

## **Social Capital: Can an External NGO do Good in India? A Case Study of Caring for Victims of Disease**

**Dr. Warner Woodworth**  
*Marriott School of Business  
Brigham Young University  
Provo, Utah 84602 USA*

---

**Abstract:** This paper explores in depth the processes and outcomes of an American-based organization seeking to generate positive social impacts in India. Rising Star Outreach (RSO) in India, a U.S. NGO founded in Atlanta, Georgia, that seeks to reduce the suffering of leper communities in Tamil Nadu, as well as provide education and other services to the children in leper families. As a facilitator of this non-profit firm, the author has been involved by serving as an informal advisor over the years. This study draws on interviews, annual reports, group discussions, and direct observation at RSO meetings. After analyzing the entrepreneurial start-up of this organization and assessment of public policy features, a brief critique of pluses and minuses will follow, along with suggestions for future management and social policy.

**Keywords:** India, NGO, Social Capital, Leprosy

---

Date of Submission: 13-02-2022

Date of Acceptance: 28-02-2022

---

### **I. Introduction:**

India is in some ways a giant repository of foreign practices using outside capital to improve life among the Indian poor. It may not be the proverbial guinea pig for lab experiments, but it has certainly become a site for social research and betterment practices. Well-intentioned efforts by thousands of NGOs have been made over many years to try and impact native peoples for good, especially the rural and urban poor. But public policy has at times made such efforts difficult due to government regulations, as well as such problems as foreign “do-gooder” mind-sets and inappropriate cultural understanding.

This paper seeks to elucidate the difficulties of external intervention by using a case the author has been intimately involved with as a management advisor. In contrast to assumptions many people, even experts, believe which is that doing such work is a matter of financial capital, I suggest that Social Capital is also critical. Perhaps more so. By that I mean the human connections that lead to problem solving, cooperation, mutual understanding, and related phenomena (Coleman, 1988; Fukuyama, 2001; Putnam, 2006). In the case of NGOs and international development, social capital helps to build trust, reciprocity, and agreed-upon norms for joint action. Money alone is not sufficient, as seen from the trillions of dollars governments and aid organizations have poured into projects that have often failed.

We seek to describe the highlights, motivations and systems used in building Rising Star Outreach, and report on various challenges in rolling out its programs. These will include barriers to entering the nation of India, difficulties in design and implementation, and mixed outcomes. Hopefully, this case will shed light on future such programs by foreign organizations so that the people of India, especially those marginalized due to disease, poverty and other dimensions of human suffering, may enjoy greater benefits in the future.

*Rising Star Outreach Leper Relief:* Rising Star Outreach (RSO, 2021) may just be one of those accidents of history, in which involved parties come into contact and make history without really intending to. The founder of the NGO, Becky Douglas, an American woman from Atlanta, Georgia, only became interested in helping leper colonies in the Indian state of Tamil Nadu, during a coincidental visit to India. After being personally exposed to the suffering of leprosy affected street beggars, she returned home a changed woman, and dedicated her life to organizing all the resources she could marshal in order to alleviate their dire plight. In other words, she became a social entrepreneur laboring to build both economic resources and social capital to improve the region. The value of the economic, medical and educational services RSO offers the leper colonies is significant. Beginning in 2001, but dramatically expanding in 2004, RSO has three main objectives: a) Reduce suffering from leprosy, b) Empower victims to move toward self-sufficiency, and c) Help children of India’s leper colonies become healthy, productive citizens of their country, India.

India has attacked the problems of leprosy for many decades, but it continues to cause much suffering. In recent years the governments NLEP Final Push strategy of ‘detect and treat,’ rates of disability and deformity among the newly infected has fallen to a miniscule 2 percent of cases; and its other non-quantitative goals of increasing awareness and reducing stigma are generally assumed to have been achieved by project coordinators. Subsequent analysis of impacted communities supports reduced incidence of measurable social stigma, but only in locations where treatment has been sufficiently integrated into existing health care systems (Arole, 2011). Rising Star operates primarily in the Indian state known as Tamil Nadu where poverty rages, and there are multiple types of disease.

