**MAHLA Program Guiding Document**

MAHLA (Mothers Access Health, Livelihoods and Advocacy) is an **evolving** **project** and **replicable** **program** **model** that is designed to meet the immediate needs of mothers\*[[1]](#footnote-1)of children with disabilities in poverty and work together with them to develop their capacity for resilience and long-term family wellbeing.

It is our ambitious goal to become the **world leading expert** on developing comprehensive programs for mothers of children with disabilities in poverty that successfully bring women together to access essential care for themselves and their children, create safe spaces in which to express themselves and receive support, and develop their own approaches to earning sustainable livelihoods for their families.

MAHLA is designed for use in low-income urban communities in southern India.

MAHLA is based on several evidenced good-practice approaches:

* Financial models: mothers form ‘self help groups’, micro-enterprise groups
* Support group models: mothers form groups to share their experiences and offer each other support, sometimes joining voices to advocate for their needs
* Educational models: mothers of children with specific disabilities meet together to learn about their children’s specific disability norms and needs

More importantly, MAHLA is based on years of ongoing consultations with mothers of children with disabilities in poverty. Mothers consistently outline their needs and their ideas for solutions to those needs. These can be formed into four broad categories: **need for education** (their child’s diagnosis, care, understanding and managing behaviors), **need for money** to offset the increased financial burden of specialized care (medicines, rehabilitative therapy, specialized education, private transportation when public transportation is not accessible), **need for social support** (they are very often isolated in stigmatizing communities, and as a result frequently depressed and anxious), and **need for community** **inclusion** (family members and neighbors isolate them or their child).

Basic tenets of the MAHLA program:

* Psychosocial support and mental health
* Maternal and child physical health
* Parenting and child protection
* Health and hygiene for family wellbeing
* Livelihoods and sustainable income
* Community inclusion

The MAHLA program is a “gently intensive” program that runs for one year. Typically it is based in or working closely with a community service provider such as a special education school or rehabilitation center. Mothers commit to learning in areas of health and wellness, practicing what they learn, being open to giving and receiving support, and focusing on developing a marketable skill to support a small enterprise (group or individual) after they graduate from MAHLA.

Currently, the MAHLA program is relevant for mothers of children of all ages, with all kinds of disabilities. However the current design is primarily based on the experience of mothers with children ages 7-18 who have developmental disabilities (cerebral palsy, autism, etc.)

**Resources needed to implement MAHLA:**

* Partnership: a like-minded and well-established community service provider (e.g. special education school, rehabilitation center) with dedicated staff and a good reputation in the community
* Direct human resources: executive director, program manager, 1-2 facilitators, psychiatrist (consultant), occupational therapist (consultant), trainers for various marketable skills (consultants)
* Center to host activities (dedicated or borrowed space)
* Equipment for job training (e.g. sewing machines, scrap fabric, jewelry materials, beautician supplies)
* MAHLA Program Training Manual

**MAHLA Program Training Manual**

The MAHLA Manual is a training curriculum and program guide that accompanies the 12 months of MAHLA. A comprehensive education curriculum (parenting, disability and rehabilitation, sibling needs, personal health and hygiene, small enterprise management) is delivered in 1-2 hour sessions, once per week, in two parts:

* Part 1 of the curriculum: parenting and support
* 12 weeks of job training
* Part 2 of the curriculum: health, hygiene, and small enterprise planning

The MAHLA program also includes family days and outings as an essential program element, to allow families to relax and enjoy each other in a safe environment removed from their usual stress and tensions.

*We would like to inspire other working in other areas of development to always consider who might be the most marginalized in their program areas, and to find fresh, creative, and comprehensive approaches to include them.*

1. \*Because the primary burden of care often falls to the mother, the primary focus of support in MAHLA is on the mother; however we acknowledge the importance of fathers always and include fathers and siblings in several program areas. [↑](#footnote-ref-1)