

CARE PROJECT FOR THE DISABLED AND DEPRIVED



[DEVELOPMENT FORUM](#)

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Dependency is the major/basic handicap associated with disability.

DEVELOPMENT FORUM intends to address this factor of dependency and inculcate the spirit of independence in the disabled. The means to be adopted for removing this factor of dependency, as DEVELOPMENT FORUM understands is:

1. Imparting life surviving skills to the disabled.
2. Enabling the disabled with supporting equipments to make them independent.

DEVELOPMENT FORUM, through above means intends to target around 1000 persons in the initial stage.

The disability prevalence rates among different age groups have indicated both positive and negative aspects. While the prevalence rates have shown declining trends both for rural and urban areas, up to the age group of 14 years in 2012 as compared to 1991, but on the other hand the prevalence rates for the age groups of 15-44 years have registered increase both for rural and urban areas in 2012 as compared to 1991. The causes for the increasing trends in the prevalence rates among the age groups of 15-44 years, needs to be looking into, in order to prevent increasing trends in prevalence rates among the most productive age groups. The prevalence rates have decreased sharply for the age groups of above 60 years, both in rural and urban areas in 2012 as compared to 1991, indicating improved healthcare support for population above 60 years. The analysis of the age wise prevalence rates depicts, healthcare measures and other protective measures through community awareness in the early age groups and older age groups have prevented disabilities. But increasing prevalence rates in the working age groups indicate effects of industrialization and transport sector without appropriate safety measures in place. Mechanization, transport development, haphazard industrialization growth and environmental degradation have made workers exposed to accidents and other disabilities. Hence protective measures need to be devised to safeguard exposure to disabilities in the fast development scenario.

This proposed project is needed for the targeted communities as they are deprived and poorest of the poor. The targeted communities are socially backward and economically deprived and educationally underprivileged.



NEED OF THE PROJECT

The proposed project is a need of the targeted areas. These poor and needy people are deprived in their socio-economic and community life. They need some kind of external support and assistance to make their life self-supportive.

Skill

An important factor contributing to continued unemployment at very low levels of productivity as well as incomes in the country is the absence of productive skills as demanded by the market and the ability to update the existing skills in tune with changing needs. The situation is graver in case of educated in general and rural educated poor in particular. The informal system of skill development and up-gradation has to be established to facilitate the rural poor for sustainable productive employment and or self-employment. There is a need to tap opportunities and talents at local level and match them with a strong supportive system. The modern economic growth is driven by skills and knowledge that in turn promotes social development. Skilled human potential makes economy more productive, innovative and competitive. The level of employment and its quality pay a crucial role in the development process.

OBJECTIVES OF THE PROJECT

1. To address the health issues of local residence in Ankola Taluk of Uttar-Kannada dist. in Karnataka through institutionalized health care
2. To provide appropriate artificial limbs assistance to disabled individuals to increase their sustainability in life
3. To create employment oriented skills among women and youth to make their life self-reliant
4. To meet the needs of deprived people by taking care of their basic needs such as food and clothing
5. To address the eye-related health issues of the targeted community



IMPLEMENTATION PLAN

S.No	Activity Details	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug
1.	Artificial Limbs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Calipers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Crutches	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Tri-Cycles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Wheel Chairs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Walking Supporters (Ortho shoes)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Eye-Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Eye Screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Cataract Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Spectacles Distributed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	General Health Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Sewing Machines Distribution	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13.	Tailoring & Embroidery Training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

All the above mentioned activities would be carried out by the Trust as per the programme schedule given above. The above given activities will be carried out by the Trust continually as it was doing earlier.



MONITORING, REPORTING AND EVALUATION

The overall monitoring and evaluation of the project activities would be done by Board of Trustees however, the project staff would take care of the day-to-day monitoring, reporting of performance and project evaluation, in a concurrent manner. Reporting of activities would be done in narrative report format with actual facts and figures.

During the monthly staff review meeting the monthly evaluation of project would be done. Overall evaluation of the project would be done at the end of the year.

EXPECTED OUTCOMES / RESULTS WITH IN ONE YEAR

The following outcomes are expected for the overall project period, for one year:

- Artificial Limbs (Below Knee-HDPE) for 50 Disabled
- Calipers Unilateral for 50 Disabled
- Calipers Bilateral for 50 Disabled
- Crutches for 50 Disabled
- Tri-Cycles for 10 Disabled
- Wheel Chairs for 50 Disabled
- Walking Supporters (Ortho shoes) for 50 Disabled
- Eye Medicine for 100 Persons
- Cataract Operations for 50 poor and needy
- Spectacles Distribution (Single focus) 200 Persons
- Spectacles Distribution (Bi-focus) 150 Persons
- General Health Clinic 5000 Persons
- Sewing Machines Distribution for
- Tailoring & Embroidery Training for 50 women

SUSTAINABILITY

The sustainability part of the project is viable as the Trust has been doing related activities in a minor scale manner with the local contribution and sponsorship. The project would be



sustained after the project period by raising long-term local supporter and donors, and other fundraising activities.

BUDGET FOR THE WHOLE PROJECT PERIOD

S.NO.	PARTICULARS	CALCULATION	IN RUPEES
1	Artificial Limbs (Below Knee-HDPE)	Rs.2500 x 50 Disabled x 1 Year	1,25,000
2	Calipers Unilateral	Rs.1100 x 50 Disabled x 1 Year	55,000
3	Calipers Bilateral	Rs.1875 x 50 Disabled x 1 Year	93,750
4	Crutches	Rs.750 x 50 Disabled x 1 Year	37,500
5	Tri-Cycles	Rs.5000 x 10 Disabled x 1 Year	50,000
6	Wheel Chairs	Rs.2650 x 50 Disabled x 1 Year	1,32,500
7	Walking Supporters (Ortho shoes)	Rs.600 x 50 Disabled x 1 Year	30,000
8	Eye-Clinic salary (1 Doctor, 2 Assistants & Maintenance of the activity)	Rs.20000 x 12 Months x 1 Year	2,40,000
9	Eye Medicine	Rs.100 x 100 Persons x 12 Months	1,20,000
10	Cataract Operations	Rs.2500 x 50 Persons x 1 Year	1,25,000
11	Spectacles Distribution (Single focus)	Rs.280 x 200 Persons x 1 Year	56,000
12	Spectacles Distribution (Bi-focus)	Rs.350 x 150 Persons x 1 Year	52,500
13	General Health Clinic	Rs.30 x 5000 Persons x 1 Year	1,50,000
14	Sewing Machines Distribution	Rs.4250 x 25 Women x 1 Year	1,06,250
15.	Tailoring & Embroidery Training	Rs.500 x 50 Women x 12 months	3,00,000
GRAND TOTAL			16,73,500