

WOMEN

IN NEED

Our story begins in
Dattapur - India's first
leprosy colony in Wardha,
Maharashtra

(Image is of Mahatma Gandhi in
Dattapur nursing friend and
Sanskrit scholar Dattatre Pachure
Shastri)



Usha Patil and Leah met at Maharogi Sewa Samiti, Dattapur in 1995

Usha was an inspiration to Leah. From the age of 8 until 18, she stayed at Dattapur whilst being treated for leprosy. Suffering from uncontrolled bouts of type 2 lepra reaction Dr K V Desikan (Leprologist and WHO consultant) was called in to treat her.

In the mid 1990's leprosy colonies were no longer required. Indeed, their continued functioning beyond accommodating elderly, cured cases perpetuated a misconception that anyone with leprosy required isolation whilst being treated.

Usha witnessed young women with the early symptoms of the disease abandoned by their families at Dattapur. At a time when leprosy treatment was free, effective and the disease easily curable, it seemed to her an injustice that such women were denied access to their children and expected to remain at the colony.

In 1997 Leah also caught leprosy which further connected her to the cause and to Dr Desikan who supervised treatment and helped them with their plans to set up an organization in support of women with leprosy.

Both took leprosy paramedical training at the Gandhi Memorial Leprosy Foundation



Inspiration and guidance behind WIN

At the time of establishing their work, Leah and Usha were supported and guided by the late Dr Sushila Nayyar – Former Health Minister, personal physician of Mahatma Gandhi and the sister of his personal secretary Pyarelal Nayyar. Dr Nayyar was based a few miles from Dattapur in Sevegram where Leah and Usha would visit her.

Leprosy WHO consultant Dr K V Desikan and his wife Mrs Kamala Desikan were close friends of Dr Nayyar's and they too helped Leah and Usha in the very early years of the charity's work.

Dr Desikan recently passed away in November 2022. As a medical student he caught leprosy and was forced to abandon his studies due to the stigma at the time. Under the influence of eminent leprologist Dr R G Cochrane he continued his medical training and later became the recipient of the prestigious Damian Dutton award, which his mentor Dr Cochrane was also awarded.

Dr Desikan's wife Kamalabai was an inspirational woman. At the age of 13 she left home in the south of India to join Mahatma Gandhi at his ashram in Sevegram. Befriended by Dr Sushila Nayyar she studied nursing and became an advocate for women's rights.



◆ In 1964, the Kasturba Gandhi National Memorial Trust started Auxiliary Nurse Midwifery (ANM) training in the same hospital. Vasanti Behen (Miss Barbara Hartland), a trained nurse from London was entrusted with the responsibility of training the ANMs.

◆ The first batch of students was admitted in 1964. Late Mrs. Kamala Desikan, former Secretary of Kasturba Health Society, was amongst them.



In 2000 WIN began work in support of women with leprosy under the guidance of Dr K V Desikan.

Through survey, education and treatment in Nagpur's low-income communities Leah and Usha encountered a variety of issues relating to women with leprosy, highlighting the need for support beyond cure. Most lived in isolation and extreme poverty resulting in disease, mental health issues, neglect and even abuse from family members and the community.

WIN provided:

Improved Housing

Health Care

Socio Economic Support

Counselling & Companionship

Legal Advice






During the first 3 years of operation, Leah and Usha were inundated with requests for help from women with other needs – such as HIV, cancer, mental illness, as well as victims of abuse.

All such women faced a similar future to those with leprosy – abandonment from family, friends and the community, extreme poverty and in some cases, a premature death

In 2003 WIN extended it's remit beyond women with leprosy, enabling the charity to help all women with any need

That need would sometimes present itself as harrowing examples of disease, abuse and neglect.



When these women's relatives failed to pay for treatment, so hospital staff removed them onto the streets





Suffering from tuberculosis, 35 year old Sumitra was abandoned by her family and left to die



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In Action

Preventative health care and screening

The majority of women we serve work long, hard hours 6 days a week. They can neither afford the time off work or indeed the cost of travel to see a doctor unless and until health issues prevent them from working or functioning in the home.

In over 20 years of operating in the poorest communities of Nagpur and Wardha districts our experience is that most women unable to work or perform their duties in the home are abandoned or abused by their family.

WIN rescues such women but is actively engaged in helping to prevent women from developing serious, life limiting or life changing diseases through early intervention

Free Primary Health Care



WIN takes health care into the heart of the poorest communities.

Most women in these areas are labourers and domestic workers who cannot afford time off work to visit a doctor, or the cost of travel to an inner-city clinic.





Thousands of women a year are accessing free health care through WIN. Our programs are growing in scale & variety, from eye care, dental care, cancer screening, leprosy detection & mental health treatment



WIN collaborates with medical specialists from the government and private health sectors.

