



MOB RURAL HEALTH CENTRE

Rural Health Centre
EQUAL OPPORTUNITIES FOR
A SUSTAINABLE FUTURE



Uplifting marginalised communities through healthcare, shelter and livelihood support

The Problem

The Mandya district is predominantly rural, with only 16.03% being urbanised. However, about 17.5% of the district's urban population lives in slums. The rural communities mainly depend on agriculture as a source of income. Among small and landless farmers, suicides are common, due to increasing loans and pressure from private lenders. Poverty, illiteracy, malnutrition and unemployment are other critical issues.

As an NGO dedicated towards uplifting marginalised communities, the problems we are solving are four-fold:

LACK OF LIVELIHOOD OPPORTUNITIES FOR PWDS

There are 36,228 differently-abled persons in the Mandya district, of which 98% depend on their parents for livelihood. There is often frustration on the part of the disabled, as well as, their caregivers on this account. There is also a lack of awareness in the community about PwDs and low inclusion in schools.

LACK OF AWARENESS AND EARLY-INTERVENTION SUPPORT FOR LEPROSY PATIENTS

Lack of awareness and medical intervention in most patients lead to passive detection and manifestation of the disease, which could be avoided. There is a widespread stigma in the community associated with the disease and leprosy patients are ostracised socially and economically. Rehabilitation support is also lacking, preventing most patients from leading independent lives.

OPPRESSION FOR WOMEN

Mandya district has a population of 18.1 lakhs, of which 50% are women with a literacy level of 62%. Literacy levels are especially low amongst women from rural-poor households. This leads to social and economic exclusion, poor participation in local governance and lack of access to government schemes.

LACK OF SUPPORT SYSTEM FOR THE AGED AND DESTITUTE

Due to increasing migration of youth to urban districts, a large number of the aged in Mandya's rural communities are left to fend for themselves with little economic and social support. Amongst the destitute and homeless, hunger, illness, child labour and exploitation are rampant.

Our Approach

MOB RURAL HEALTH CENTRE

Uplifting marginalised communities through healthcare, shelter and livelihood support

Established in 1992 as the social service wing of the 'Daughters of the Church' in India, MOB Rural Health Centre is dedicated to uplifting underserved communities in and around Mandya district. What started as the only NGO in Mandya district working towards leprosy eradication, soon expanded to other areas like healthcare for people living with HIV/AIDS, women empowerment, rehabilitation of people with disability (PwDs) and destitute care. We work towards the holistic socio-economic empowerment of the underserved by promoting equal opportunities and providing all-round support.

Our Solution

Eradication of Leprosy

We identify leprosy patients at risk and ensure their prompt treatment by referring them to various Public Health Centres (PHC) and Public Health Units (PHU). Patients using anaesthetics, who suffer from recurrent ulcers, are given medication and treatment in our centres. We also help spread community awareness about leprosy through street plays, workshops and health talks.

Women Empowerment

To empower rural women, we have formed Mahila Sanghas in Mandya, Srirangapatna and Pandavapura Taluks, which operate under Chilume Women's Federation. They conduct monthly meetings, operate savings bank accounts and receive loans from various financial entities, which are disbursed to women in need of funds. The Sanghas also support the skill development and self-employment of women through training and financial support.

Community-based Rehabilitation

Through the Community-based Rehabilitation (CBR) programme, our objective is to help the differently-abled attain the highest possible standard of health and life. We do this through preventive healthcare, medical support, rehabilitation, inclusive education, and livelihood support. We help enrol children with minor disabilities to normal schools to promote inclusive education. We also strive to integrate PwDs with the mainstream society by raising awareness, facilitating self-help groups and promoting sustainable programmes through PwD organisations at the Taluk and District levels.

Destitute Home

'Care', our shelter for the destitute, was set up to meet the physical, social and psychological needs of destitute people and help them live a life of dignity until their last breath. Comfortable accommodation, nutritious food and care apart, we provide counselling and medical support at our 15-bed centre, supported by five staff including a full-time nurse. We also constantly strive to reunite inmates with their estranged families.