When cases of leprosy are public knowledge, the assumptions that the victim is “cursed by God” arise quickly. Life for those afflicted becomes increasingly difficult. Often there are family breakdowns, divorce, loss of employment, reduced friendships, and diminished community influence, all compounded by the physical suffering from the disease itself. All these matters are compounded by being shunned, and often being forced into government colonies to “protect” the surrounding society.

In spite of government prohibitions supposedly protecting lepers in recent years, there is still much fear and hate. Hindu religious and Tamil cultural traditions relating to leprosy infection continue to equate those suffering from it with being cursed. This stance is not at all unique to the region, as evidenced by centuries of harsh treatment. Infected people throughout greater India have been customarily shunned and outcast from their homes, clans, villages and cities. Sufferers were once corralled into certain areas outside of city limits, but over time the government allowed for the formation of leper colonies, which remained geographically isolated and distanced from old city centers. Recent urban growth has resulted in the expansion of city boundaries, the inevitable encompassing of these segregated colonies, and their incorporation into a greater cityscape.

*Leper Colonies:* The quality of life for those residing in leper colonies still falls short of local averages, which are routinely some of the lowest in the country. The persistent absence of local and regional government involvement has only further exacerbated the dire infrastructure, health and social problems. Those affected continue to be publicly feared and openly discriminated against, as evidenced by the public’s negligent withholding of employment, health care, education and adequate clean water and sanitation. The failure to provision these essentials basic to their human rights relegates leprosy sufferers to lives of extreme poverty and humiliation. Most are perpetually sick, many are either homeless, and all are jobless; and as a consequence they find themselves obliged to resort to street begging in order to generate even a sub-meager income with which to provide for survival.

Many lepers enter the colonies as younger single adults, and over time they tend to partner up with other individuals in the community who finds themselves in the same situation, and thus form families in the midst of the squalor of the colonies. Offspring are born into a most ill-fated situation, being free of disease, but because of familial proximity, they suffer the social brunt as if they themselves had leprosy. The unfortunate coinciding of push/pull factors (the lack of primary education in the colonies *and* the ability of young children to garner ever-increased wages while street-begging in the city) impacts children especially hard, whose parents primarily see them, while in their formative years, as capital generating devices that must be exploited as early and often as possible.

*Purpose:* The situation has remained pretty much unchanged for generations and has continued down to the present. Who can place a finger on why? Maybe it was inadequate public policies. Perhaps it has been scientific ignorance, technological inability, infrastructural malice, the inability of leprosy-affected people themselves, or their families. The simple fact has been that no one addressing the basic human rights, needs and wants of those living in the leper colonies.

*Transformation.* The problems of securing financial and social capital for aiding the sick and diseased of India have always been enormous. At the time she launched RSO, Douglas was wrangling for her establishing of a viable and self-sustainable program, greater crises were emerging as impediments to long-term success across the entire humanitarian aid industry of India. A lack of government funding, reduced private sector contributions, and a prime minister who grew increasingly opposed to outside charities coming to aid India all made efforts to counter leprosy more difficult. In 2019, the prime minister, Narendra Modi, began aggressively criticizing “foreign” intervention by outside nonprofits. He apparently sought to retain his “pride” in leading an independent country, letting his people languish and struggle in their poverty rather than enjoy the outside money that had strengthened India. The author, Woodworth, viewed such actions as Modi’s “biting the hand that feeds”

Activists and aid agencies alike began to realize that if the source causes of the crises remained unrecognized and unresolved, they would continue to unravel other efforts. Thus, traditional humanitarian aid was again and again faced with the daunting reality they simply lacked the right set of tools to generate the kind of measurable and enduring societal change that could break the cycle of unstable and precarious situations that

necessitated their involvement. This being the case, a multitude of pioneering development attempts were undertaken to try to counteract the bittersweet end products of conventional aid, both over a diversity of geographic regions and organizational specializations.

