



Inclusion Strategy Report

Pilot	Disability and Livelihood Promotion
Pilot Area	Jagatsinghpur and Khorda districts of Odisha
Submitted by	Odisha Livelihoods Mission (OLM)



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Introduction

Disabled people living in poverty have always suffered from double disadvantage and are also at higher risk of becoming even poorer. The same is true for all people living in poverty, who have a higher risk of facing a disabling condition due to their limited access to basic services such as health, education, and sanitation and higher rates of exposure to hazardous working conditions.

"Poor people are disproportionately disabled, and people with disabilities are disproportionately poor." (Robert Holzmann, Former Director of the World Bank's Social Protection Department)

Poor nutrition during pregnancy, generic factors, infectious diseases, poor sanitation and crowded living conditions together with poor food, lack of basic health and rehabilitation services are among of the major causes of disability. Modernization itself is also a causal factor, such as in the cases of infants born with a disability as a result of inappropriate medications used during pregnancy, traffic accidents resulting in loss of limbs and blindness and leprosy infections as a result of pesticide and fluoride poisoning. Aging is another major contributing factor; 36% of disabled people in India are over the age of 60.

Experience suggests that livelihood promotion for this group has been the most neglected issue. While globalization and opening of the market has yielded fruits for certain sections of urban India, PwDs have been excluded even within this benefited section of the society. With the passing of The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, though the government has reserved 3 percent of the jobs in the formal sector as well as in various poverty alleviation programmes, the countrywide statistics prove the inadequacies of the State Governments to implement the provisions. Thus even the percentage reserved in the poverty alleviation scheme is not exhausted, although hundreds and thousands of PwDs are still anxiously on the lookout for most rudimentary livelihood support for themselves.

Government of Odisha through its rural livelihood project titled "Targeted Rural Initiatives for Poverty Termination (TRIPTI)", which is being implemented through the "Odisha Livelihoods Mission" (OLM), with financial support from the World Bank and is recently rechristened as State Rural Livelihood Mission (SRLM), as part of the National Rural Livelihood Mission. OLM, an independent society under the Department of Panchayati Raj and Rural Development, Government of Odisha, is implementing the project in 10 coastal districts of Odisha state.

Mobilization of poor to form their 'own institutions' is the primary objective of the project; for which strong institutions of the poor in the form of SHGs are constituted. Such village level and cluster level federations provide a space and voice to the marginalized sections of the society. They are the mediators to provide an accessibility of resources to the poor, in order to reduce their dependence on external agencies. These institutions act as an instrument of knowledge and technology dissemination, and hubs of production, collectivization and commerce.

The project is mandated to work for poor and majority of the persons with disability are from poor households. Taking into account the fact that PwDs have dual risk of the vulnerability – stemming from poverty as well as disability; the project focus is on inclusion of persons with disability so as to provide them equal opportunity in the society, protect their rights and ensure their full participation in development activities in the society. Inclusion of PwDs has been a focus area in OLM plan particularly in inclusion strategies. The details are being worked out for its implementation and also interventions for livelihoods of PwDs are being permeated on pilot basis. The project envisages creating enabling environment so that the persons with disability can live better life with dignity.

Disability Scenario

India is one of the oldest civilizations on earth, with kaleidoscopic variety and a rich cultural heritage. It has achieved multifaceted socio-economic progress during the last 65 years of its independence. Poverty however remains a significant problem in India which is closely linked with disability.

At the turn of the new millennium about 22 million people in India were found to have disability as per official estimate obtained from the Population Census 2001. These included persons with visual, hearing and speech, locomotor or mental disabilities, constituting about 2.13 percent of the population. On the other hand, NSSO survey on Disability (July – December 2002) estimated the disabled population in the country as 18.5 million, who formed about 1.8 percent of the population. Population Census and NSS surveys are the major two sources of official statistics. But the two differ substantially especially in respect of overall estimates of persons with various types of disability and their age distribution, mainly due to differences in the concepts and definitions as also the data collection methodologies.

The Ministry of Social Justice and Empowerment is the nodal ministry for implementing various programs for the treatment, rehabilitation, welfare and economic development of PwDs, with the assistance of State Governments and Non-Government organizations (NGOs). Empowering the disabled is a multi-sectoral and collaborative endeavor of various Ministries/Departments of the Government of India, viz, (MSJE) Ministries of Social Justice and Empowerment, Health, Labour, Urban Development, Rural Development, Women and Child Development, Education etc.

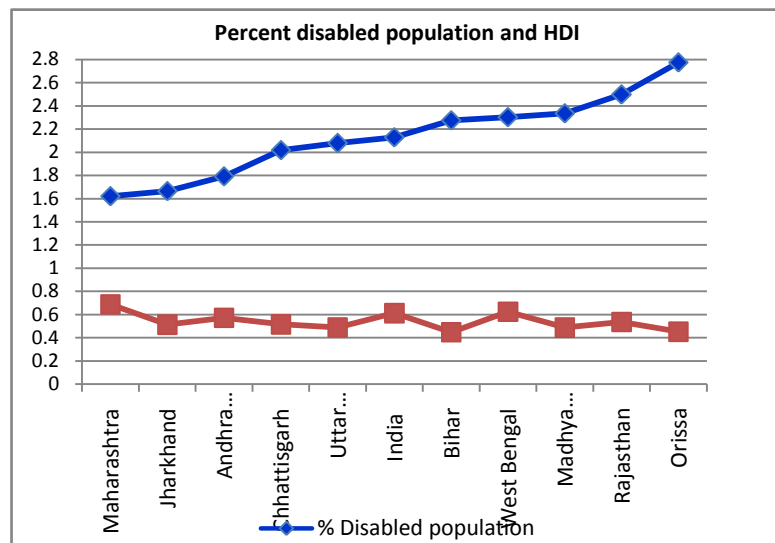
The latest available official information is the Census of India (2001), which estimates about 2.1% and 2.77% of disabled people in India and Odisha respectively. Number of disabled people per lakh population is 2,130 in Orissa. The total percentage of the people with disabilities is 2.1 % which comes to 21,906,769 disabled people in the state. People with visual impairment – 10,634,881 constitute the highest percentage ie. 1 % of the total disabled population compared to the other categories of disability. It may be mentioned that the census figures are considered as underestimation due to variety of reasons and the accepted number of people with disabilities is calculated as 6% of the total population, which in this case would be approx. 617,166,195 people in Orissa.

A recent study by a voluntary organization Swabhiman has revealed the extent to which persons with disabilities are marginalized in the state of Odisha. The survey 'Profile on Disability in Odisha'¹, was conducted in association with the Department of Women and Child Development. The findings reveal that 77.8 percent of persons with disabilities survive as dependants. Among the rest, 45 percent run small businesses, while 29 percent are daily wage earners. For those running their own business, the seed capital mostly comes from savings, family or friends. Percentage of loans availed from National Handicapped Finance and Development Corporation (N.H.F.D.C.) is a measly 7.6 percent. The scenario in the education sector is equally bleak. Literacy rate of persons with disabilities is only 57.8 percent. Barely 30.1 percent have passed primary school and 14.2 percent are class 8th pass! 9.1 percent of the people with disabilities are matriculates, 3.3 percent have a graduation degree, while a meager 0.9 percent have a post graduate degree. Very few school, college or university in the state is barrier free, the report highlighted. The survey exposes deep rooted apathy towards providing special facility for students with disabilities in universities and colleges, or encouraging extra-curricular activities for them. At a social level too there is nothing to cheer about. 63.5 percent persons with disabilities

¹ *Profile on Disability in Odisha*

do not have life partners and only 47 percent desire to have children. While 52.3 percent persons with disabilities have access to family dining, 41.2 percent are not involved in household chores at all.

Table 1: Disabled Population and Human Development Index in selected states (Planning commission –UNDP study, 2012)



States / Indicators	% Disabled population	HDI (2005)
Odisha	1.62	0.689
Jharkhand	1.67	0.513
Andhra Pradesh	1.79	0.572
Chhattisgarh	2.02	0.516
Uttar Pradesh	2.08	0.449
Bihar	2.28	0.449
West Bengal	2.30	0.625
Madhya Pradesh	2.34	0.488
Rajasthan	2.50	0.537
Odisha	2.77	0.452
India	2.13	0.612

Source: Census 2001

Odisha has the highest proportion of disabled population (2.77%). Also Odisha is the state with second lowest HDI amongst the states. It is interesting to note that graph shows a decrease in HDI with increase in proportion of disabled population

Relevance of selection of focus districts

Jagatsinghpur

Jagatsinghpur ranks 19 with HDI score of 0.557 out of the total 30 districts in the state of Orissa. Additionally, Jagatsinghpur district, was the worst affected by Super Cyclone among all the 14 districts of Orissa. Jagatsinghpur is one of the few districts, which is ravaged by all types of disasters. While cyclones, Floods and fire are common disasters; the district falls under zone III of earthquakes and was shook by the tsunami/earthquake of 2004. The district was ravaged by the super cyclone of 1999 followed by floods, what it left behind was a trail of cadavers and carcasses. Along with it remained a group of people shrouded in a mesh of poverty, vulnerability and disability. A survey done by SMRC highlighted the fact that the disabled had lost their voice and rights to a dignified living. Disability needs encompasses those of all the vulnerable groups- women, children, the aged and the disabled themselves. Thus by addressing the needs of the disabled one is actually addressing the needs of the entire vulnerable group too. Women with disabilities are among the poorest of all people, the most marginalized and the most abused- physically, mentally and socially (Baquer and Sharma 1997). They have been subject to deliberate neglect, verbal abuse, physical assault and sexual harassment (Action Aid Disability News, Vol. 10).

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A pilot study in selected blocks of Jagatsingpur, thus is expected to provide valuable insights regarding Inclusion of Persons with Disabilities under TRIPTI.

Khordha

Khordha is ranked 1st with HDI score of 0.736, out of the total 30 districts in the state of Orissa. Khordha is the most urbanized of all the districts of Odisha. Its population growth rate over the decade 2001-2011 was 19.65%.^[3] Khordha has a sex ratio of 925 females for every 1000 males,^[3] and a literacy rate of 87.51%.^[3]

Khordha is covered under NRLM - National Rural Livelihood Mission in the state of Orissa. NRLM recognizes that poverty and disability are closely linked to each other and therefore takes efforts to address specific needs of individuals as well as families of Persons with Disabilities (PWDs). NRLM has suggested States to undertake participatory vulnerability assessment process while undertaking social mobilization at the community level. This entry point activity at the village level with a specific focus in identification of households with PWDs shall ensure greater inclusion of these individuals and families into the NRLM network. NRLM ensures adequate coverage of persons with disability with at least 3% of the total households covered would be persons with disability. SRLMs such as Bihar, Rajasthan and Maharashtra have initiated field trial pilots on working with PWDs with technical assistance from senior disability rights consultants.

A pilot study in selected blocks of Khordha, thus is expected to offer valuable learning for Inclusion of Persons with Disabilities under NRLM.

Database of PwDs for the Focus Districts

Table1 – Total Disabled Population

Districts	Total Disabled Population - As per Census 2011 (figures in thousands)						Total Disabled Population - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghpur	34.28	18.92	15.36	31.63	17.36	14.27	69.34	35.67	33.57	62.12	31.75	30.29
Khordha	63.95	36.64	27.31	36.49	20.74	15.75	129.34	69.07	59.69	71.67	37.94	33.43

Total disabled population in Jagatsinghpur district as per census is 34.28 thousand whereas as per WB the figure comes to 69.34 thousand. Similarly, total disabled population in Khordha is 63.95 thousand according to the census whereas it is 129.34 thousand as per WB. The numbers in rural areas show Jagatsinghpur having 31.63 thousand disabled people as per census and 62.12 thousand as per WB estimate whereas Khordha having 36.49 thousand rural disabled as per census and 71.67 thousand rural disabled people as per WB.

Table2 - People with Visual impairment

Districts	Visual Impairment - As per Census 2011 (figures in thousands)						Visual Impairment - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F

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Jagatsinghapur	5.93	3.06	2.87	5.53	2.83	2.70	11.98	5.76	6.27	10.85	5.18	5.72
Khordha	14.50	7.82	6.69	8.78	4.65	4.13	29.33	14.73	14.61	17.25	8.52	8.76

Jagatsingpur has lower numbers in all areas as compare to Khordha – total as well as rural for both census and WB. (Census 5.93 thousand and WB- 11.98 thousand)

Table3 - People with Speech impairment

Districts	Speech Impairment - As per Census 2011 (figures in thousands)						Speech Impairment - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	2.11	1.22	0.89	1.79	1.02	0.77	4.26	2.29	1.95	3.51	1.86	1.64
Khordha	4.72	2.82	1.90	2.28	1.36	0.92	9.54	5.31	4.15	4.49	2.49	1.96

In Jagatsinghpur, the total rural population with speech impairment is 1.79 thousand as per census and 3.51 as per WB.

Table4 – People with hearing impairment

Districts	Hearing Impairment - As per Census 2011 (figures in thousands)						Hearing Impairment - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	6.25	3.34	2.91	5.82	3.10	2.72	12.63	6.29	6.36	11.43	5.67	5.77
Khordha	13.61	7.45	6.16	6.55	3.51	3.04	27.53	14.04	13.47	12.87	6.42	6.46

The above table continues the trend wherein Khordha has higher number of disabled persons with hearing impairment.

Table5 – People with Locomotor Disabilities

Districts	Locomotor Disability - As per Census 2011 (figures in thousands)						Locomotor Disability - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	7.64	4.56	3.08	7.12	4.23	2.89	15.44	8.59	6.73	13.99	7.75	6.13
Khordha	10.90	7.08	3.82	7.22	4.64	2.57	22.04	13.35	8.35	14.18	8.50	5.46

As regards to people with locomotor disabilities, once again Khordha scores highest with 10.90 thousand people as per census and 22.04 thousand people as per WB. The lowest number of people with locomotor disabilities is found in Jagatsinghpur district. As per census there are 7.64 thousand and 15.44 thousand people with locomotor disabilities as per WB.