Our Impact

3050 patients from 300 villages treated for leprosy	90 Self Help Groups (SHGs) formed, benefitting over 1500 women	₹1,37,11,000 of bank loans disbursed for SHG members
12252 PwDs identified, of which 11,133 supported through Community-based Rehabilitation programmes	275 SHGs for PwDs, including leprosy patients, formed	1850 disabled school children assisted to get scholarships
64800 rural children benefitted from free eye-screening	4246 PwDs, who never attended formal school, given basic literacy training	40 destitute people supported at the 'Care' destitute home

* Data as of November 2019, based on NGO records.

Our Goals: Projected Outcome and Impact

By 2022, we want to ensure that 3000 PwDs become functionally and economically independent, with 1000 PwD youth provided livelihood opportunities; empower 1,500 underprivileged women to access entitlements, legal services and participate in local governance; and provide shelter, care and a dignified life for many more destitute people. We will also continue to raise awareness about Leprosy, apart from identifying and treating patients at risk of developing complications.

✓ Systemic Impact:

- There is an increased awareness about Leprosy in the Mandya district and due to this, the stigma towards the condition has reduced significantly and those affected feel less ostracised by the society
- The number leprosy patients in the district has come down due to awareness building, early intervention care and access to proper medical treatment
- People with disabilities (PwDs) have access to jobs, thereby becoming financially independent, through skill development, livelihood support and functional training
- The number of homeless and destitute people in the district has reduced through access to shelter and support
- Social and economic exclusion of women has reduced significantly. They are more financially independent and their participation in local governance has increased

✓ Individual Impact:

- Individuals affected by Leprosy have access to early intervention care and proper treatment. Those at the risk of developing wounds and complications receive timely treatment at Ulcer Care Centre. Therefore, they have a better chance of recovering and avoiding further complications or disability
- People with disabilities are functionally and financially independent through skill training and support. They feel more empowered as earning members with sustainable jobs, and are able to support their families

- Marginalised women no longer feel excluded or helpless. They are more aware of their rights, have access to legal support and participate in local governance. They live more independent and empowered lives.
- People who are homeless and lack any kind of family or social support, no longer live off streets or struggle for food and basic needs. They now live a life of dignity at the Shelter, where their basic needs of food, shelter and healthcare are met and they are treated with compassion and care.

Need for Support

We are seeking funding of ₹1.85 crores to cover our operations and expand our reach to more PwDs, marginalised women, Leprosy patients, and destitute people over the next 3 years. Our budget for 2019-20 is ₹55 lakhs.

PROGRAMME STRATEGY AND FUNDING NEEDS							
No.	Program Name	Short Term (1 year)			Long Term (3 year)		
		Program Objective	Fund Requirement	People Requirement	Program Objective	Fund Requirement	People Requirement
1	Empowerment of CwDs/PwDs	To empower 1,000 PwDs to become functionally and economically independent	18 lakhs	4	To empower 3,000 PwDs to become functionally and economically independent	60 lakhs	6
2	Empowerment of women	To empower 500 underprivileged women to access entitlement, legal services and participation with local governance	15 lakhs	4	To empower 1,500 underprivileged women to access entitlement, legal services and participation with local governance	40 lakhs	6
3	Destitute Home and Ulcer Care Centre	<ul style="list-style-type: none"> • To provide shelter and care for the destitute, and help them live with dignity without physical and mental suffering • To identify Leprosy patients at risk of developing wounds and complications and create awareness about Leprosy 	12 lakhs	5	<ul style="list-style-type: none"> • To provide shelter and care for the destitute, and help them live with dignity without physical and mental suffering • To identify Leprosy patients at risk of developing wounds and complications and create awareness about Leprosy 	50 lakhs	7
4	Livelihood of PwDs	To ensure livelihood opportunities for 300 young people with disabilities	10 lakh	3	To ensure livelihood opportunities for 1,000 young people with disabilities	35 lakhs	4

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