*Microcredit:* Beginning in 1998, this author, Woodworth, was becoming global leader of village banking methods working in the Philippines initially but expanding his growing nonprofits globally. Today, he has established over 40 NGOs, mobilized thousands of college students to volunteer in over 70 countries, and collectively, he and his business associates have raised over \$1.3 billion (Woodworth, 2021). He has labored with Muhammad Yunus (2006), the Nobel Peace Prize-winning laureate and founder of the Grameen Bank model in India's nearby Bangladesh, even bringing microcredit efforts to empower poor, immigrant women in the United States. Subsequent related methodologies took on many different names including community banking, microcredit, microlending, microloans, and microfinancing (Woodworth, 2021). By providing small amounts of credit to ever larger numbers of people in economically vulnerable positions, practitioners began to garner more and more success toward both undermining the diverse, deep-seeded, and wide-ranging causes of poverty and alleviating its often extreme side effects.

Becky Douglas did not know of village banking before she started her original endeavors, but upon meeting Woodworth, hiring his graduate student, and doing research, she embraced certain MFI methodologies. It was only the harsh application of leprosy's social stigma that blocked diseased Indians' access to financial help. This, of course, only exacerbated the consequences of having lost employment, which then caused a chain reaction of overreliance on savings, and the acceleration of the eventual implosion of their individual money-making capacities (Shao, 2010).

It began to appear that most, if not all, of the economic damage suffered as a result of the negative effects of leprosy could be reversed through the adoption of village banking principles, if only RSO could help residents tap into the latent industrial capacity already available in their own colonies. She merely lacked access to a relatively small amount of startup capital, a proven organizational system for implementation, and a recognizable and trusted local champion for the cause. All of these factors came into focus upon Douglas' meeting Padma Venkataramen (2013) who, together with the Danish charity Danida, already had over a decade of experience using village banking to influence the lives of those affected by leprosy. Padma was the eldest daughter of a former Indian president that brought more credibility to RSO when she joined the cause.

*Champion:* Padma's personally held values held an admittedly particular potency, as she believed that anything given without charge lacks any importance at all. To a certain extent, she adamantly felt that nothing of value ought to be given away for free, lest those on the receiving end should consequently come to depend on its provision as given, and subsequently fail to recognize the inherent worth of the good or service. Through the formation of manageable ventures, built incrementally from the ground up, Padma strongly believed that lepers would be responsible borrowers and would pay off their microloans like the millions of microentrepreneurs around the world at that time. They were just as capable as anyone else to jumpstart their own local economies without having to endlessly rely on humanitarian aid.

*Rising Star Outreach Programs, Structure, Budget:* With the above review of RSO within the context of India's leprosy challenges, poor communities of those nationally and especially in Tamil Nadu State, along with the potential applications of microcredit to help leprosy victims to improve their lives, we now summarize its programs.

RSO, founded in Atlanta in 2001 is now headquartered in Provo, Utah. It has a board of 26 fairly wealthy members who each donate at least \$25,000 annually to support RSO activities. All told its yearly budget is about \$1.5 million. It operates with a native staff of 30 or more Indians, and additionally has 3 paid staff at its headquarters in the U.S. who each receive modest salaries.

*Volunteerism:* The bulk of RSO's productivity derives from trained volunteers. They include a number of the author, Woodworth's, students as interns or hired staff in India. In addition, retired American married couples from the United States who lived at the RSO complex in the villages near Chennai for 1-2 years of volunteering. In addition, all board and top managers serve as volunteers. Some 220 college students are trained as volunteers annually and take 1-2 semesters leave from their educational pursuits to help run the programs in India, raising their own funding for international travel, and on-the-ground expenses while in India.

Expeditions of shorter duration are planned which take U.S. families seeking to make a difference who spend 10-15 days at the operations doing volunteer work. This may include doing such things as the following:

teaching math, English, etc. to the children of lepers, constructing new schools or organizational facilities, cooking meals for the leper children or outside volunteers, proving singing, dance, water painting and/or other skills to the school programs. RSO volunteers also donate to provide microloan capital and provide start-up entrepreneurial training to those seeking to establish microenterprises, evaluation of existing RSO programs for their impacts and problems, assessing needs and launching new interventions as approved by the board, and so on.