Table6 – People with Intellectual Disability

Districts	Intellectual Disability - As per Census 2011 (figures in thousands)						Intellectual Disability - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	2.61	1.48	1.13	2.38	1.34	1.03	5.28	2.79	2.47	4.67	2.46	2.19
Khordha	4.50	2.61	1.89	2.74	1.60	1.14	9.11	4.92	4.13	5.38	2.92	2.42

As seen from the above table Khordha has the highest percentage of people with intellectual disability.

Table7 – People with Mental Illness

Districts	Intellectual Disability - As per Census 2011 (figures in thousands)						Intellectual Disability - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	1.43	0.81	0.62	1.34	0.75	0.59	2.89	1.52	1.36	2.63	1.38	1.25
Khordha	2.15	1.21	0.94	1.42	0.79	0.63	4.35	2.29	2.05	2.79	1.45	1.34

Total disabled population with mental illness in Jagatsinghapur district as per census is 1.43 thousand whereas as per WB the figure comes to 2.89 thousand. Similarly, total disabled population with mental illness in Khordha is 2.15 thousand according to the census whereas it is 4.35 thousand as per WB. The numbers in rural areas show Jagatsinghapur having 1.34 thousand disabled people as per census and 2.63 thousand as per WB estimate whereas Khordha having 1.42 thousand rural disabled as per census and 2.79 thousand rural disabled people as per WB.

Table8 – People with Multiple Disability

Districts	Intellectual Disability - As per Census 2011 (figures in thousands)						Intellectual Disability - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	3.49	1.83	1.66	3.27	1.72	1.56	7.06	3.45	3.62	6.43	3.14	3.30
Khordha	4.98	2.82	2.16	3.15	1.77	1.38	10.07	5.31	4.72	6.18	3.24	2.93

Jagatsingpur has lower numbers in all areas as compare to Khordha – total as well as rural for both census and WB. (Census 3.49 thousand and WB 7.06 thousand)

Table9 – People with Any other Disability

Districts	Intellectual Disability - As per Census 2011 (figures in thousands)						Intellectual Disability - As per WB Report 2009 (figures in thousands)					
	Total			Rural			Total			Rural		
	T	M	F	T	M	F	T	M	F	T	M	F
Jagatsinghapur	4.85	2.64	2.21	4.38	2.37	2.02	9.80	4.97	4.83	8.61	4.33	4.28
Khordha	8.59	4.83	3.76	4.35	2.42	1.93	17.37	9.11	8.21	8.54	4.42	4.10

In Jagatsinghapur, the total rural population with speech impairment is 4.85 thousand as per census and 9.80 as per WB.

It is well accepted fact that maternal and child malnutrition has major contribution to deaths and diseases. According to the Maternal and Child Under nutrition Study Group of UNICEF 2009, “3.5 million child deaths, 35% of the disease burden in children younger than 5 years, and 11% of total global disability adjusted life-years (DALY) are attributable to maternal and child under nutrition”.

Access to education for the PwDs in general is 38% lower than the general population. Education is the rudimentary need for a person to grow and become independent. The avenues open up for those who are educated in many more ways in comparison to the one who is uneducated – a fact known widely throughout the world. It is also a fact that basic

education is a prerequisite to further skill development that enhances the opportunities for an individual to enter into the job market. The PwDs having much lower access to basic education already closes their door towards gainful employment. Therefore the current challenge would also be to find out appropriate livelihood opportunities for a large number of PwDs, who had never the opportunity to go to the school.

A recent study found that 70% of the thirty fastest - growing occupations require a college degree or focused technical training. It has been suggested that elevating employment rates for persons with disabilities requires attention to the goals of postsecondary transition and completion. While postsecondary attainment is important, transition and completion may require early intervention into the educational pursuits of adolescents/ transition - aged youth²

Livelihood of PwDs

The Planning commission, GOI and UNDP study which was released in 2011- 12 has no data on the 3% job reservation in all 10 states under study including Odisha. Also no data was available for poverty alleviation schemes in which PwDs have reservations. This is mainly due to the lacuna in formats and monitoring. Appropriate recommendations for improving this drawback have been suggested. Whatever data is available, however, though has been mentioned and analyzed below for understanding the current situation with regards to livelihood of PwDs with reference to various Govt. initiatives. As regards various skill development programs, the table given below reveals that Andhra Pradesh and Odisha are the only two states that have shown seat utilization in all the available apprenticeship programmes.

Table 9: Utilization of seats by disabled under various skill development programmes (30.09.2012)

States / Apprentices	Trade	Graduate	Technical	Technical (Vocational)
Andhra Pradesh	1.09	0.36	0.19	0.47
Bihar	0.57	0	0	0
Chhattisgarh	0	0	0	0
Jharkhand	0.37	0	0	0
Madhya Pradesh	0.12	0.47	0.40	0
Odisha	2.92	0	1.25	0
Rajasthan	0.17	0	0	0
UP & Uttranchal	0.47	0.19	0.61	0.40
West Bengal	0.32	0	0	2.50
India	0.35	0.22	0.36	0.23

Source: Ministry of Labour and Employment - Annual Report 2012-13

The above table depicts that only Andhra Pradesh and UP & Uttaranchal PwDs have utilized the seats in all the 4 apprentices though the %age is very less followed by MP which has utilized seats in 3 apprentices. As compare to other States, Odisha has shown highest value in Trade and Technical apprentices.

Table – PwDs and MNREGA (2013-14)

States	Person days generated per PwD	% PwDs worked against registration
Andhra Pradesh	39.06	35.67
Bihar	34.23	18.83
Chhattisgarh	24.74	24.25
Jharkhand	25.08	19.62
Madhya Pradesh	18.53	29.86

² Disability and Economics: The nexus between disability, education and employment, UN Headquarters, July 2011

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Odisha	26.43	13.75
Rajasthan	33.69	19.54
Uttar Pradesh	28.42	27.00
West Bengal	25.54	26.93

Source: MGNREGA website - <http://www.nrega.nic.in/netnrega/home.aspx>

The above table shows that Andhra Pradesh has the highest PwD registration under MGNREGA followed by MP and UP. Odisha is at the last position with 13.75% PwDs worked under registration. MP has shown least number of person days per PwDs.

Table – work participation rates

Work Participation Rate	General	Disabled	WPR gap
Andhra Pradesh	45.8	36.37	9.43
Bihar	33.7	33.62	0.08
Chhattisgarh	46.5	35.1	11.40
Jharkhand	37.5	32.88	4.62
Madhya Pradesh	42.7	37.6	5.10
Rajasthan	42.1	38.16	3.94
Odisha	42.5	33.84	8.66
Uttar Pradesh	32.5	32.01	0.49
West Bengal	36.8	33.26	3.54
India	39.1	34.49	4.61

As seen from the above table, Rajasthan has the highest work participation rate for the disabled population. It also indicates that Andhra Pradesh, Chhattisgarh, and Odisha have poor Work Participation Rate for disabled as compare to other states. Further table given below suggests that the population in working age is 3.87 lakhs (41.48%) men and 1.44 lakh (22.61%) women with disabilities.

Source: Census 2001

Table – Odisha work participation rates – geographical areas and gender wise

	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total (in %)	42.5	53.3	30.8	48.9	53.9	43.6	33.8	52.4	12.6
Disabled (in %)	33.84	41.48	22.61	37.06	42.78	28.89	27.84	39.14	10.41

Source: Census 2001

Livelihood Database for Pilot Study Districts

As mentioned earlier, hardly any data is available for PwDs and the utilization of poverty alleviation schemes with exception of MNREGA. The most recent data for the pilot dist is mentioned below.

Table- No. of Disabled Persons and Person days for 2013-2014 under MNREGA

Sr. No.	District	No. of Disabled persons registered in NREGA	No. of Disabled persons worked in NREGA in FY 2012-2013	Person days Generated in FY 2012-2013	% PwDs worked	% of person days
1	Jagatsinghpur	369	41	591	11.11	14.41
2	Khordha	471	62	1536	13.16	24.77

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As seen from the above table, there is hardly any difference in the PwD registration for 2 districts as Khordha district has 471 PwDs registered out of them only 62 had worked for 1536 person days. However, if we work out the % of PwDs who got work (MNREGA promises that PwDs would get a preference and also 100 days work per person) then it may be noted that the gap between the no. of people registered and got work is quite big. Our calculations show that % of PwDs getting MNREGA work is in fact least in Jagatsinghpur district (11.11%). Also the no. of person days is only 14 days work per PwD for Jagatsinghpur district. In Khordha district 13.16 % PwDs who had registered have got work with almost 25 person days per PwD. It shows that the gap between the promise (100 days work per person) and real situation on ground is very high. One more point to be mention that though the disabled population in Jagatsinghpur is small as compare to Khordha, the corresponding figures of PwD registration and PwD worked is very much high than Khordha district.

Strategy for Social Inclusion with special reference to Livelihood Interventions of PwDs

The pro-poor component of the National Rural Livelihoods Mission (NRLM) project aims to respond to the needs of those groups who have been excluded from existing self-help group building strategies and face specific barriers to entering into saving groups at the village level. It will also address the specific livelihood enhancement requirements of these groups. Under the new project design, OLM will focus on evolving strategies to meet the requirements of these groups that can be mainstreamed as part of the implementation of the OLM across the state.

Objectives

To design and develop 'Strategy for Social Inclusion by mapping exclusion' in general and specifically roll-out 'Disability and Livelihood Interventions' in pilot districts with the support of OLM's state, district and block teams.

Implementation Strategy for PwD Inclusion in OLM

The OLM Implementation Strategy has been carved out under 4 major headings namely Situation Analysis, Creating Enabling Environment, Skill Training of PwDs and Livelihoods Plan Rollout.

A. Situation Analysis

Preparatory period would ensure the ice-breaking work with the district authorities as well as with the community. PwDs generally suffer a strong negative bias and stigma both within the family as well as community. It is imperative that there will have to be multipronged approach regarding social mobilization so as to create a healthy partnership between the communities and PwDs. This needs to be done through the active participation of NGOs as facilitators, community opinion leaders, PwDs, their families & care givers and various government functionaries.

1. Disability Mapping & Functional Assessment

The first step towards implementation strategy for PwD inclusion would be to assess the magnitude, type and socio economic status of PwDs in the district. Accordingly, a district-wide survey is the first step in this endeavor. Careful consideration must be made so that the quality of data is ensured. Appropriate training of the surveyors, data entry operators, supervisors and the data analyst is a must. On the basis of the available data, a disability analytical report must be generated.

The OLM village and block team would identify PwDs through a rapid assessment process on the basis of 10 base questions. These questions should be asked in the SHG meetings so that the first level identification of PwDs is complete within the families under SHG fold. This will give the approximate estimate of PwDs in the village. In

general, the experience has shown that approximately 20 to 25% households have PwDs in a village. On the basis of the data received from the rapid assessment, detailed survey to be undertaken for the identified households only. The block team would take lead in planning and executing the identification process in a time bound manner along with digitization of the data. Next the functional assessment would be facilitated by the block team of OLM in collaboration with health department, GoO and partner NGOs. In addition to the certification, the functional assessment should clearly bring out the need assessment including ability matrix taking into account the residual use of individual PwDs.

2. Block Status Analysis

Block-wise status report should be prepared as the second step. The status report should comprise the existing reach of benefits to persons with disabilities in terms of their access to entitlements. It may be noted that in accordance with the PwD Act, 1995, 3% of budget including service of every scheme must be allocated to PwDs. Some of the important area are Early Identification & Referral, Education (inclusive and special), Health (Reproductive Health for Women with Disabilities), Housing, Livelihoods and Social Security.

3. Consultation with Stakeholders

It's important to have both formal and informal consultation with the primary stakeholders. This includes PwDs and their groups, parent of PwDs, community, government service providers and NGOs working in that area.

B. Creating Enabling Environment

One of the major challenges that we face while working with PwDs is the absence of prerequisites. It is time and again experienced that difficulty in implementing any programme and in particular livelihoods is the non-existence of adequate support system. For example: Though there are seats reserved in the government ITIs and trade apprenticeship institutes, there is neither accessible building nor qualified teachers to teach PwDs. Hence it becomes extremely important that appropriate Enabling Environment is created for equal participation of PwDs.

1. Community Mobilization

Since inclusion is the core theme of intervention, it is inevitable that adequate and appropriate community support is ensured. In this process it is of utmost essential that community mobilization is looked as a first step towards community participation. This can be ensured through the existing women SHGs where the topic of disability is flat in the meeting thus a large scale support structure could be created in the village. It is suggested that a small film show followed by a discussion could be an effective strategy for community mobilization.

2. Identification & empanelment of NGOs / Support Organizations (SOs)

Exploring and ensuring the motivation and commitment of partners to address the livelihood issue of PwDs as a target group. The work would be spread over the entire State and ensure that every PwD has access to decent livelihoods. To achieve this OLM will work in collaboration with partner NGOs who have credibility in working with PwDs. While selecting some of the non-negotiable criteria for selecting the partners would be;

- i) NGO should be working for PwDs for at least 5 years with target group as PwDs in employable age group
- ii) Should have strong knowledge of rural development and Panchayati Raj institution
- iii) Should have sound knowledge and practical experience of community mobilization
- iv) Should have deep understanding of CBR approach, particularly rural CBR
- v) Should have sound knowledge on all disability related law as well as international conventions
- vi) Should have technically qualified trained staff to handle cross disability issues

3. Access to Entitlements

In accordance with the PwD Act and UNCRPD, every PwD should be certified by a competent authority. To that extent the first entitlement of PwD is certification. His/her certificate leads to all other entitlements assured under the law. Hence the one of the most rudimentary step towards ensuring enabling environment would be to guarantee that certification is complete for every identified PwD. Further the OLM team must support individual or the Disabled Persons Groups (DPGs) towards access to education, health and social security.