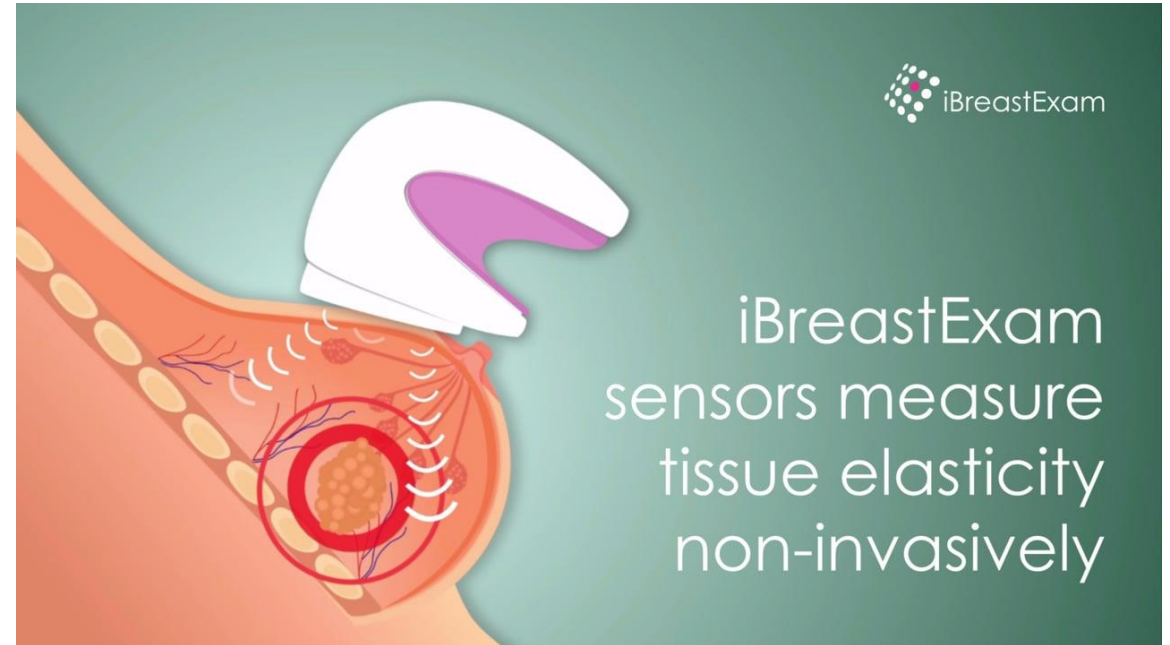




Presenta:
 iBreastExam



Número de autorización: 2723E2017



It is reported that 458,000 women in India die every year from breast cancer and these figures are growing with much younger women being diagnosed. WIN screens 2000 women a year for breast cancer using the iBreastExam, a hand held device which enables us to take breast screening into the women's homes avoiding costly mammograms and saving time too



WOMEN IN NEED

Detecting breast cancer through early detection



Donated by
Military and Hospitalier Ord
Grand Commande

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For many women breast exams are embarrassing.

WIN offers safe and discrete examinations in their homes



Addressing the cost and shortage of blood

Women with HIV, sickle cell anaemia, fighting cancer or those requiring surgery often approach WIN for help with the cost of blood transfusions.

With many blood banks in Nagpur running low on supplies WIN joins forces with a network of groups in the city to organise blood donation programs.



Supporting women with Chronic Kidney Disease CKD



The Problem The exact burden of CKD and End Stage Chronic Kidney Disease (ESCKD) in India is undefined, yet it is a huge public health problem. CKD along with other non-communicable diseases has been neglected due to the challenges of communicable diseases and infant mortality. WIN is often approached by women in need of assistance with costly treatment and dialysis and it has become increasingly more apparent that women with CKD is on the rise.

The cause Poverty, poor sanitation, pollutants, nephrotoxins such as heavy metals present in vegetables and indigenous remedies are contributing factors. Diseases such as diabetes and sickle cell anaemia also lead to kidney failure. A lack of awareness and timely screening prevents early intervention.

The Solution WIN's support for women with CKD has saved lives. The charity pays for specialist advice, dialysis and treatment as well as assisting patients with registering on a donor waiting list. In 2022 WIN would like to introduce a CKD screening program to address the lack of early detection.

Screening The Glomerular Filtration Rate GFR test is a blood test that detects early-stage kidney disease when it is most treatable.

Cost £3 We can prevent hundreds of women developing CKD

Raising awareness & dispelling myths
through campaigns

International leprosy day



World cancer day



World AIDS day

Each December 1st WIN hosts a memorial service for those we knew who died from AIDS.

This year a small group of young adults were invited to light candles in remembrance of their mothers



Combating isolation and loneliness through social events

Learning to laugh again

Women from WIN's shelter enjoying a day trip out.

All suffer from mental health problems including PTSD following abuses at home and on the streets.





Happy Holi! — some of our women haven't enjoyed India's many festivals for years



Diwali treats for HIV+ children

Time for a selfie!