Throughout the U.S., Rising Star Outreach mobilizes groups such as Rotary International, Kiwanis, and other civic and charitable foundations to plan, raise funding and implement programs to benefit leper colonies that are within the RSO network. Many groups of American mothers plan projects such as making children's clothing, sewing pillow cases, knitting winter caps, and creating various other products for school children. Some raise funds to purchase sewing machines so teens in the colonies may gain the skills to become a tailor. Or they provide raw materials for vocational training in jewelry-making skills. Groups of U.S. school children gather supplies to make hygiene kits (backpacks filled with soaps, towels, washcloths, shampoo, band aids, ointments, tooth brushes and paste, feminine hygiene products and the like), or school kits (carrying bags with pens and pencils, writing paper, crayons, art paper, chalk, erasers, and more), to be transported and delivered to each child in a leper colony.

*RSO Facilities:* The campus consists of six buildings spread across 14 acres, a safe haven for leper children for up to 400 students at a time. The U.S. Peery Foundation, a California philanthropic nonprofit group, has played a key role in RSO education of its children (Goodman, 2011). Built in the Kerala style, The Peery Matriculation School offers a high standard of education from K-10th grade. The high school was completed and dedicated in 2010 and houses a library science lab, and upper curriculum classrooms for older kids. Energy conservation was built into the design with bricks used in construction specifically designed to use air as natural insulation, keeping the school cool without air conditioning, even during the hot, summer months. The Secondary School is connected to the Elementary School, forming a right angle. Inside the angle is a playground and quarter mile track.

The Marriott Children's homes (donated by the large U.S. family that founded Marriott hotels worldwide), are family-style dormitories in which children are divided into small groups under the care of a housemother or housefather. In their small "families", they learn values of character, cleanliness, health, and service. It is a safe place for the children to live and grow.

The RSO kitchen and dining hall make for an impressive building. It seats 400 people comfortably to dine or gather for assemblies. It has an industrial size kitchen with an entire staff of cooks providing three meals a day to all of the students, as well as staff and volunteers.

The Elephant House is a "home away from home" facility for volunteers. The building was designed as a volunteer dormitory and a Community Center. Providing most of the comforts from home, it has the ability to provide lodging for up to 60 visitors at a time, an important facility since RSO is based many miles from the city of Chennai where there are hotels, restaurants and other tourist services.

*Microfinance Model:* A unique feature of Rising Star's microcredit program is its difference when compared with traditional, Grameen-type lending. Instead of providing loans to solidarity groups who are responsible to support each other in paying the loans back with interest, RSO "gives" loan capital to groups of lepers who can either keep the funds for themselves, or use the money for enterprise creation. A colony establishes a "welfare committee" consisting of five to seven members, and at least two members must be women. The committee is formed to conduct the colony's microlending system, creating a self-policing mechanism within the colony where capital is lent out, repaid, and re-loaned in ongoing fashion. The committee scrutinizes and decides on loan applications, collects repayments, and deposits funds. The monies, plus interest, are held in a revolving fund that stays within the colony so the system becomes a kind of perpetual microlending fund. Thus, when the money is revolving in a colony, if borrowers don't repay, they won't be able to grow their firms. Once a month, each colony sends a representative to a larger meeting with others to provide updates, present bank statements, and discuss common problems or issues. With microloans of \$50-\$700, lepers are able to create microenterprises such as small-scale gardening, haircutting, tool repair services, raising small farm animals, woodwork, tea selling, and so forth.

*Medical Care:* Lepers and other impoverished community members suffered much due to a lack of adequate and affordable healthcare. The problems were due to society's social stigma as well as logistical

access, travel, and so on. So, in 2005 RSO launched a Mobile Medical Unit to serve area patients in need beyond its own premises. Operated by a team of local Indian MDs and staff, the unit traverses the region, providing medicine, leprosy screening, ulcer care, as well as treating other diseases such as typhoid fever, diabetes, and tuberculosis.