4. Capacity Building

From the basic situation analysis (as reported in the Planning Commission UNDP Report, 2012), it is noted that Capacity Building is an enormous and unfulfilled task that demands urgent attention. To that extent, it is inevitable that Capacity Building needs to be target towards multiple stakeholders. Accordingly, the following need to be accomplished district-wise in a phased manner.

i) Capacity and Assessment of existing Skill Training Agencies

It is a fact that the number of skill training institutes for PwDs are handful and are hardly able to accommodate the number of PwDs aspiring for vocational training. Accordingly, OLM will work with existing vocational training agencies both government as well as non-government to ensure the skill training of PwDs in the State. For this, the OLM would undertake district-wise assessment of training organizations particularly to evaluate the accessibility and appropriateness of pedagogy for training PwDs. In addition, also assess the staff capacity as trainer to train PwDs. Subsequent to this assessment the agencies would be supported with necessary capacity building of staff in order to handle PwD's skill training.

ii) Formation and capacity building of Master Trainers

It is recognized that implementation of livelihood programmes for PwDs would be a major task hence it would be inevitable that appropriate knowledgeable persons are available at the district and block level. This would be accomplished by creating a pool of Master Trainers at the State level who will in turn train the personnel at the district and block level. Master trainers will be a combination of selected PwDs from the community as well as members from the district/block team of OLM. Capacity building of master trainers

would be carried out by expert agencies such as TISS (Mumbai), XIMB (Bhubaneswar). The course would be a combination of theoretical as well as some practical aspects including exposure visits.

iii) Creation & Capacity Building of block level team

Appreciating the fact that livelihood under NRLM is being seen in a life cycle approach. -It is inevitable that convergence is rudimentary to the success. Accordingly, every block will have a team comprising representatives from some of the key departments i.e. Social Welfare, Health, ICDS, and Education (*see Annexure I: Block team ToR*). Necessary capacity building will be done through exposure visit as well as block planning exercise. State disability Resource team comprising of the master trainers will facilitates these workshop at the block level.

iv) Best Practice Review & Livelihood Options in the context of the district.

Experience has shown that the PwDs adapt themselves to live even in the harshest conditions in their respective community. Perhaps it is their quest to survival and the dynamic nature of human habitat. Hence even within the difficult conditions people do innovate the paramount form of living within the most limited means. These innovations are sometimes are best suited to their living environment but seldom noticed and appreciated. It would be the endeavor of OLM local staff to identify and document any such available best practice.

v) Orientation and capacity building of government functionaries and PRI members

In order to have effective implementation of social inclusion strategy, all the implementing partners need to be knowledgeable about disability and PwD issues. Hence disability orientation for government functionaries and PRI members would be a continuous activity as they play very crucial role in the implementation particularly for access to entitlements. This would be done by pool of Master Trainers and empanelled NGOs (*see Annexure II: Schedule for Disability Orientation of Government Functionaries and PRI members*).

vi) Orientation of parents and care givers (in case of multiple disability)

To strengthen the positive attitude of the PwDs and empower them to avail the livelihood opportunities, it is essential that their parents and care givers are oriented and exposed towards possibilities and potentials of their own children. This would also bring in the positive behavioural attitude in the parents and care givers that would enhance the quality of life of PwDs. Most of the NGOs particularly working for multiple disability have their core competence both in parental counseling as well as anchoring parent's association. This will be the responsibility of the empanelled NGOs to carry out the work that would also include extending handholding support.

vii) Training of Rehabilitation Resource Persons (RRPs)

The programme is proposed so that there is an appropriate linkage of households having PwD members with various benefits available at the Gram Panchayat level. The RRP's trained by expert agency would thus become the interface between these two so that inclusion of PwDs is reflected in the Gram Panchayat Plan. The RRP's would be chosen from the villages where active PwDs would be given first preference and sent for appropriate CBR training. Such agencies are located in Ahmedabad, Aurangabad, Bangaluru, Bhubaneswar, Kolkata, Malegaon and Secunderabad. The RRP's are the main interface between the PwDs and the Govt schemes and would be from the community cadre.

viii) Capacity Building of District Manager (SI&IB) and Block Manager (Disability)

The DM (SI&IB) and BM (Disability) would undergo a specially designed training (10 days) on disability. The module would comprise classroom, simulation exercise as well as exposure visit to appreciate multi-dimensionality of disability. The disability studies of Tata Institute of Social Sciences, Mumbai would be requested to impart this training (*see Annexure III: Training Module for DM (SI&IB) and BM (Disability)*).

ix. Imparting Skill training to Selected PwDs

Skill training of PwDs is envisaged from 2 parameters one Imparting appropriate skill training to PwDs and placing them in suitable jobs. In similar method employed by SERP, Andhra Pradesh in collaboration with Youth4jobs, OLM will collaborate with Youth4jobs and similar organizations to ensure that a minimum of 70% of the PwDs trained are placed in government and private sectors. The second parameter would be employed towards enterprise development and to ensure that the 70% of these enterprises are linked to larger corporate bodies of both government as well as private sector industries for off loading of jobs. Current training pedagogy do not adequately address the PwDs issues hence an appropriate training pedagogy is necessary. The primary concern is the way of transaction so as to suit different category of PwDs. The Block Manager (Disability) with the help of empanelled NGOs will undertake access audit that will include ensuring barrier free environment as well as appropriateness of training pedagogy and advice modifications accordingly. For this, appropriate training module, pedagogy as well as transaction method would be ensured by OLM. In addition, OLM through the partner agencies will ensure appropriate creation of environment and awareness to motivate the corporate bodies for employing / supporting the enterprises of PwDs.

x. Transition Training for PwDs

It is often seen that even after appropriate skill training and placement and individual PwD drops out of the job. Most often this happens as the PwD is not able to adjust to the new work environment, unable to mix up with the peer group, handle peer pressure and above all lack of reasonable accommodation. For this, transition training of PwDs post skill development training becomes a must. Accordingly, OLM will undertake transition training as a part of total curriculum of skill training so as to help PwDs handle the work situation better.

Livelihoods Plan Rollout (Pilot Blocks)

OLM will achieve the livelihood plan by following 2 processes;

Exhausting of 3% reservation as per PwD Act

In accordance with the PwD Act 1995, there is 3% reservation of jobs in all government, semi-government and public sector undertakings. Appropriate placement on the basis of skill and education of individual PwDs would be ensured by OLM disability team in collaboration with different government and public sector undertakings in accordance with the vacancies advertised. OLM will also ensure that the same norm is followed to have adequate diversity to include PwDs in their own staff. OLM will maintain adequate category specific database of PwDs depicting the skills and ability of individual PwDs. For this new software would be developed similar to SADAREM of Andhra Pradesh.

Livelihoods through Social Mobilization

The second and most important aspect of ensuring livelihoods is through Social Mobilization. This would be done by encouraging all PwDs and bring them under the fold of Self Help Group of PwDs to be known as Disabled Persons Group (DPG). In accordance with the RBI guidelines any 5 PwDs can form a group (*see Annexure IV: Formation of DPG - Guidelines*). By virtue of being a member of DPG, an individual PwD would become eligible for benefits of all products available in the hierarchy of community institutions. However in addition to the normal routine through VO and CLF, it is proposed that an exclusive federation of DPGs to be termed as Disabled Persons Organization (DPO) would be formed at the block level. The DPO will design financial products and services which would be exclusive to the need of PwDs. These typically would be accessibility fund, health risk & maintenance fund, assistive device support & maintenance fund, educational support fund. However, the type of product to be initiated would be the sole decision and discretion of the federation members. For this, OLM disability team at the appropriate level will facilitate the process.

1. Market Assessment & Matching trades (farm based and non-farm based)

As a prerequisite to entrepreneurship development which is envisaged as one of the main livelihood intervention for PwDs, it is most essential that appropriate trades are selected on the basis of ability matrix. It is also important that market linked trades are encouraged. Accordingly, the OLM district team will conducted a basic market research through the available secondary data at the District Industries Centre (DIC) and similar other government and private bodies. As per the available market assessment, the OLM disability team at the district level will prepare a matrix of market, trade and ability of PwDs to make it a realistic plan.

2. Entrepreneurship Development

Once the PwDs are brought under the DPG fold, they would be eligible for Revolving Fund (RF) and Community Investment Fund (CIF). In addition to the banks they will be also eligible to leverage fund through the National Handicapped Finance Development Corporation for which OLM proposes to be the channeling agency. Accordingly,

entrepreneurship development of both individual as well as group of PwDs would be encouraged. The individuals as well as the group of PwDs interested in becoming entrepreneur will receive basic leadership training as well as other necessary training such as mobility, communication through sign language and tactile interpretation. All such trainings would be imparted by the expert organizations based on the matrix matching market and ability of PwDs.

Awareness and Sensitization

Awareness and sensitization is of prime importance for creation of positive public opinion for PwDs. This requires developing appropriate strategy for undertaking awareness campaign for community at large and also sensitization of functionaries at various levels through workshops and exposures.

1. Communication Strategy Building

The communication strategy will support OLM's social inclusion in general and Persons with Disability's objective in particular. It would respond to clear objectives, set specific targets and identify tools and activities that need to be executed. Also political, public and civil society support which is essential for the success would be achieved by the communication strategy. The strategy would include various chapters as follows;

- Situation & problem analysis
- Audience and KAP (Knowledge Attitude and Practice) analysis
- Communication objectives
- Strategy design
- Participation of strategic groups - the Process
- Media selection and mix
- Suggestions on Media use
- M&E and process documentation

OLM would appoint appropriate consultant to prepare a detailed strategy note for undertaking various awareness campaign. ToR for the communication consultant is annexed (*see Annexure V: Communication Consultant ToR*).

2. Sensitization Programme

Sensitization programme will be undertaken for government functionaries at district and block level as well as at the federations of community structure. These sessions typically would be for half a day and to be taken by the partner NGOs. In addition, OLM would organize one State level sensitization workshop on disability and livelihoods to bring home the importance of convergence so that other relevant departments are able to appreciate their role in the endeavor of inclusion of PwDs.

Monitoring & Evaluation

Integrated Monitoring & Evaluation Protocol

A **process** within State Programme preparation and implementation exercises:

1. To strengthen and link planning, Monitoring, Evaluation and research components of the programme through the use of a Logic Model.
2. To help focus programmes on Results, clarifying levels of accountability and optimizing synergies among sectoral interventions
3. To produce simple and effective programme description and management tools which show programme results as well as how performance will be appraised and monitored (Results Framework, programme logframes, Integrated Five-Years Monitoring, Evaluation and Research plan)

IMEP Process is part of State Programme preparation and implementation and contributes to the refinement of its components:

1. The analysis of the situation of PwDs (children, women, adolescents and individuals in working age) is summarized into a Problem Analysis Tree which highlights the main problems facing these groups, identifies immediate causes and other factors which can be addressed through interventions.
2. State Programme Strategic Intent is formulated, describing a vision for PwDs in the State, specifying results areas in which OLM can make a difference, and formulating the main results (Strategic results) which will guide the actions of OLM. These strategic results provide structure for the new State Programme (results-based rather than sector-based programme structure)
3. An overall State Programme Results framework is developed, identifying programme outcomes for each strategic result and project outputs for each outcome. Each output is assigned to one sectoral partner (departmental counterparts of State government) at project level and a focal point or team within OLM office.
4. Programme logframes are developed, one for each Strategy Results (SR). They show the results chain for achieving each programme outcome (activities, outputs, outcomes), describe risks and specify how programme performance will be assessed at selected levels of the results chain (Indicators with baselines and targets, Means of verifications, type of data disaggregation).
5. An Integrated Five-Years monitoring, Evaluation and Research plan is developed. The plan is a five-year calendar of major data gathering activities shown in the MOV field of the logframes. These activities include surveys, studies and evaluations. The plan also shows how data gathering activities are synchronized with M&E and Research capacity building, strengthening of M&E management systems, decision-making events (landmarks), relevant activities of other partners and data dissemination activities (publications).