Empowering women through vocational
training and small businesses

Volunteers teaching sewing and tailoring



Equipment donated by Rotary



office no
0712 27 76671
Mumbai
700006
संकेत नं. → 3117708374
आमंत्र → 9665417166
द्वारा नं. → 735524326
द्वारा संपर्क → 8390305738
द्वारा संपर्क → 8421703157
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द्वारा संपर्क → 9637016584
द्वारा संपर्क → 941210085/259543081
संकेत नं. → 93704634

Free sewing lessons



Learning Lucknow shadow embroidery



Samina makes
a living using
the sewing
machines
donated by
WIN



Supporting the vulnerable through COVID 19

In April 2021 the
British Medical
Journal reported
40,000 people
were dying every
day from COVID
in India



Chaos and crime at the height of the pandemic

- Criminals capitalised on the coronavirus crisis selling fake and sometimes non-existent medical supplies to countless desperate people across India.
 - Nationwide shortages of drugs and oxygen amid soaring Covid-19 case rates fueled a black-market boom as sellers preyed on the desperation and grief of families.
 - Some paid for oxygen cylinders that were actually fire extinguishes
- The poor couldn't afford wood for cremation and were forced to abandon their dead



COVID emergency food program

In Nagpur food supplies began running short due to wealthier family's bulk buying for lockdown.

In the city's poorest areas families couldn't access food as they were daily wage earners with little to no savings.

WIN started providing cooked meals and dry grain supplies to where the need was greatest.





Covid-19 Emergency Food Program

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Start 



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0712-776691

IN NEED Reg. Charity # 1114667 UK

Covid-19 Emergency Food Program

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Start
Empowering Women in India



PLANCE

MH-31 · CQ · 8675







LAN

MH-31





COVID-19 Emergency Food Program

WOMEN

IN NEED

Start



FOREVER

At the height of the pandemic WIN's dedicated team travelled across Nagpur to provide vital supplies of food and medicine to the vulnerable



GOPAL
ELAICHI
RUSK

COV
ELI
PA

Parle-G
20g Extra

Parle-G
20g Extra

FREE
GOPI

Parle-G
20g Extra

SOON
SOON
SOON

FREE
GOPI



COVID Vaccine Program

WIN transported and paid health workers from government vaccination centers to distribute the covid vaccine in communities on the peripheries of the city





Meet some of the women we've
helped over the years



Sharada had been living on the streets for 2 years until we rescued her. Following 18 months in our care we achieved great improvements in her health and were eventually able to trace her family. The best moment was seeing her reunited with her son.



Kishnakumari is from a village near Nepal but was found 1000 km away from home malnourished and traumatized. WIN's tried and tested rehabilitation program consists of psychiatric treatment, counselling and patience under the guidance of a dedicated team of specialists. It takes on average 2 years to achieve lasting improvements in the women's' psychological and physiological health. It also takes a long time to trace their families – but the wait is always worth the positive outcome of an emotional reunion.

Kishnakumari was eventually reunited with her son



Mamta comes from Madhya Pradesh but was discovered by WIN on the streets of Nagpur. Following the birth of her son she developed PND leading to her abusive husband forcing her out of the matrimonial home. Whilst living on the streets Mamta was subjected to sexual violence causing a further deterioration in her mental health.

Treatment, care and patience produced incredible results, and after tracing her family, Mamta was able to return home to live with her son and parents.

When Vidhya received the news that she had breast cancer she decided to end her life.

Having witnessed her mother die at home, without medical support from the same disease, she knew she couldn't face the same journey.

WIN has helped Vidhya through the worst times and today following financial help with treatment and living costs she is cancer free.



Rani was struggling with poor health and the complex needs of a disabled child – all against the backdrop of extreme poverty.

Today with our continued help Rani is doing well and sees a brighter future ahead



17 yr old Chetan was first brought to WIN by his mother Ranjeeta as a sick child that wasn't responding well to ART's.

Fast forward and today following 13 years of guidance and support from the charity, Chetan is soon to embark on a degree in IT sponsored by WIN



HIV+ Pragati was suicidal when we met her. Repeated and sustained abuse from her relatives, the community and at college, drove her to the point of planning how to end her life.

As a result of her poor mental health Paragati's CD4 count dropped to a dangerous point, requiring hospitalization.

Today Pragati is well and being sponsored for a degree in Commerce

Her goal is to give her mother and brother a better life



Chetna was living on the streets in the village of Paunar having been thrown out of the matrimonial home when she developed PND. Like most of the women rescued by WIN, Chetna had been subjected to repeated sexual violence.

Fortunately, over the course of 2 years in WIN's care, she made a full recovery, and we were able to find her a job as a carer in Nagpur



Savita was diagnosed with cancer of the cervix. Unable to afford the treatment she was resigned to dying from the disease.

A social worker at the government hospital directed her to WIN and due to support with medical expenses, transport, diet and counselling she is now cancer free.



WIN financed Ankita
treatment for NHL
cancer

Today she is cancer
free and wishes to
resume further
education



17 yr old Diksha was seriously ill with TB, exacerbated by poor diet and depression. Having lost her parents to AIDS she struggled to live alone and was unable to work due to her deteriorating health

Support with treatment, food and counselling resulted in Diksha making a full recovery. She currently in full time employment.



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