

Project Summary (November 12, 2011)
RMKM – CBR (Lead: Murali Narasimhan)

1. How long have we funded this project and what is the total amount funded so far?
2007-2011: \$49k
2. What is Asha's portion in the entire organization budget (ball park figure)
% of project funding: 20-50%
% of org funding: unknown (<5%)
3. What is the bottom line problem that this project is aiming to solve?
~3% of children in India have mental disabilities of some kind. Lack of awareness, societal stigmas and lack of support makes these children very vulnerable to abuse and exploitation. The issues that need addressing:
 - a. Prevention strategies (pre-natal, neo-natal, ongoing)
 - b. Awareness
 - c. Ongoing support and therapy for MR children
 - d. Rehabilitation of MR children
 - e. Integration of MR children into mainstream
 - f. Tie-in support from government schemes
4. What has been the significant quantifiable improvement that we have seen in the project over the years (eg. Increase in attendance, increase in self-sufficiency, improved community involvement etc.)
children: from 0 (in 2002) to 100 (in 2003) to 330 (in 2010).
effect on child: the continued program has allowed RMKM to work with the same child for several years showing remarkable progress. Several youths have been employed, and many more are adjusted to society.
effect on community: the community trusts RMKM. Ajmer is a very conservative district, but attitudes are more receptive. In our visits, we have come across many relieved parents who credit RMKM for a turnaround in their child's fortunes and their own attitudes. RMKM has been able to recruit new children every year through awareness fairs and referrals, implying that they have been successful in reaching out to the wider community through their awareness programs and literature.
5. What is the project's long term strategy – Do they plan to increase their activity significantly (No. of centres, No of schools, no of beneficiaries etc)
The project has 2 components: inclusive school in Ajmer, and a CBR program. The inclusive school is unlikely to scale up beyond it's current numbers of 120 children. The CBR program in Ajmer has 2 parts: rural and urban. A trained worker can cater up to ~80 children in the urban CBR while the rural program supports about ~25 per worker. Apart from Ajmer, RMKM has a long-running CBR program in Beawar entirely supported by Tata Trust.

Future plans:

- (a) Organic expansion in the Ajmer program.
- (b) RMKM has identified 400+ kids in Pushkar that need intervention. That is the immediate

growth plan.

(c) There are ~60k such children in the district, and RMKM is currently the only such organization working in the focus area.

6. Is this model replicable?

Yes. RMKM has successfully replicated their programs in Ajmer and Beawar and potentially in Pushkar. The necessary ingredients: (a) Trained workers and therapists, (b) A support structure with vocational training and job placement, (c) organization credibility in local community.

7. Is this model scalable?

Only to an extent, the CBR program is scalable. Once the support structure is in place, additional CBR workers can take on additional children. Since the CBR program involves traveling to the homes and communities of the children, the urban CBR scales up much easier than the rural CBR. RMKM is yet to solve the issue of the relatively low number of children served by the rural workers.

8. What would be the impact if Asha cannot continue its funding?

Currently, Asha satisfies about 20% of the project requirements. This funding is absolutely crucial to the ongoing success of the program.

9. What is the best exit-strategy for Asha?

RMKM has had difficulty with raising funds locally (Ajmer). Finding competent social workers who can apply for foundation grants has proved difficult with funding constraints. They need more expertise in outreach to other groups and foundations. Asha should help RMKM find these workers or relationships.

10. Is this project solving the root cause of the problem or finding a temporary fix for the problem?

RMKM is addressing the root cause of the problem. However, resource constraints dictate that this is not the ultimate solution for the problem. The care given to these children is absolutely crucial, but not adequate.

The quality vs quantity dilemma applies here. Another aspect probably worth looking into is policy advocacy: getting the government to be more cognizant of MR issues and the rights of these children. Ultimately, a permanent solution must have a good government program that acts as a base upon which organizations like RMKM can improve the lives of these children.

11. Do you know of a government program that can actually fix this problem?

No.

12. Does this project have any corpus fund?

Minimal.

13. How much money for this project is coming from the local community?

~5%. Some of the parents who are well off pay for their child's expenses and also support 1 or 2 more children. This is entirely voluntary, however.