6. Specially-focused programming implies that Strategic Results (around which the strategies have been developed) describe as much as possible tangible changes in the status of the excluded groups.
7. Making Strategic Results PwD-focused ensures that improvements in the conditions of excluded group are essential criteria for measuring the success of programmes or projects
8. Institutional and governance factors are determinants of national capacity to address the needs of the vulnerable groups. Consequently, results achieved at these levels should not be considered as an end.
9. Preparation of vulnerability index of category-wise and gender-wise PwDs
10. Development of integrated and measurable indicators
11. Anchor the pilot project on a CBR mode to ensure that a system is built to base the basic ownership at a community level
12. Ensure implementation as per Project Result Based Accountability Format (RBAF)

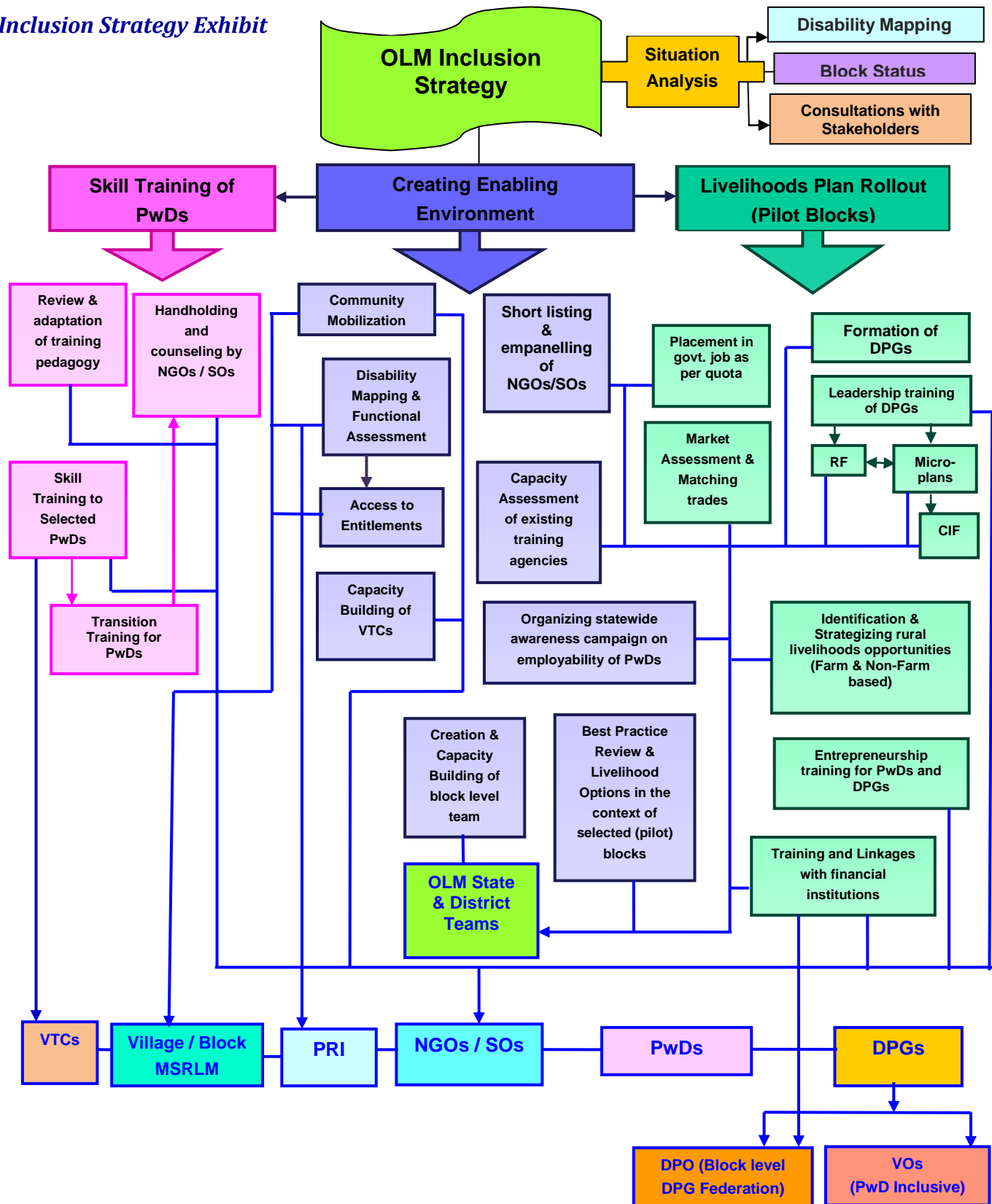
(See annexure VI: IMEP for OLM)

Project Approach & Management

The plan has been prepared under the Result Based Management & Accountability Framework, which is primarily due to the following reasons:

1. To strengthen planning through clear definitions of programme outputs, outcomes and strategic results.
2. To improve coordination of monitoring, evaluation and research activities, setting priorities in data collection and facilitating collaboration with OLM partners
3. To increase accountability, defining each player's role and responsibilities very clearly and, setting basis for project and programme evaluation, in general, and OLM's performance assessment, in particular.
4. To ensure efficient use of data in decision making by synchronizing data collection and decision making opportunities.
5. Process document and track the social and economic path of SHGs and federations
6. Preparing Workshop / Training Programme Reports
7. Process documentation at various levels (Village, Block and District) by NGOs

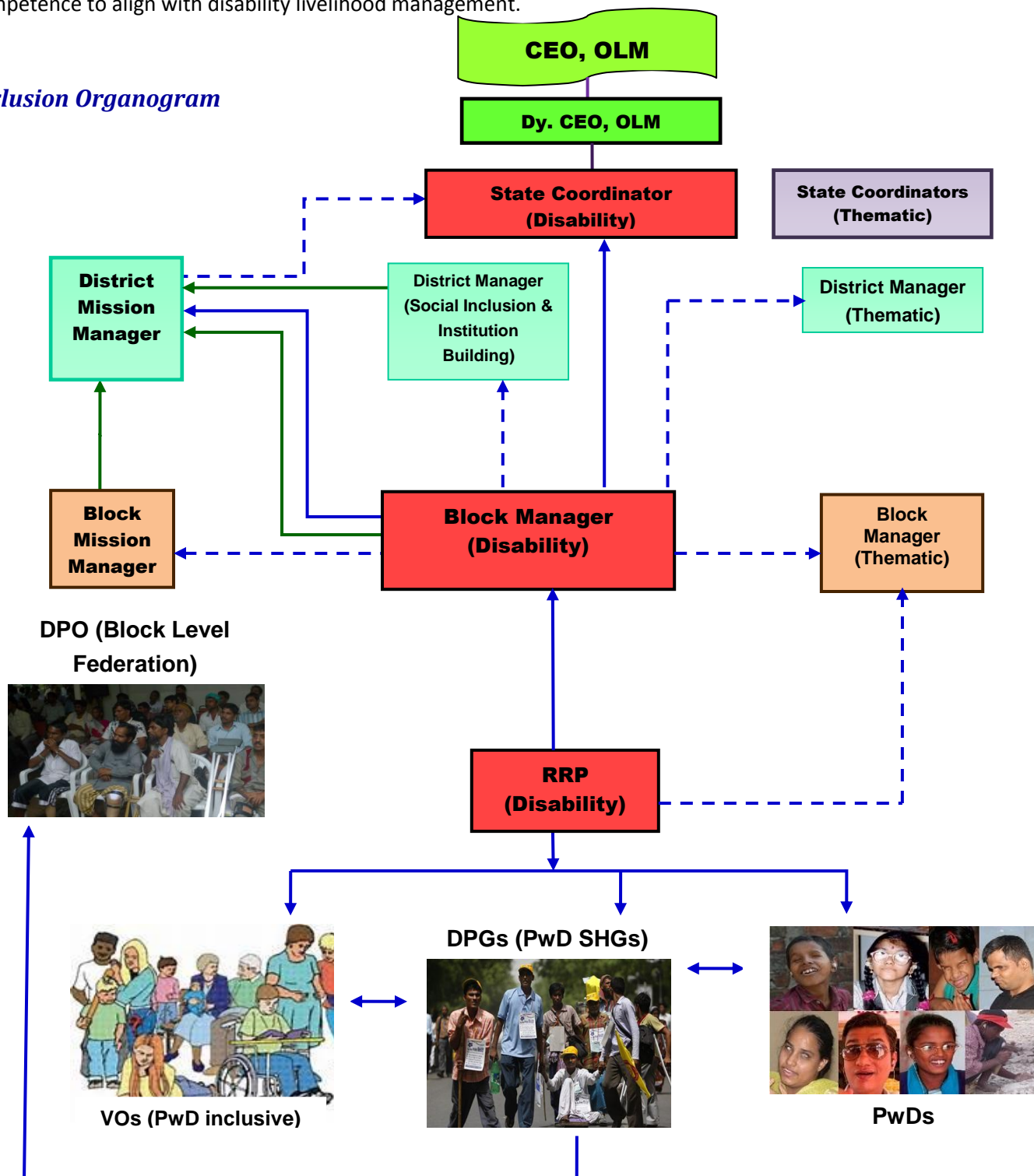
Inclusion Strategy Exhibit



Organizational Structure of PwD Inclusion in OLM

The disability inclusion project would be managed through an appropriate structure from State to the Community level. At the State level there would be appropriately qualified State Coordinator in a senior management level. All the thematic managers at the State level would have appropriate orientation on Disability so as to converge their core competence to align with disability livelihood management.

Inclusion Organogram



The programme implementation team will start at the district level with District Mission Manager being overall accountable person for the disability programme, who would be technically supported by the District Manager Social Inclusion & Institution Building as a focal point as well as other thematic district managers. District Manager (SI & IB) would be functionally supporting the Block Manager (Disability). The District Manager (SI & IB) and the Block Manager (Disability) would receive additional special training on disability affairs. At a community level, Rehabilitation Resource Persons (RRP) (equivalent to CRPs) would be appointed, who would be imparted with 12 weeks CBR training as per the RCI guidelines. The RRP would be chosen from the community where preference would be given to active PwDs. Each RRP would be looking after 10 Disabled Peoples Group (DPGs – PwD SHGs). The RRP would be working in close coordination with the Cluster Coordinators and the Block Manager (Disability).

Currently, the function of State Coordinator (Disability), Block Manager (Disability) and RRP would be managed by the existing staff till the pilot is complete.

Role of OLM Staff

State Coordinator (Disability)

The major activities that the State Coordinator (Disability) would be performing are;

- 1) Provide appropriate and continuing education inputs to the team
- 2) Provide up to date information and best practice advice about the PwDs and any related assistance
- 3) Assist in preparing strategies for livelihoods as per local conditions, including implementation of best practice and transfer of technology
- 4) Initiate research and development for livelihood promotion of PwDs
- 5) Support in developing job vacancies within the organization as well as external agencies for PwDs
- 6) Support to develop workplace policies and practices that are inclusive of PwDs, for example reasonable adjustment to accommodate employees with disability in the workplace
- 7) Forwarding job vacancies directly to the project areas so they can put forward appropriate candidates with disability
- 8) Facilitates the planning, development and implementation of PwD-centered plans across the State
- 9) Coordinate and participate in State level plans and meetings of other line departments to ensure convergence
- 10) Monitor, document and report district-wise progress toward meeting outcomes
- 11) Coordinate communications with other service agencies to ensure district-wise planned outcomes are met.
- 12) Develop Quality Assurance plans to monitor the implementation of each program in the district related to disability.
- 13) Manage personnel by interviewing, hiring, evaluating, supervising, and helping to develop the most qualified individuals to work as direct support professionals.
- 14) Manage and implement program budgets and provide input for budget development. Ensure programs stay within allocated budget; follow policies and procedures for procurement.

- 15) To initiate a State Wide Network of DPOs, the function of which will be to help Co-ordinate efforts of the various Government Department, NGOs, Banks etc. that are involved in mobilizing and forming DPOs.
- 16) Promote awareness of programs and services available to PwDs and advocates on their behalf.
- 17) Ensure maintenance and up keep of appropriate database of individual PwDs across the State and generate exceptional reports as may be required.
- 18) Develop ongoing mutually beneficial relationships with potential employers, assist in providing employers with competent and capable disabled applicants and provide informational support and follow-up services to employers who employ PwDs.

Block Manager (Disability)

The major activities that the Block Coordinator (Disability) would be performing are;

- 1) Provide advice to design implementation program for Inclusion of Person with Disability (PwD) in OLM and other government programs in the respective blocks.
- 2) Provide guidance and monitor social mobilization to form DPGs (Self Help Groups of PwDs)
- 3) Sensitize and capacity building of the field functionaries
- 4) Integration of DPGs with the mainstream village organizations
- 5) Promote federation of DPGs at block level
- 6) Facilitate arrangement of certification and functional assessment
- 7) Ensuring entitlements/benefits to all eligible PwDs as per government norms.
- 8) Coordinate, facilitate and monitor work of NGO partners.
- 9) Identify and arrange for skill development of PwDs on the basis of ability matrix derived out of functional assessment.
- 10) Monitor the program activities undertaken for PwD in the block and provide guidance as required.
- 11) Liaison with various agencies for arranging for the assistive devices in consonance with the State Coordinator (Disability).
- 12) Make livelihood opportunity assessment in terms of available trades and market.
- 13) Design special programmes for PwDs with severe disability.
- 14) Ensure parents and care givers consultations on a regular basis in case of PwDs having mental retardation, mental illness and multiple disability.
- 15) Arrange for leadership development of SHGs and federation
- 16) Ensure disbursement of RF
- 17) Ensure disbursement of CIF
- 18) Ensure disbursement of individual loan in collaboration with MSHFDC and other financial institutions

Role of Rehabilitation Resource Persons (RRPs)

Major functions of RRP are;

1. To arrange for personal assistive devices.
2. To facilitate referral services.

3. To provide home based therapies to PwDs
4. To promote associations of PwDs and parents of children with disability and create linkages with other supportive organizations.
5. To promote DPGs and develop leadership qualities in them.
6. To create a network of various associations of PwDs, Government and voluntary organizations working for the upliftment of the PwDs.
7. To create awareness on the importance of prevention of disability especially on immunization and nutrition.
8. To mobilizes community and other resources towards equalization of opportunities for PwDs.
9. To pay special attention to the women and girls with disabilities and train them towards self reliance.
10. To enable the PwDs to participate in and benefit from scheme and projects supported by government and other agencies.
11. To motivate PwDs to participate in various development programmes
12. To develop income generating skills among the PwDs
13. To make activity report of DPGs and regular update to the OLM block team
14. To ensure the smooth functioning of SHGs in terms of regularization of meetings, maintenance of minutes and account registers, credits and repayments.

