

## **MOB Rural Health Centre**

### **Eradicating leprosy and securing the future of the differently abled, marginalised women and the destitute**

#### **The Problem**

A large number of disabled persons in the rural areas are clueless about their livelihood opportunities. People affected with leprosy are often ignorant about early intervention which can prevent them from losing a limb. The underprivileged women are often exploited as they are unaware of their rights to entitlements and livelihood opportunities. The destitutes are unable to live a dignified life. MOB looks the problem in four-fold manner.

#### **Lack of awareness of livelihood opportunities for PwDs**

There are 36,228 differently abled persons in Mandya district, of which 98% depend on their parents for livelihood. There is often frustration on part of the disabled as well as the care givers on this account. The overall society and the schools are unaware on how to handle the PwDs.

#### **Lack of awareness of early intervention for leprosy patients**

People affected with leprosy are not aware of the possibility of early intervention, leading to an advanced stage of the disease. Rehabilitation is possible for some of the patients. Artificial limbs can help the patients to be self-sufficient.

#### **Lack of awareness of entitlement rights for women**

The literacy rate of women from underserved communities is found to be minimal. Mandya district in Karnataka has a population of 18.1 lakh, of which 50% are women with 62% literacy level. There is exploitation, low literacy level, lack of

employment opportunities, lesser participation of women in local governance, little access to government schemes for women.

### **Lack of support system for the destitute**

The aged in the rural areas are often ignored and left to fend for themselves. In India, the aged constitute about 7.5% of the total population. A large portion of the aged lives in villages where poverty is wide spread. Young people seeking employment outside the villages tend to leave the elderly behind unattended.

### **Our Approach**

MOB was established to eradicate leprosy and then expanding the services to include providing skill training for livelihood for **PWDs** and marginalised women; and taking care of the destitute. In order to address the issues faced by the various beneficiaries, we have different approaches to meet the specific requirements.

### **Our Solution**

#### **Eradication of leprosy**

We conducted door to door survey to detect early signs of leprosy. We treated the cases with Multi-Drug Therapy without any deformity. When we took up the programme in 1992, the prevalence rate of leprosy was 8/10,000. By 2002, the prevalence rate was brought down to less than 1/10,000. 123 patients who are having anesthetic feet are provided with Microcellular (MCR) footwear. 35 families of leprosy patients who lived in huts were provided with decent shelters. 26 of these were built in government allotted lands in Srirangapatna Taluk.

At present the newly detected cases of leprosy are referred to various Public Health Centre (PHC) and Public Health Units (PHU) for treatment. Persons with anesthetic feet and hands who get recurrent ulcers are given medication and treatment in our centres.

### **Women Empowerment**

We began to organise Mahila Sanghas in 1999 to empower village women in Mandya, Srirangapatna, and Pandavapura Taluks. These Sanghas have monthly meetings, savings bank accounts and receive loans from various financial entities. The loan amount is distributed according to the need of the women after consultation within the group.

These Mahila Sanghas form different committees (environment, education, economic, social and cultural) in order to function in an organised and systematic way. Every three months the leader of these Sanghas is called for a training programme on saving, account keeping, leadership and other relevant topics.

### **Community Based Rehabilitation**

We conduct a door to door survey to identify persons with disabilities. The persons so identified are referred to different centres for assessment and medical certificates. 3 physiotherapists of the project go from house to house to teach the caretakers to give regular physiotherapy to those in need. Eye screening camps are conducted in all the schools of the target area for detecting signs and symptoms of early blindness.

The disabled are organised into SHGs in order to get financial help from the government and non-government organisations.

## **Destitute Care**

We have a home with medical and counselling facilities for the destitute so that they can live with dignity without physical and mental sufferings.

## **Our Impact**

Data as of November 2019, as per NGO records

- 3,050 persons from 300 villages treated for leprosy
- 66 Self-Help Groups of women formed with a total savings of Rs 53,28,100
- Rs 1,37,11,000 of bank loans disbursed for the Self-Help Groups of women
- 200 PwDs enrolled in Srirangapatna Taluk
- 270 Self-Help Groups for PwDs, including leprosy patients with total savings of Rs 36,71,550
- 1,850 disabled school children assisted to get scholarships
- 64,800 children provided eye screening tests
- 4,246 disabled who never attended formal school provided reading and writing skills
- 36 destitute benefitted from our Destitute Home

## **Our Goals: Projected Outcome and Impact**

By 2022, we want to ensure livelihood opportunities for 300 young people with disabilities every year and empower 1,500 PwDs to become functionally and economically independent. We aim to empower 500 women coming from below poverty families with access to their entitlement, legal services in order to prevent violence and discrimination and ensure their participation in local governance. We plan to provide shelter and care for more number of destitute persons, so that they live in human dignity without physical and mental sufferings. We will continue to identify leprosy patients at risk with development of wounds and complications and create awareness on leprosy, thus avoiding secondary deformity.

### **Systemic Impact:**

- There is an increased awareness about leprosy and HIV/AIDS and people are willing to come forth to take up treatment
- There is increased awareness in Mandya district caregivers, PwDs, their families, and the community at large about how to care for persons with disabilities
- More number of PwDs are confident of earning their own livelihood, thus reducing dependencies on their parents
- More schools are now equipped to handle students with disabilities which creates a comfortable environment for PwDs
- More marginalised women and PwDs are now aware of their legal rights and access to amenities

### **Individual Impact:**

- People suffering from leprosy are now treated at the early stage of the disease so as to avoid deformity. They have access to medical facilities and have opportunities to be rehabilitated in the society.
- Differently abled persons are now having access to more livelihood opportunities. They are less dependent on their parents for their livelihood and are rehabilitated in the society.
- Marginalised women are able to become economically independent through formation of Self-Help Groups. They are participating in the local governance and are helping other women also to become financially independent. They are able to access legal assistance and are aware of their legal rights.
- Destitutes are assured of leading a life with dignity.

### **Need for Support**

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

<b>Programme Strategy and Funding Needs</b>							
<b>Sl No</b>	<b>Programme Name</b>	<b>Short Term (1 year)</b>			<b>Long Term (3 years)</b>		
		<b>Programme Objective</b>	<b>Fund Needed (INR lakhs)</b>	<b>People Needed</b>	<b>Programme Objective</b>	<b>Fund Needed (INR lakhs)</b>	<b>People Needed</b>
1	Empowerment of CwDs/PwDs	To empower 1,000 PwDs to become functionally and economically independent	18	4	To empower 3,000 PwDs to become functionally and economically independent	60	6
2	Empowerment of women	To empower 500 underprivileged women to access entitlement, legal services and participation with local governance	15	4	To empower 1,500 underprivileged women to access entitlement, legal services and participation with local governance	40	6
3	Destitute Home and Ulcer Care	<ul style="list-style-type: none"> <li>To shelter and care for the destitute, so that they live in human dignity</li> </ul>	12	5	<ul style="list-style-type: none"> <li>To shelter and care for the destitute, so that they live in human dignity without physical</li> </ul>	50	7

	Centre	without physical and mental sufferings <ul style="list-style-type: none"> <li>To identify patients at risk with development of wounds and complications and to create awareness on leprosy</li> </ul>			and mental sufferings <ul style="list-style-type: none"> <li>To identify patients at risk with development of wounds and complications and to create awareness on leprosy</li> </ul>		
4	Livelihood of PwDs	To ensure livelihood opportunity for 300 young people with disabilities	10	3	To ensure livelihood opportunity for 1,000 young people with disabilities	35	4

Logo

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