ProjectLINK using the attached Model Project Submission Form.

As model projects, they could be valuable assets to clubs and districts seeking inspiration and guidance.

The Model Project Submission Form is also available online, www.rotary.org/RIdocuments/en_pdf/comm_proj_form.pdf.

A Concert to End Polio

It is an exciting time for The Rotary Foundation and Rotary's US\$200 Million Challenge. The Rotary Foundation is teaming up with world-renowned violinist and polio survivor Itzhak Perlman and the New York Philharmonic to present the *Concert to End Polio*, a benefit performance supporting the PolioPlus Fund.

It is an honor that Mr. Perlman and the New York Philharmonic are supporting Rotary in our effort to achieve a polio-free world. Their participation demonstrates the importance of this unprecedented global health initiative.

The Concert to End Polio will be at 7:30 p.m., 2 December 2009, in Avery Fisher Hall at the Lincoln Center for the Performing Arts, New York City. Full details www.rotary.org/endpolioconcert

Mother and newborn. It is life's most basic partnership.

Yet how many of us fully understand the needless tragedy that so many mothers face each day around the world — the loss of a baby due to preventable diseases or lack of basic health care. Birthing kits are our strategy to provide a safe and clean birthing environment.

The Rotary Foundation Mission Statement:

Our vision for the Rotary Foundation – Enabling Rotarians to Advance World Understanding, Goodwill and Peace.

Our mission -- Improving Health, Supporting Education and Alleviating Poverty

Our motto – “Doing Good in the World”



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