Role of NGOs

NGOs would be appointed to facilitate the implementation of comprehensive livelihood plan for PwDs in the focus districts. The plan would be roll out in the selected blocks in phased manner. The selected NGOs would be working under the overall guidance and supervision of the State Coordinator (Disability) and functionally work with Block Manager (Disability). The project will work for promotion of livelihoods for the PwDs and bring them into active employment through appropriate interventions under the project in a life cycle approach. The selected NGOs would work under a Community Based Rehabilitation approach to provide comprehensive services to PwDs (all age group) and their families. NGOs would perform the following major activities;

1. To conduct social mobilization programmes to create a healthy partnership between the communities and PwDs
2. To conduct disability orientation programme for communities and SHGs etc
3. To organize and conduct capacity building programme on disability for Vocational Training Centres (VTCs) and Rural Self Employment Training Institutes (RSETIs).
4. To adapt or develop resource material on health promotion for PwDs, to support rehabilitation activities undertaken in the community
5. To conduct trainings and continuing education of RRP as per RCI guidelines
6. To conduct leadership training of DPGs
7. To ensure bank linkages
8. To ensure recovery of loan
9. To ensure and encourage PwDs participation in Gram Sabha
10. To carry out community awareness campaign

11. To liaison with Anganwadi / ASHA for early identification and referral services

12. To ensure active collaboration with National Institutes (NIHH, NIMD, NIMH, NIOH, NIVH, NIRTAR)

(For further details refer annexure VII: ToR for NGOs)

Result Based Management with Output Description

Impact	OLM will create enabling environment for inclusion of all socially excluded groups to mainstream them towards achieving self-respect and dignity of life through gainful livelihood measures in rural Odisha.
Excluded groups	All Persons with Disabilities (PwDs) are included in the public policy and programme with their rights protected and dignity maintained
Outcomes for Phase - I (Apr 2013 – Mar 2014)	1. Appropriate enabling environment is created by OLM to promote and advocate the institutionalization of inclusion of the excluded groups in all government programmes related to livelihood in rural areas
	2. Appropriate capacity building programmes for selected institutions, support structures, individuals as well as groups designed, conducted and facilitated by OLM for strengthening their capacity to participate in livelihood programme
	3. PwDs fully participate in the sustainable livelihood opportunities created, enhanced and supported by OLM
	4. All identified PwDs in the focus blocks of the pilot districts of OLM receive their basic entitlements

Impact with Outcomes and Outputs

Outcome – 1: Appropriate enabling environment is created by OLM to promote and advocate the institutionalization of inclusion of the excluded groups in all government programmes related to livelihood in rural areas

Output 1: Constitute Disability resource teams at State, district and block level for identified districts

It is essential that resource teams are formed at various levels in order to ensure effective implementation and monitoring of the programme. This is especially important and inevitable for the 3 focus districts where the program would be rolled out.

Output 2: Exposure visits of relevant key officials organized to other States where inclusion has been strategized

Exposure visits are organized so that people living in one place can visit another to observe and learn from their activities and implement those in an appropriate manner in its own project. Organization for the exposure visit would be selected and required logistic arrangements would be done and communicated to the officials selected for the visit. After the visit, a reflection workshop would be organized for de-briefing of the visit undertaken.

Outcome – 2: Appropriate capacity building programmes for selected institutions, support structures, individuals as well as groups designed, conducted and facilitated by OLM for strengthening their capacity to participate in livelihood programme

Output 3: Empanelment of implementation agencies for selected blocks

Most of the work, be it creation of enabling environment or rolling out the livelihoods plan, NGO support would be an integral part of the project. However, it would be crucial that appropriate NGOs are empanelled. A ToR would be developed in order to clearly define their roles as Project Implementing Agency (PIA) and / or Support Organization (SO).

Output 4: State and District level Awareness and sensitization workshops

There are different implementing partners / agencies, which needs to be aware of the project strategies and also its implementation while working with the community and the primary stakeholders. For this, workshops on various aspects of the implementing agency need to be organized at all levels to make them more competent and ensure effective implementation of the inclusion strategy at all levels.

Output 5: Capacity Building of selected implementation partners / resource agencies

Implementing partners leads the project and in order to achieve the project goals it is essential that these partners / agencies are well versed with the strategies to be followed while working with the primary stakeholders and their issues. Most of the partners / resource agencies do not even have the orientation to disability and livelihoods which needs to be given foremost.

Output 6: Orientation on disability to government functionaries and PRI members

Orientation on disability to Government functionaries and PRI members is necessary for effective implementation of the programme strategy. Hence a workshop for district and block level government functionaries and PRI members is proposed.

Output 7: Consultations with PwDs (primary stakeholders) and other stakeholders in the OLM blocks

Consultation with Persons with Disability, their parents and care givers form an imperative and primary activity to start of the project. This would create a baseline for other activities and also frequent interactions followed would ensure smooth functioning of the project.

Outcome – 3: PwDs fully participate in the sustainable livelihood opportunities created, enhanced and supported by OLM

Output 8: Designing of the disability and livelihood program strategies, implementation mechanisms in partnership with potential partners

A programme strategy provides us with a clear vision towards the upcoming challenge in the project; it gives insights about the hidden barriers while executing it and also how to overcome them. Actionable plan of execution based on the programme strategy gives us permanent understanding about how to achieve results from future strategic initiatives. Disability and livelihood programme strategy and implementation mechanisms developed followed in the precise manner would ensure effective implementation of strategy and achievement of project objectives.

Output 9: Presentation of draft strategy and program to OLM team and other relevant stakeholder for comments and feedback

Program and interventions envisaged for all the excluded groups needs to be strategized and to ensure its effective implementation; the drafted strategy has to be appreciated and approved by all the concerned govt. functionaries, OLM team and stakeholders. Once the comments and feedback received incorporated into the draft, the strategy is finalized and ready for execution.

Output 10: Integrated Monitoring and Evaluation Programme designed

To ensure effective implementation of the programme strategy with proper follow up and supervision at various levels by the appropriate government authorities / partnering agencies, an Integrated Monitoring and Evaluation Programme would be designed.

Output 11: Finalization and dissemination of the strategy and programme design

The programme strategy would be finalized after incorporating the appropriate feedbacks received from the relevant stakeholders during the programme strategy presentation workshop. Once the strategy is finalized it would be disseminated among the various stakeholders. Inputs in finalization of the pilot districts and blocks / GPs are essential to activate the process in best suited field area that is favorable for the plan to be executed. This process has to be carried out in phased manner so that all the issues are well addressed

Budget at a Glance

Sr. No.	Capacity Control	Total (in Rs.)
1.	Disability Survey	37,00,000
2.	Capacity Building	
3.	Exposure Visit	
4.	NGO Hiring	80,00,000
5.	Workshop for District Livelihood Plan for PwDs (2 days) for 2 districts	3,50,000
6.	State Level Orientation Workshop (1 day)	5,00,000
7.	Leadership Training for DPGs (2 days) for 2 districts - 15 programmes	22,50,000
8.	Capacity Building of Partner NGOs (2 days) -	2,00,000
9.	Capacity building of District Mission Managers and District Coordinators (Social Inclusion) – 10 days training for a batch of 30 participants at TISS, Mumbai / equivalent organization	7,00,000
10.	Orientation programme for identifying district level best practices for PwDs (1 day)	50,000
11.	Entrepreneurship Development Training programme for 150 PwDs (3 batches) (Rs. 7500/- per person residential)	11,25,000
12.	Capacity Building of Master Trainers	9,75,000
13.	IEC Campaign	8,00,000
14.	Communication Consultant	3,15,000
15.	Revolving Fund (RF) to DPGs (expecting 50% of 950 DPGs will be graded)	71,25,000
16.	Community Investment Fund (CIF) to DPGs (expecting 25% of 950 DPGs will be able to make their Micro Investment Plan)	1,42,50,000
	Grand Total	4,03,40,000

Annexure

Annexure I: Block Team ToR

Block Disability Team - Terms of Reference

1. Purpose and Scope

- The Block team will develop initial recommended design options for a new disability livelihoods program to begin implementation in 2013. This would include options relating to the following:
 - 1) Program definition and access;
 - 2) Eligibility and assessment processes; and
 - 3) Program interactions/requirements (e.g. reporting).
- The Block team will assist in recommending a phased approach to implementation, if required, with a primary focus on 2013-2014 deliverables, but also providing recommendations for 2015- 2018 work should the magnitude of change require a multi-year approach.
- The Block team will develop a discussion guide on the recommended options, which will be used to gather feedback from the disability community prior to making final recommendations to the State office by March 31, 2014.
- The issue of adequacy and benefit levels will be well within the scope of the work of the Block team. The focus of the Block team's work in the first year will be to provide recommended options regarding the design of the new livelihoods program and demonstrate by rolling out as pilot intervention.
- The Block team will be fully handhold supported by the inclusion consultant appointed for this purpose for first 6 months and subsequently by the partner NGOs.

2. Activities

The Block team will undertake the following activities:

- 1) Develop goals, objectives and principles to guide the work of the Community Based Rehabilitation (CBR) workers.
- 2) Identify the key characteristics/elements of a separate livelihoods program including:
 - i. Describing the changes that would be required to design and implement each new characteristic/element, and
 - ii. Prioritizing the implementation of each element, in designated Panchayat.
 - iii. Ensuring entitlements / benefits to PwDs as per government norms.
 - iv. Arranging for camps for certification and assessment for personal assistive devices.
 - v. Liaison with various agencies for arranging for the assistive devices in consonance with the State Disability Team.
 - vi. Conduct regular and periodic meeting with Block authority specially health, education, ICDS, DRDA, social welfare, public works and employment exchange.
- 3) Undertake and guide social mobilization work in order to create Self Help Groups (SHGs), Village Organizations (VOs) and cluster/block level federations.

- 4) Arrange for capacity building of SHG and federation members including exposure visits.
- 5) Make livelihood opportunity assessment in terms of available trades and market.
- 6) Coordinate and assist disability functional assessment with the help of assigned NGOs / professionals.
- 7) Define assessment and eligibility processes for determining who the work-limiting disability population is and design appropriate program with the help of expert wherever required.
- 8) Develop program administration options including reporting requirements to carry out pilot intervention.
- 9) Provide advice and input regarding models of service delivery for the new program.
- 10) Develop a discussion guide on the recommended options for the disability livelihoods program and plan and facilitate consultations/discussions with the disability community.

3. Deliverable(s)/Outcomes

- a) All PwDs are identified and have received their basic entitlements. These are early intervention of CWSN, certification, scholarship, assistive device and disability pension where applicable.
- b) The Block team will provide the TRIPTI State office with recommended design options regarding specific / new disability livelihoods programs on the basis of ability matrix and initiated pilot. These options are to be scalable in terms of the degree of program change and realistic implementation timelines

4. Membership

The Block team will have a maximum of 15 members comprising of;

- i. Category specific PwD (OI)
- ii. Category specific PwD (VI)
- iii. Category specific PwD (HI)
- iv. Parent's representation of MC
- v. Parent's representation of Mult. Dis.
- vi. BDO / Sabhapati Panchayat Samiti
- vii. Block Program Manager,
- viii. 3 TRIPTI officials
- ix. Asst Director Social Welfare Officer(District level)
- x. Block Health Officer / rep. of Civil Surgeon,
- xi. Block Education Officer
- xii. Two Cluster Coordinators

The Block Program Manager will be the overall in-charge of the inclusion project.

5. Reporting Relationship

The Block team will functionally report to District Project Manager TRIPTI, and administratively report to the OLM State office.

6. Block Team Subcommittees

- The Block team may establish subcommittees at cluster level where more in-depth work is needed on a specific issue.
- The subcommittees will report to the Block team. All work of the subcommittees is subject to review and decision by the Block team.
- Any subcommittees must have at least two community representatives and two PwDs / PwDs Care givers
- The subcommittees may include additional outside participants as may be required from time to time.
- The subcommittees will complete their work within the time frame established by the Block team.

7. Block Team Decision Making

Decisions taken by the Block team regarding its work will be based on the support of the majority of members. Minority opinions will be noted on request.

8. Confidentiality

Block team members may be privy to confidential material. Members are expected to respect the confidential nature of the material.

9. Meetings

- The Block team will meet at least once a month and if required more to transact suitable and tangible agenda. All such meetings will be recorded and appropriate minutes may be noted.
- Review of every subcommittee's work should be part of the agenda.
- As far as possible the date of the meeting should be fixed and any changes in the next month's meeting date may be discussed in the current meeting.

10. Expenses

Meetings and all other related expenses will be guided as per prevailing OLM/TRIPTI norms and guidelines.

Annexure II: Schedule for Disability Orientation of Government Functionaries and PRI members

Disability Orientation

Programme for Government Functionaries & PRI Members

Programme Schedule

Time	Session
09:30 –10:00	Registration
10:00 – 10:20	Welcome by CEO, Zilla Parishad, Introduction & objectives
10:20 – 10:25	Disability Film -1 (Disability in India)
10:25 – 11:00	Who is a person with disability? – Orientation on Types of Disability
<i>TEA - BREAK (11:00 – 11:15)</i>	
11:15 - 11:20	Disability Film – 2, 3 (Equality in Diversity, Football Child)
11:20 – 12:45	Disability Legislation and Institutional Framework
12:45 – 1:30	Status of Disability in State / District with special reference to livelihoods & Discussion
<i>LUNCH BREAK (1:30 – 2:15)</i>	
2:15 – 2:20	Disability Film – 4 (Dance with compatibility)
2:20 – 4:30	Group Exercise on Disability & Livelihoods
<i>TEA - BREAK (4:30 –4:45)</i>	
4:45 – 5:30	Group Presentation and Discussion
5:30 – 5:35	Disability Film – 5 (National Anthem)

Annexure III: Training Module for DM (SI&IB) and BM (Disability)

Training Objectives:

1. To sensitize and build awareness on issues related to disability
2. To impart information related to legislations, policies and schemes related to disability
3. To identify the role of participants as implementers of such policies and schemes and also network for effective implementation
4. To develop detailed individual plans of action for implementation in their respective districts/areas

Program Schedule

Date & Time	Topic	Methodology	Resource Person
Day 1	Group building Introduction to the workshop Experiential understanding of disability Overview and Types of disability	Icebreakers, Presentation Simulation exercises Lecture	
Day 2	Causes and impact of disability on individual and family, capacities of persons with disability Visit to NASEOH	Case studies, self study, discussion and presentation Field Visit	
Day 3	Perspectives to understand persons with disability and various stakeholders in the disability sector	Presentations, case studies, discussion, debates and mapping of stakeholders to network with	
Day 3	Reflection on self	Simulation exercises	
Day 4	Field visit and feedback		
Day 5	Laws related to disability – PWD, RCI, NTA, MHA and UNCRPD	Self study, case studies, question answer sessions and discussion	
Day 6	Policies and schemes related to disability – Central Level	Self study, discussion and role plays	
Day 6	Reflection on self	Simulation exercises	
Day 7	Policies and schemes related to disability, convergence of schemes and institutions to address issues related to them Visit to NIHH	Self study, discussion and role plays Field visit	
Day 8	Administration of schemes and policies and networking with various agencies: Issues, concerns and action, role of social welfare officers	panel discussion NGO interaction	
Day 9	Building action for disability intervention in the sector	Group exercise	
Day 10	Building action for disability intervention in the sector	Group exercise	
Day 10	Sharing action plans Valediction and feedback	Sharing, discussion and reflections	

Annexure IV: Formation of DPG - Guidelines

Guidelines for formation of DPGs (PwD SHGs)

The Prelude

Odisha Livelihoods Mission (OLM) has launched “Inclusion of Persons with Disabilities (PwDs)” as part of its overall canvas of livelihoods programme. As a first step to the economic independence of the PwDs, Disabled Persons Group (DPGs), which is equivalent to Self Help Groups, are encouraged to facilitate formation of exclusive SHGs of PwDs.