*Children's Education:* RSO believes that one of the best ways to help India's lepers is to help educate their children so will be able to secure employment and have a better future than their diseased parents. So from the beginning the organization has focused on channeling education to kids, initially paying their tuition to attend local schools. It was soon apparent that getting admitted was difficult because the children lacked basic math and reading, and that when these issues were combined with the stigma of leprosy, such opportunities were extremely rare. So Rising Star launched two small informal schools for lepers' children, along with free housing so the child could escape the depressing realities of colony life, attend classes and gain an education. Gradually funds were raised and nice, modern schools were constructed, along with dormitories for the students to live in five days a week, receiving good nutritional meals and healthcare. Then on weekends they are transported back to spend time with their families in the home village. Finally, as they grow through their teen years, those who want to go on to achieve a university education can receive an RSO Scholarship to move to the next level and ensure the individual will have realistic career opportunities after graduation.

*Colony Services:* In seeking to help lepers in their colonies, RSO provides a number of things to those living in leper colonies. These include a variety of things: Nutritional drinks that offer improve health, mosquito nets to all individuals, housing improvement materials such as a tin roof rather than thatch, a cement floor inside instead of dirt/mud, hygiene and sanitation supplies for victims of leprosy, and many more services.

*Conclusion:* There are probably limitations about the work of Douglas and her NGO, Rising Star Outreach, in India. One may doubt that RSO is replicable throughout India. Maybe it's too dependent of the energy and vision of Ms. Douglas. How does RSO compare and contrast with other private NGOs which wrestle with the horror of leprosy throughout India? One may conclude that its scale is still too small to have a significant impact in reducing leprosy, even just in the state of Tamil Nadu.

A concern is the frequent political instability in certain areas of India that is becoming increasingly contentious, or even somewhat opposed to RSO's work, an issue about which its managers are troubled. A case in point, as cited earlier, is that India's premiere, Narendra Modi, wants "foreign" nongovernmental organizations out of "his" nation claiming it is necessary so as to build India's reputation as a country that can solve its own difficulties, not needing any foreign assistance. Basically, one must interpret such a move as a matter of his personal pride and ego. On the one hand, he brags about his country's progress. On the other, just a month ago, he attacked thousands of NGOs, taking away their licenses which were legally registered so they could no longer obtain international funding from donors to continue serving Indians who struggle to survive (Igoe, 2022).

However, through RSO we see the power and goodness that social capital may generate in fostering international development. Described as a way to create and grow networks of relationships among people who live and work in a particular society, such "capital" facilitates processes for a better quality of life. The author's trips and volunteering in RSO's community allowed me to visibly observe people's shared sense of community and identity, along with common norms, social trust, collaborative problem-solving, and mutual support.

One might conclude that this NGO has enjoyed much luck or good fortune in its early years. Clearly most such nonprofits seldom gain the millions of dollars RSO began to enjoy, especially so early in its existence. Nor do many swiftly arise to benefit hundreds, then thousands of clients among the Third World. In addition, the social, health, and financial impacts are generally not so easy to achieve as they appear to have been for RSO.

Our understanding of the scourge of leprosy that has devastated millions of lives over thousands of years continues to vex individuals and families as well as entire communities. In India, even having sufficient health care workers is proving difficult. A recent Indian news story reports that Mumbai's century-old leprosy hospital goes woefully understaffed. Partly due to the Coronavirus pandemic, as well as longer-term financial problems, it seeks to limp along with merely half its necessary employees (Chakraborty, 2021). However, occasional good news about the disease itself comes forth, as reported from Canada recently, as researchers now are suggesting that leprosy's effects may not be as debilitating as once thought (McGill University, 2021).

Roughly, two decades ago when Rising Star Outreach was established, it labored in only a single leper colony. Now it's in a hundred. The number of students who began being helped in 2001 was 27 but is now some 640. All told, the number of lives impacted in the past 20 years by Rising Star Outreach has grown to tens of thousands, not just schoolchildren, but also their leper parents and grandparents (Cook 2021). Such is the

promising potential of a humble effort to diminish the suffering of lepers and their families in a region of India, in a small corner of the world.

The ultimate end of the Rising Star Outreach NGO in India is yet to be written. But the evidence so far is quite convincing. Ms. Douglas, just one woman and her friends, admittedly naïve as she perceived herself, motivated by the shocking ugliness of leprosy, coupled with love of those who suffer, has been able to foster significant impacts. Perhaps in the decades to come, Rising Star Outreach will become hugely expansive in the Tamil Nadu region of India. Perhaps even beyond. As it does so, it may become a destiny of dignity. Not dependency.