It is a known fact that the PwDs are marginalized through social neglect, indifference and little care and support. As a result, majority of these people do not have the basic knowledge, awareness and information regarding the benefits and schemes developed for them. To bring them at par with other members of the community, special effort need to be made to mobilize, form and strengthen the organizations of PwDs.

Goals and Objectives

1. To facilitate a rightful place for the PwDs with dignity in the society.
2. To facilitate social, economic and emotional support to PwDs in the village.
3. To strengthen the DPG as information hubs in the villages on disability issues.
4. To build cluster association at block level, federation of clusters at the district level and network of federation at the State level.
5. Establishing a community level Monitoring Information System (MIS).
6. The MSRLM team at block level will act as nodal agency to identify, promote and strengthen the institutional capacity building of the DPGs through appropriate mechanism in consultation with district and State office.
7. MSRLM would design special financial product/s for assisting the DPGs after compiling the need assessment report from the DPGs. These products may be related to health, education, skill development, accessibility, assistive devices and most importantly livelihoods.

Basic requirements to be taken care of

SHG concept and process has been highly successful in making people independent and economically self-reliant. When extended to the field of disability it also spells success. But it requires specific precautionary measure before implementation. An SHG is by definition a group and the group should have **Confidence, Cohesion** and **Cooperation** among its members. Once these attitudes are in place then we can ask the members to negotiate financial transaction. Otherwise there is every chance of fallout among the members and collapse of the group. The other necessary factors relating to the SHG is **linking to community** and including **Women** and **Children** in the process.

AIR sustains life

For the existence of the human being breathing air is absolutely needed. So is the case with the DPGs, they need to Advocate for Identity and Rights (AIR) and develop Ability to generate Income that brings Recognition (Respect). These are very fundamental guidelines to be kept in mind both for the facilitating agencies and group members.

Composition and Structure of the DPG under OLM

Who is a PwD: Person having physical /sensory /mental / emotional challenge as per PwD Act 1995 and National Trust Act 2000 would be termed as PwD e.g. OI (orthopedic Impairment), HI (hearing and Impairment) SI (speech impairment), VI (Visual Impairment), MR (Mental Retardation), CP (Cerebral Palsy), AU(Autism), LD (Learning Disability), LE (Leprosy), MI(Mental Illness) and MD(Multiple Disability-more than one type of disability mentioned above).

Keeping the social discrimination in view a person with physical and sensory impairment at the level of even less than 40% (e.g. a person having one finger missing, one eyed, partial hearing etc.) could be taken as members in the group. However, while deciding for the loan the vulnerability of the person would be considered.

Since the PwDs will constitute the DPG certain constraining factors need to be considered.

1. Number of PwDs in the village (nearby locality, GP)
2. Incidence of disability (persons of one type of disability)
3. Male – Female distribution
4. Age Group to become member of DPG
5. Addressing the disability of MD, MI and MR

There is frequent possibility of the number of PwDs in the region be very less. Under this circumstance if 5 PwDs can be brought together, a DPG can be formed. For a number less than 5, individual programs will be preferred. Even integrating them with other general SHGs can be planned. It is also very much possible that many people with one type of disability are not present in the village. In that case people of cross-disability can be brought together. Same is the situation for the Male-Female distribution. Besides, there is a need to look at the interest and future of a child with disability.

Guideline for the DPG composition

- a) Have at least 5 members (PwDs). But not beyond 10.
- b) If number permits, can have homogeneous (on disability) group e.g. OI, VI, HI etc. If number permits can have homogeneous (on sex) group e.g. purely women with disability. But frequently in the general community setup it is seen that a mix group (heterogeneous on both disability and sex) is the most feasible composition.
- c) The person should belong to the age group 18 to 60 years (both years included). In case of MD, MI and MR parent/legal guardian/care-giver can represent in the group and mobilize the benefit. However, the members of the concerned group are required to do a monitoring to ensure that the person concerned is getting the benefit.

- d) For a wider coverage even Children with disability could be represented through their parent/legal guardian/care-giver as members in the DPG. After they become 18yrs of age, the membership of the parents ceases except in case of MD, MI, MR and in certain cases of CP. Monitoring mechanism in place so that the benefit accrues to the child.
- e) Persons (Child or Adult) with MD, MI and MR should be represented by their parent/legal guardian/care-giver. In case of adults the District Magistrate of the nativity must authenticate the guardianship as per National Trust Act.
- f) In light of c & d above parents association can be made into DPGs but the implication has to be strictly monitored.
- g) A group will be termed Integrated if general category and PwDs come together facilitated by the MSRLM team to form an DPG. (This should be differentiated from the instance of merging PwD in to a mainstream SHG not facilitated by the OLM)
- h) In case of an integrated group the persons with disability should be given space in decision making. A concrete step in this direction is to earmark executive functionary posts in the group for the PwD.
- i) If a woman with disability is already a member in the women SHG in the village she would have the liberty to either continue in the same group or join the DPG. However she cannot be the member of both. In case she decides to continue in the same group (non DPG) then she should get all benefits as a PwD.
- j) As far as the structure is concern they should have a resolution /declaration stating that they have come together to form a DPG. They should also state their working President and Secretary/Treasurer. They should sit down in a meeting deciding on the minimum monthly deposit by members, get the money collected and open an account in a bank which will be facilitated by the OLM block team. A Post Office account is agreeable in situations where a bank branch is too far for access of the PwDs. But this account will be redundant when consideration for external financial and bank loan linkages arises. They are accepted as formal DPG only after having an Account in a Bank (Nationalized, Gramin bank, Co-operative bank, Corporate bank etc).

Who can form a DPG (PwD SHG)

The Government Departments, NGOs, Project Implementing Agency or group of individuals can form the DPG. The Community Resource Person (CRP)/Community Based Rehabilitation (CBR) Worker specially appointed for this purpose will take care of minimum 10 groups. CRP/ CBR worker will identify the members/villages, mobilize PwDs and facilitate the group formation, helping the group to take up activities and enabling them linkages with Banks and other Micro Finance Institutions (CRP/CBR Worker functions enclosed at Annexure – A)

Eligibility criteria to form DPG under OLM

1. The members should be resident of the village or immediate adjoining villages.
2. DPG should have 80% of the members as PwDs
3. DPG should hold regular meetings with at least 1 meeting per month.
4. The meeting venue should be accessible and comfortable for PwDs.
5. They should maintain the accounts

6. Group leaders to be selected by the members on rotation basis.
7. Transparency and participatory decision making in the operation of the group
8. Initially loan should be of small amount with short repayment periods.
9. Need assessment and vulnerability assessment of the members should be done by the group before deciding the loan to a member.
10. Norms of saving and credit are laid down by the members.
11. Bank Saving Account must be opened by the DPG anytime after 3 meetings are held and a resolution passed with signature of all members indicating their decision to open a Saving Bank (SB) account.
12. After saving for a minimum period of 2 to 3 months, the common savings fund should be used by the DPG for internal lending.
13. The group to be linked with Bank (in addition to account opening) and other government and semi-government corporations at least 6 months after operation and based on the internal lending and credit report.
14. The group member has to maintain an individual record (CRP/CBR worker should ensure this and should regularly update OLM block team) along with the passbook given to them by the Bank.
15. The leaders of the DPGs under OLM should be recognized by all government departments and other service providing body of the Govt.
16. The DPG would be eligible for receiving of Revolving Fund (RF). In addition to gradation guidelines, the selected representatives of the DPG must undergo basic leadership development training before availing of the RF.
17. The DPG would be eligible for Community Investment Fund (CIF) for which micro-plan would be essential.
18. The DPG would be eligible for the special financial product/s designed by OLM.

Transaction Recordings

Proceedings of every meeting and decision made thereof should be kept as minutes of the meeting. Every financial transaction made should also be recorded in the individual passbook and group passbook and also maintained in ledgers.

Internal lending and Bank loan

To be eligible for external support the group needs to go for internal lending first. A strict vigil has to be maintained on the repayment of internal loan. Banks will observe this pattern for a period of at least last 6 months before extending financial support. Minimum eligibility for bank linkage should be operation of account with regular deposit for 3 months at least.

Classification of DPG

Depending on the duration of existence, financial base and status of money rotation and repayment the DPG is rated as A, B, C or D, A being the highest rating. The gradation will be the yardstick for assessing the groups in terms of linkage in Banks and also the ratio/amount of loan to the group. They are also eligible for support under NHFDC or any other central/State/local government scheme and other micro finance linkages (Gradation scale enclosed as Annexure – B)

Roles and responsibilities of DPGs under OLM

1. **Meeting** - The member should attend the meeting regularly and participate in the meeting and voice their opinion.
2. **Needs assessment** - The needs of each individual member of the DPG should be analyzed carefully. Apart from economic activities the group should ensure the basic things of the members e.g. disability certificate and other entitlements as may be required by the individual member of the group.
3. **Personal Assistive Device** - DPG should ensure the appropriate personal assistive devices for the group members from the nearest CRC/DDRC/ALIMCO etc.
4. **Participation in Development Activities** - The leaders need to make the group presence felt in different village development activities e.g. creating a space in Gram Sabha, to become a part of the other developmental activities and also to be in touch with the PRIs for utilization of ear marked fund for PwD in the Panchayat.
5. **Awareness raising** - Raise awareness among the general public, the government and PwDs themselves, by informing, publicizing, discussing and sensitizing.
6. **Confidence building** - PwDs have to become confident about their potential to change and have to be encouraged by sharing experiences, observations, endorsements, conscientisation, sensitization, and disseminating information.
7. **Training** - Once the needs of individual members are identified, training for them has to be arranged through discussions, skills transfer, seminars, coaching, and field trips.
8. **Motivation** - All members should be aware of the aims of the DPG, what the DPG is, what its objectives and policies are. Members themselves should be able to motivate the community.
9. **Developing group Rules, Policies and Principles** - The DPGs should lay down the rules, methods and guidelines for operation for themselves which should be accepted by consensus.
10. **Establishment of savings and credit** - Members should immediately start savings activity with a comfortable amount duly agreed by all the members. The capacity of the poorest among the group to contribute the amount should be given the highest priority. The frequency of the savings can be decided by the group on weekly or monthly basis as may be deemed fit. Inter loaning activity is the second stage this process in order to become credit worthiness
11. **Revolving Fund (RF)** - DPGs should ensure the group is eligible for Revolving Fund (RF) as per gradation scale
12. **Community Investment Fund (CIF)** - Every DPG should prepare a micro-plan for the group for availing the Community Investment Fund (CIF).
13. **Involvement in social activities** - DPG should actively participate in social services such as services for individuals, groups or the community. Group members should be encouraged to get involved in village development activities such as meetings, road construction/repair, school committees, health programmes, drinking water provision, agricultural development, forest development, industries and so on. In this way PwDs can gain respect and contribute their resources to the community.

14. **Networking** – DPG should collect information on government welfare and development policies, and develop co-operation between different sectors.

Annexure – A: CRP/CBR worker Functions

1. To identify the PwDs.
2. To arrange for personal assistive devices.
3. To facilitate referral services.
4. To promote associations of PwDs and parents of children with disability and create linkages with other supportive organizations.
5. To promote self help movements of PwDs and develop leadership qualities in them.
6. To create a network of various associations of PwDs and Government and voluntary organizations working for the upliftment of the PwDs.
7. To create awareness on the importance of prevention of disability especially on immunization and nutrition.
8. To mobilizes community and other resources towards equalization of opportunities for PwDs.
9. To enable rural PwDs to gain self confidence and greater access to rehabilitation services.
10. To pay special attention to the rural disabled women and girls and train them towards self reliance.
11. To enable the PwDs to participate in and benefit from scheme and projects supported by government and other agencies.
12. To motivate PwDs to participate in various development programmes
13. To develop income generating skills among the PwDs
14. To make activity report of DPGs and regular update to the MSRLM block team
15. To ensure the smooth functioning of DPGs in terms of regularization of meetings, maintenance of minutes and account registers, credits and repayments.

Annexure – B: DPG Gradation Scale

DPG (PwD SHG) First Grade format
(Group Age 3 to 6 months)
(For Disabled Persons Group Work Performance)

Evaluation of DPG in Semi – intensive and non-intensive area for Revolving Fund – 100 marks											
District Name:							Block Name:				
Village and Gram Panchayat Name:							DPG Establishment Date:				
Bank Name:							Bank IFSC no.:				
Bank Ac No.:							DPG total Saving Amount:				
DPG Name:											
Total DPG members:	Male	Female	Category-wise No. of PwDs	OH	HH	VH	MH	MD	MI	LD	Others

Sr. No.	Classification / Support Register	Evaluation Points	Total Marks	Marks Details	Score d Marks
1.	DPG (PwD SHG) meeting (Meeting report-Register)	80 to 100% meeting alternately at members place	10	10	
		79 to 70% meeting alternately at members place		8	
		69 to 60% meeting alternately at members place		6	
2.	Attendance of the members in DPG meeting (at least past 6 meetings) (Meeting report-Register)	80 to 100% attendance	10	10	
		79 to 70% attendance		8	
		69 to 60% attendance		6	
3.	DPG members saving – (members saving ac register, cash record)	regular saving by 90 to 100% members	15	15	
		regular saving by 89 to 80% members		12	
		regular saving by 79 to 70% members		10	

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4.	Internal loan (Meeting Register, Cash records, member loan ac register, individual passbook)	80 to 100% members taken the loan at least once	10	10	
		79 to 70% members taken the loan at least once		8	
		69 to 60% members taken the loan at least once		6	
5.	Return of Loan Amount (Meeting Register, Cash records, member loan ac register, individual passbook)	80 to 100% members returning the amount in the given period	10	10	
		79 to 70% members returning the amount in the given period		8	
		69 to 60% members returning the amount in the given period		6	
6.	Reports and other documents (Meeting Register, Members saving ac register, cash records, member loan ac register, individual / group bank passbook, feedback register)	4 reports or other documents as per format available	5	5	
		3 reports or other documents as per format available		4	
		2 reports or other documents as per format available		3	
7.	Regular use of toilets in house of DPG members (Meeting Register, feedback register)	60% or above members using the toilet regularly in their house	5	5	
		59% to 50% members using the toilet regularly in their house		4	
		49% to 40% members using the toilet regularly in their house		3	
8.	Disability Certificate	50% or above of the Members have certificate	15	15	
		49% to 35% of the Members have certificate		12	
		34% to 20% of the Members have certificate		10	
9.	Education status of the PwD members - at least up to 10 th Std. (Meeting Register, feedback register) Basic ADL(in case of MR and MD)	50% or above PwD's receiving/received appropriate education as per their age and category of disability.	15	15	
		49 to 35% PwD's receiving/received appropriate education as per their age and category of disability.		12	
		34 to 20% PwD's receiving/received appropriate education as per their age and category of disability.		10	
10.	Active participation of the organization in various government schemes including PwD entitlements (Meeting Register, feedback register)	50% or above members as beneficiaries of at least 2 government schemes	5	5	
		49 to 35% members as beneficiaries of at least 2 government schemes		4	
		34 to 20% members as beneficiaries of at least 2 government schemes		3	
		Total	100	-	

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Points received by DPG, grade and appropriate revolving fund

Points received by the DPG as per NABARD indicators Sr. No. 1 to 6 (Out of 60)	Points received by the DPG as per Social indicators (Out of 40)	Total Points received (Out of 100)	Gradation based on the points achieved	Eligible revolving fund (Amount in Rs.)
45 to 60	35 to 40	80 to 100	A	15000/-
35 to 44	34 to 25	79 to 60	B	12000/-
25 to 34	24 to 10	59 to 35	C	10000/-
24 and below	9 and below	34 and below	D	Not eligible

Group Representative

Extension Officer

Bank Representative

Secretary

.....DPG

President

.....DPG

Block Development Officer

Panchayat Samiti

Annexure V: Communication Consultant ToR

Title: Preparation of Communication strategy in support of enhancing livelihoods options of Persons with Disability through appropriate intervention under the Targeted Rural Initiatives for Poverty Termination and Infrastructure (TRIPTI) Project

A. Background

1. About TRIPTI

TRIPTI aims at enhancing the socio-economic status of the poor, especially women and disadvantaged groups, in ten districts of Odisha over a period of five years, beginning 10 February 2009. The project is assisted by the International Development Agency of the World Bank and implemented by Orissa Poverty Reduction Mission, a society under the Panchayati Raj Department of government of Odisha.

TRIPTI has adopted a three-pronged approach to achieve its objective:

- Strengthening economic organizations of the poor to be more self reliant and achieve better livelihoods for members.
- Enable women's' groups to play a more vocal role in local decision-making and help them sustainably access financial services from public and private financial institutions for establishing economically viable small to medium scale enterprises.
- Increase incomes of the majority of the poor members of SHGs through enhanced rural livelihoods by financing capacity building measures and developing market linkages.

Project Principles:

- Economic – all interventions will be designed to ensure improved cost-effectiveness and increased economic return to the community members.
- Institutional - effective utilization of existing capacity (district, block level staff and federation members) for delivering and monitoring services at the district level.
- Social -- improved capacity of communities to organize them to identify their needs and access support to meet these needs.
- Participation - increased focus on involving communities in a participatory manner.

The project recognizes the progress under the [Mission Shakti movement](#) in Odisha that has demonstrated considerable achievement in the field of social mobilization of the poor into SHGs and some degree of credit mobilization from Banks. As of September 2007, an estimated 2,28,562 SHGs were reported to have been promoted by the Department of Women and Child Development through its ICDS workers, 70,000 SHGs by NGOs, and 52,000 by banks. TRIPTI builds on the social and credit mobilization of Mission Shakti and steps it up through financial services and livelihood enhancement for the rural poor in the selected areas.

2. Organization and Implementation Structure

- The project's institutional arrangements are built as support structure starting from the community level and going to the Block, District and State level. The primary agency responsible for the project's implementation will be the Orissa Poverty Reduction Mission (OPRM) established by the GoO, as the agency for rural livelihood promotion and poverty elimination in Odisha

B. Context

There is great uncertainty and debate about the prevalence rates of disability in India. For the first time Census of India enumerated Persons with Disabilities under separate category. However, due to lack of understanding on the part of enumerator as well as complexities in defining disability, the existing figure has come under great controversy. While the Census figure quotes 2.19%, other independent surveys by NGOs, International Bodies, Disabled Activists as well as the World Bank Report (*People with Disabilities in India: From Commitments to Outcomes 2009*) quote 6%, WHO believes as 10% of the population suffers from some or other kind of disability. The wide range in prevalence figures reflects the variation in the definitions of disability.

Disabled people living in poverty have always suffered from double disadvantage and are also at higher risk of becoming even poorer. The same is true for all people living in poverty, who have a higher risk of facing a disabling condition due to their limited access to basic services such as health, education, and sanitation and higher rates of exposure to hazardous working conditions. Women with disabilities face certain unique disadvantages, such as difficulties in performing traditional gender roles, participating in community life, and accessing rehabilitation services that are dominated by male service providers. They are routinely denied acceptance in areas from transportation and schooling to employment.

With the passing of The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, though the government has reserved 3 percent of the jobs in the formal sector as well as in various poverty alleviation programmes, the countrywide statistics prove the inadequacies of the State Governments to implement the provisions. Thus even the percentage reserved in the poverty alleviation scheme is not exhausted, although hundreds and thousands of PwDs are still anxiously on the lookout for most rudimentary livelihood support for themselves.

Self-esteem is a vital component in how a Person with Disability (PwD) faces the challenges of life. It is not difficult to understand why a PwD's self-esteem may suffer when s/he has a disability. In the media, people with disabilities are often portrayed as victims or brave fighters who triumph. In a world that cherishes youth, beauty, vitality, good health, and self-reliance, person with disabilities have to battle constantly for the fundamental human rights simply to be who they really are.

Developing a positive self-image and building self-esteem is a process. Sometimes, the first step is to give you permission to like yourself. By developing self-compassion, self-acceptance and self-love, you empower yourself to accomplish your goals and improve your relationships with others.

TRIPTI has launched an intensive focus on enhancement of livelihoods of Persons with disabilities on pilot basis with an aim to upscale the same in the entire state of Odhisha. To build up the Livelihoods strategy for PwDs more comprehensive it was decided to in-built the communication approach within the ambit of the overall intervention plan for PwDs.

C. The Assignment

The communication strategy will be a proactive tool to support TRIPTI's social inclusion in general and Persons with Disability's objective in particular. An effective communication strategy should respond to clear objectives, set specific targets and identify tools and activities that need to be executed. Gaining political, public and civil society support will also be essential to succeed, and its communication strategy will be vital to achieving this.

The communication strategy should include a number of basic elements. In order to ensure a baseline for work, as well as a comparison point for future evaluation of the strategy, a communication review should be conducted as the first step in the development of the strategy. This review would include analysis of the current perception of TRIPTI by stakeholders. Alongside this review, a stakeholder-mapping exercise should be undertaken in order to establish stakeholder target audiences.

In order to take advantage of best practices, the strategy should include a brief comparative mapping of the communication strategies and tools used by comparable national and international (through secondary source only) institutions.

The strategy should propose a practical schedule of communication activities taking into account the calendar, as well as the annual work plan of the TRIPTI.

Finally, the communication strategy should include tools to enable an ongoing and periodic evaluation of its effectiveness against the stated objectives.

The scope of work required includes:

- 1 Undertake a study by applying appropriate participatory method and do a communication review, including an analysis of the current perception of the TRIPTI among key constituencies and stakeholders
- 2 A review of current perception of PwDs in selected community
- 3 Mapping of the communication strategies, relationships, and outputs of other comparable institutions
- 4 Mapping of stakeholder and target audiences
- 5 Designing of methodology for embarking of work (field + secondary research)

Deliverables

An outline strategy document should be the first deliverable. This will provide an overview of the elements of the strategy, the methodology to be followed, and some initial recommendations concerning the strategic direction and message, based on the communication review.

1. Interim draft strategy that will be subject to review by TRIPTI
2. A final strategy and report containing detailed communication and dissemination strategy,
 - An outline of the types of informational materials and medium suggested for use as part of the communication knowledge dissemination strategy
 - An implementation plan, including a detailed resource list.
 - A draft evaluation instrument for measuring the effectiveness of the strategy

Tentative Chapters

1. Situation and problem analysis
2. Audience and KAP (Knowledge Attitude and Practice) analysis
3. Communication objectives
4. Strategy design
5. Participation of strategic groups - the Process
6. Media selection and mix
7. Suggestions on Media use
8. M&E and process documentation
 - i) Participatory Monitoring
 - ii) From Strategy to Implementation

Basic Requirements

We are looking for a results-oriented, creative, confident and self motivated person who is able to work independently; follow through initiatives and meet deadlines; and is a good team player. The position requires one with a multiple experience in communications or media management and at least 10 years of proven record of working in the field of development communications with Government, UN and/or international organization. Experience of working in health and social issues would be an added asset. The candidate should be a passionate and skillful writer, excellent in written and verbal communications. Work experience in the state of Odhisha will be an added advantage.

Duration and type of contract

The Communications and Media Consultant will be hired for a period of 25 days worked from start date, but need to be completed within 2 months from signing the contract.

Annexure VI: IMEP for OLM

INTEGRATED MONITORING AND EVALUATION TABLE FOR OLM

During the 2014-2018 cycle, the following three major subjects will be focused: **PwDs empowerment**, **Community Involvement** and **Government Competencies/ Response**

	2014	2015	2016	2016	2017	2018
Surveys/ studies	<p>PwD identification survey through Rapid Assessment (to cover all SHGs under 38 TRIPTI blocks with support of CRPs)</p> <p>Detailed disability survey of 11 blocks for identified households with PwDs under Rapid survey</p> <p>Study on early intervention and referral services at the family and Anganwadi level. (2 blocks)</p> <p>Study of enrollment pattern, retention and dropout of CWSN (2 blocks)</p> <p>Market assessment and matching of trades (5 districts)</p>	<p>Detailed disability survey of 9 blocks for identified households with PwDs under Rapid survey</p> <p>Study on early intervention and referral services at the family and Anganwadi level. (9 blocks)</p>	<p>E X T E R N A L M I D T E R M E V A L U A T I O N</p>	<p>Detailed disability survey of 9 blocks for identified households with PwDs under Rapid survey</p> <p>Study on early intervention and referral services at the family and Anganwadi level. (9 blocks)</p> <p>Study of enrollment pattern, retention and dropout of CWSN (18 blocks)</p> <p>Market assessment and matching of trades (5 districts)</p>	<p>Detailed disability survey of 9 blocks for identified households with PwDs under Rapid survey</p> <p>Study on early intervention and referral services at the family and Anganwadi level. (9 blocks)</p>	<p>Study on early intervention and referral services at the family and Anganwadi level. (9 blocks)</p> <p>Study of enrollment pattern, retention and dropout of CWSN (18 blocks)</p>
Assessment & Evaluation	<p>Functional assessment of PwDs and preparation of ability matrix (2 blocks)</p> <p>Capacity assessment of existing skill training agencies (10 districts)</p> <p>Documentation of district best practice of livelihood of PwDs (4 districts)</p>	<p>Functional assessment of PwDs and preparation of ability matrix (9 blocks)</p> <p>Need assessment for special products under block level federation of PwDs (DPO)</p>		<p>Functional assessment of PwDs and preparation of ability matrix (9 blocks)</p> <p>Documentation of district best practice of livelihood of PwDs (6 districts)</p>	<p>Functional assessment of PwDs and preparation of ability matrix (9 blocks)</p>	<p>Functional assessment of PwDs and preparation of ability matrix (9 blocks)</p>
Capacity Building	<p>Capacity building of selected skill training agencies</p> <p>Capacity building of Master Trainers</p> <p>Capacity building of 11 block level teams</p> <p>Orientation and capacity building of government functionaries and PRI</p>	<p>Capacity building of 9 block level teams</p> <p>Orientation and capacity building of government functionaries and PRI members (11 blocks)</p> <p>Orientation of parents and care givers (in case of multiple disability) for 10 blocks</p> <p>Training of RRP from pilot blocks (8</p>		<p>Capacity building of 9 block level teams</p> <p>Orientation and capacity building of government functionaries and PRI members (9 blocks)</p> <p>Orientation of parents and care givers (in case of multiple disability) for 12 blocks</p>	<p>Capacity building of 9 block level teams</p> <p>Orientation and capacity building of government functionaries and PRI members (9 blocks)</p> <p>Orientation of parents and care givers (in case of</p>	<p>Imparting Skill training to Selected PwDs identified in the survey from pilot blocks (1800 PwDs)</p>