### References

- [1]. Arole, M. & R. 2011. Comprehensive Rural Health Project. Annual Report.
- [2]. Central Leprosy Teaching & Research Institute. 2004-2018. General of Health Services, Ministry of Health & F.W., Government of India. <http://cltri.gov.in/>.
- [3]. Chakraborty, Rupsa. 2021. "At Mumbai's only specialized leprosy hospital, half of medical staff posts vacant." *Indian Express*. Nov. 18.
- [4]. Coleman, James. 1988. "Social Capital in the Creation of Human Capital." *American Journal of Sociology*. Vol. 94, pp. 95-120.
- [5]. Cook, Elizabeth. 2021. *Rising Star Outreach Newsletter*, vol. 21, November 29.
- [6]. Fukuyama, Francis. 2001. "Social Capital, Civil Society and Development." *Third World Quarterly*, 22(1), pp. 7-20.
- [7]. Goodman, Mickey. 2011. "Rising Star Outreach: Becky Douglas Works to Secure a Future for Children from India's Leprosy Colonies." *The Huffington Post*. January 5.
- [8]. Grameen Bank. 2017. <http://www.grameen.com/>.
- [9]. Igoe, M. 2022. "Modi's crackdown on India's NGO funding." *Devex Newswire*. January 13. <https://www.devex.com/news/devex-newswire-modi-s-crackdown-on-india-s-ngo-funding-102443>.
- [10]. Kumar, Sujeet. (2019). "India has been hostile to NGOs for decades. Modi made it worse." *Quartz, India*. <https://qz.com/india/1611326/india-has-been-hostile-to-ngos-for-decades-modi-made-it-worse/>.
- [11]. McGill University. 2021. "Leprosy and Its Stigma Are Both Curable: One of the most feared diseases, leprosy, is not quite what we think it is." *Office for Science and Society*. November 6. <https://www.mcgill.ca/oss/article/health-and-nutrition-history/leprosy-and-its-stigma-are-both-curable>.
- [12]. National Leprosy Eradication Programme (NLEP). 2002-15. India. <http://nlep.nic.in/>.
- [13]. Putnam, Robert D. (2006). *E Pluribus Unum: Diversity and Community in the Twenty-First Century*.
- [14]. Rising Star Outreach India. 2009-2017. Author's interviews, group discussions, fund raising events, speeches, meeting observations, etc.
- [15]. RSO/Rising Star Outreach India. 2021. <http://risingstaroutreach.org/>.
- [16]. Shao, Maria. 2010. "Microlending Gives Dignity to People with Leprosy." *Stanford Knowledgebase*, May 8.
- [17]. <http://www.gsb.stanford.edu/news/knowledgebase.html?tr=forbesIndia>.
- [18]. Tamil Nadu. 2020. State Government Portal. <http://www.tn.gov.in/>.
- [19]. Venkataramen, Padma. 2013. [http://www.gnanodaya.in/President\\_popUp.html](http://www.gnanodaya.in/President_popUp.html)
- [20]. Woodworth, Warner. 2021. <https://warnerwoodworth.com/microcredit-2/>.
- [21]. Woodworth, Warner. 2021. "Accelerating the Growth of Microfinance Worldwide: Unitus as a Strategy." *Journal of Social Business: Maximizing Economic and Social Impact*. Vol. 11, No.1, pp. 75-103. [www.journalofsocialbusiness.com](http://www.journalofsocialbusiness.com).
- [22]. World Health Organization. 2016. On leprosy, its causes, campaigns to eradicate, etc. United Nations. <http://www.who.int/mediacentre/factsheets/fs101/en/>.
- [23]. Yunus, Muhammad. 2006. [http://www.nobelprize.org/nobel\\_prizes/peace/laureates/2006/yunus-bio.html/](http://www.nobelprize.org/nobel_prizes/peace/laureates/2006/yunus-bio.html/).

Dr. Warner Woodworth. "Social Capital: Can an External NGO do Good in India? A Case Study of Caring for Victims of Disease." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 27(02), 2022, pp. 25-30.