Detailed Project Report

	<p>members (9 blocks)</p> <p>Orientation of parents and care givers (in case of multiple disability) for 4 blocks</p> <p>Training of RRP from pilot blocks (2 batches 40 RRP each)</p> <p>Imparting Skill training to Selected PwDs identified in the survey from pilot blocks (200 PwDs)</p>	<p>batches)</p> <p>Imparting Skill training to Selected PwDs identified in the survey from pilot blocks (1800 PwDs)</p> <p>Capacity Building of District Manager (SI&IB) and Block Manager (Disability) from pilot districts</p>		<p>Training of RRP from pilot blocks (8 batches)</p> <p>Imparting Skill training to Selected PwDs identified in the survey from pilot blocks (1800 PwDs)</p>	<p>multiple disability) for 12 blocks</p> <p>Training of RRP from pilot blocks (8 batches)</p> <p>Imparting Skill training to Selected PwDs identified in the survey from pilot blocks (1800 PwDs)</p>	
Livelihoods	<p>Identified PwDs of 5 blocks brought under DPG linked to VO and GPLF</p> <p>70% of Job Placement out of the 50% PwDs who have received skill training</p> <p>90% of the remaining 50% trained PwDs engaged in enterprise of their own or group</p>	<p>Identified PwDs of 11 blocks brought under DPG linked to VO and GPLF</p> <p>70% of Job Placement out of the 50% PwDs who have received skill training</p> <p>90% of the remaining 50% trained PwDs engaged in enterprise of their own or group</p> <p>5 DPOs formed</p>		<p>Identified PwDs of 11 blocks brought under DPG linked to VO and GPLF</p> <p>70% of Job Placement out of the 50% PwDs who have received skill training</p> <p>90% of the remaining 50% trained PwDs engaged in enterprise of their own or group</p> <p>11 DPOs formed</p>	<p>Identified PwDs of 11 blocks brought under DPG linked to VO and GPLF</p> <p>70% of Job Placement out of the 50% PwDs who have received skill training</p> <p>90% of the remaining 50% trained PwDs engaged in enterprise of their own or group</p> <p>11 DPOs formed</p>	<p>70% of Job Placement out of the 50% PwDs who have received skill training</p> <p>90% of the remaining 50% trained PwDs engaged in enterprise of their own or group</p> <p>11 DPOs formed</p>
Reports & Publications	<p>Rapid Assessment Report</p> <p>Detailed disability survey report</p> <p>Report on early intervention and referral services</p> <p>Report on enrollment pattern, retention and dropout of CWSN</p> <p>Market assessment Report</p> <p>Functional assessment Report along with ability matrix</p> <p>Capacity assessment report of skill training agencies</p> <p>Documentation of district best practice of livelihood of PwDs (4 districts)</p>	<p>Rapid Assessment Report</p> <p>Detailed disability survey report</p> <p>Report on early intervention and referral services</p> <p>Functional assessment Report along with ability matrix</p> <p>Need assessment report for special products under block level federation of PwDs (DPO)</p>		<p>Rapid Assessment Report</p> <p>Detailed disability survey report</p> <p>Report on early intervention and referral services</p> <p>Report on enrollment pattern, retention and dropout of CWSN</p> <p>Market assessment Report</p> <p>Functional assessment Report along with ability matrix</p> <p>Documentation of district best practice of livelihood of PwDs (6 districts)</p>	<p>Rapid Assessment Report</p> <p>Detailed disability survey report</p> <p>Report on early intervention and referral services</p> <p>Functional assessment Report along with ability matrix</p>	<p>Rapid Assessment Report</p> <p>Detailed disability survey report</p> <p>Report on early intervention and referral services</p> <p>Functional assessment Report along with ability matrix</p>
Landmark	IMEP (2014-18)	End of year review	EXTERNAL MID TERM EVALUATION	End of year review	End of year review	End of year review

Annexure VII: ToR for NGOs

I. Introduction

About TRIPTI: TRIPTI aims at enhancing the socio-economic status of the poor, especially women and disadvantaged groups, in ten districts of Odisha over a period of five years, beginning 10 February 2009. The project is assisted by the International Development Agency of the World Bank and implemented by Odisha Livelihoods Mission (OLM), a society under the Panchayati Raj Department of government of Odisha. TRIPTI has adopted a three-pronged approach to achieve its objective:

- Strengthening economic organizations of the poor to be more self reliant and achieve better livelihoods for members.
- Enable women's' groups to play a more vocal role in local decision-making and help them sustainably access financial services from public and private financial institutions for establishing economically viable small to medium scale enterprises.
- Increase incomes of the majority of the poor members of SHGs through enhanced rural livelihoods by financing capacity building measures and developing market linkages.

The project's institutional arrangements are built as support structure starting from the community level and going to the Block, District and State level. The primary agency responsible for the project's implementation will be the Odisha Livelihood Mission established by the GoO, as the agency for rural livelihood promotion and poverty elimination in Odisha.

II. Objective

OLM plans to engage suitable NGOs to facilitate the implementation of comprehensive livelihood plan for Persons with Disabilities (PwDs) in the district of **Khordha and Jagatsinghpur**. The plan would be rolled out in two selected blocks (one in each district). The selected NGOs would be initially working under the technical guidance of the Inclusion Consultant specially appointed for this purpose and administratively under the supervision of the Block Manager. The project will work for promotion of livelihoods for the differently abled and bring them into active employment through appropriate interventions under the project. The work of the NGOs will be facilitated and monitored by Block project Manager (TRIPTI) and the respective GPLF where the work is assigned

III. Scope of Work

- a. The NGO will basically work on ensuring social safety net / Entitlements concerned to the PWDs and providing livelihood to the PWDs in the operational blocks. This will cover all the entitlements as per the GoI norms such as Health, providing assistive device, appropriate Education etc. as may be needed to fit the category specific PWD. The detailed scopes of work under the above component have been attached at annexure-A.

- b. Under livelihoods promotion the followings will be the major role of the NGO
 - 1) Arrange for Skill Development under the existing quota or any other suitable sources for PwDs in Trade Apprentices, Graduate Apprentices, Technician (Vocational) Apprentices and RSETI
 - 2) Linkages for income generation activities. There are organizations within India (as per UNDP livelihoods report 2012) who are practicing several community based livelihoods model in Jharkhand, Maharashtra and Odisha, whose expertise could be sought as technology transfer
 - 3) Generating new avenues of livelihood
 - 4) Developing and establishing linkages with NHFDC, banks and financial institutions and ensure accessibility to all the Government Schemes
 - 5) Assisting PwDs to access various govt. programs available in the area
 - 6) Forming PwDs self help groups and guide/ train them to function properly
 - 7) Training these groups on various legislations / provisions and assisting them to make effective use.
 - 8) Leadership training of SHG members so that they are included in local and higher level village committees and other local bodies.
 - 9) Assisting SHG members to form cross disability, gender balanced DPOs at cluster and block level federation
- c. Other than the entitlement and livelihoods part the NGO also look into the following Prevention and rehabilitation services for the PwDs. As PwDs of all ages are at risk of secondary conditions, CBR programmes can promote primary prevention strategies to reduce the likelihood that PwDs will develop these conditions. It is suggested that CBR programmes must:
 - i. Ensure that PwDs and their family members are aware and knowledgeable about the secondary conditions commonly associated with their disabilities, e.g. people with spinal cord injuries or spina bifida (and their families) should be aware that they are at a high risk of developing urinary tract infections; people with muscular dystrophy are likely to get further physically deteriorated with growing age.
 - ii. Ensure that any assistive devices provided to PwDs do not create risks for secondary conditions, e.g. that prostheses fit properly and do not cause red marks which can lead to pressure sores.

Rehabilitation Services include:

 - i. PwDs receive individual assessments and are involved in the development of rehabilitation plans outlining the services they require for assistive device.
 - ii. PwDs are referred to specialized rehabilitation services and are provided with follow-up to ensure that these services are received and meet their needs.
 - iii. Basic rehabilitation services are available at the community level such as physiotherapy, occupational therapy, mobility training and basic sign language.
 - iv. Resource materials to support rehabilitation activities undertaken in the community are available for CBR personnel, PwDs and families.

- v. CBR personnel receive appropriate training, education (as continuing education) and support to enable them to undertake rehabilitation activities.
- d. Functional Assessment and encourage functional independence.

One of the Major roles of NGO in the PWD intervention will be identifying the need and priorities of the PWDs or his/her family. So the NGO must train the CBR person to ensure competency in this area. To identify a person's needs the following consideration must be ensured.

 - i. What activities can they do and not do?
 - ii. What do they want to be able to do?
 - iii. What problems do they experience? How and when did these problems begin?
 - iv. What areas are affected? E.g. body, senses, mind, communication, behavior?
 - v. What secondary problems are developing?
 - vi. What is their home and community situation like?
 - vii. In what way have they adjusted to their disability?

On the basis of this assessment, a detailed ability matrix must be prepared for each assessed person.

Functional interventions aim to improve an individual's level of independence in daily living skills, e.g. mobility, communication, bathing, toileting, dressing, eating, drinking, cooking, housework. Interventions are dependent on a person's age, gender and local environment and will change over time as she/he makes a transition from one life stage to another. CBR personnel should be able to provide:

- i. Education for families on how to best assist persons with disabilities in functional activities to maximize their independence;
 - i. Training in the use of assistive devices, e.g. walking/mobility devices to make activities easier;
 - ii. Education and instruction on specific techniques used to address impairments, e.g. muscle weakness, poor balance and muscle tightness, which impact a person's ability to carry out activities; this might include strengthening, stretching and fitness programmes.
- e. IEC Campaign:
- The selected NGOs will also roll out an IEC Campaign in the block (covering all the Gram Panchayats). The strategy for the same will be proposed by the Communication Consultant. The communication strategy will be based on three principles:-
- ❖ Participatory Approach: Community participation should be guided during the development of the communication strategy in order to fully engage the primary participants. All media processes should be inclusive and accessible to the community and especially people with disabilities.
 - ❖ Cultural Media: The use of culture-specific storytelling methods involving Indigenous art, music and theatre forms that exist within the community should be tapped for the campaign.
 - ❖ Accessibility of People with Disabilities: All disseminated media material, information access as well as production processes (at community media creation stage) should be accessible to PwDs as far as possible. Content and communication channels appropriate to the specific needs of PwDs must be

employed.

The specific deliverables for the IEC Campaign will be given to the selected agencies in due course.

IV. Duration of Assignment

The duration of the assignment will be two years, starting from the date of signing the agreement. The scope of work would be appropriately distributed so as to make proper synchronization of task i.e. one leading to the other. For example if adaptation of a specific tool is required that will lead to his/her education/livelihoods, then adaptation will be precede over other things such as lesson planning or bank linkage.

V. Qualification and Experience

1. The organization should be a registered body under the relevant state law and is active and operational continuously for the last 3 years on the date of application.
2. The organization should have average annual turnover/budget of at least or more than Rs.30 lakhs in the last three years. It should maintain its accounting records and have them properly audited. Annual statements of income and expenditure should have been prepared.
3. The organization should not be blacklisted by any government (Union and/or State), Ministry/Department/Organization/NABARD/CAPART/Multinational donor agency/ etc. or any other donor/partner organization in the past.
4. The organization should be non-political and secular in nature.
5. The organization should have its presence in rural Odisha.
6. The organization should have at least 5 years experience of working in the field of disability, out of which at least 2 years of working experience should be in the field of livelihood. (list of projects undertaken in past 5 years to be enclosed)
7. The organization should consist a team of 8 resource persons with expertise in field of disability.
8. The organization should have previous experience in PwD group formation
9. The organization should have deep understanding of CBR approach, particularly rural CBR.
10. The organization should have sound knowledge of the Panchayati Raj institutions and an ability to work with the local bodies.
11. The organization should have good documentation skills.
12. The organization should be in conformity with mission, vision and the values of Project and ready to work for the key goals.

VI. Output

1. At least 100 DPGs (PwD SHGs) formed
2. Disability orientation undertaken for the 100 DPGs
3. Leadership training for the DPG members undertaken
4. All the 100 DPGs linked to the bank (bank account opened and transactions started)
5. CBR personnel training undertaken
6. Functional assessment completed for the identified PwDs with the support of trained CBR personnel

7. Ability Matrix prepared for matching livelihood options according to functional abilities of all the PwDs whose functional assessment is complete
8. At least 2 block level federation of DPGs formed including strengthening and hand-holding support for 1 year
9. Social safety net/entitlements to the identified category specific PwDs ensured (list of entitlements attached)
10. Arranged for the skill development of at least 20% of the identified PwDs (in working age group) as per their disability category
11. Livelihood options based on the ability matrix provided to the 80% identified PwDs (in the working age group)
12. Linkages with NHFDC, banks and other financial institutions established
13. 8 awareness campaigns (4 each block) held to ensure accessibility to Government Schemes for PwDs and provide assistance to the eligible identified PwDs to avail the benefits available under various government programmes with the support of CBR personnel
14. Home Based Rehabilitation programmes undertaken to promote primary prevention strategies to reduce the likelihood of high risk PwDs develop the risk of secondary conditions
15. Developed training plan, module, pedagogy and schedule for all category of PwDs
16. Built capacity of at least 10 PwDs for creation of master trainers in the block for further capacity building of rest of the SHGs in the blocks
17. Developed and implemented livelihood plan for PwD with severe disability
18. Prepared community monitoring format and followed
19. MIS Reports generated on quarterly basis
20. Reports on Quarterly, Monthly and Annual Progress submitted to OLM
21. At least one/two Success Stories in each Gram Panchayat documented

VII. Timeline

The outputs and timeline for the deliverables has been mentioned below in details;

Sr. No.	Output	Timeline
1.	At least 100 DPGs (PwD SHGs) formed	Upto 6 th month
2.	Disability orientation undertaken for the 100 DPGs	Upto 10 th month
3.	Leadership training for the DPG members undertaken	Upto 12 th month
4.	All the 100 DPGs linked to the bank (bank account opened and transactions started)	Upto 14 th month
5.	CBR personnel training undertaken	4 th to 8 th month
6.	Functional assessment completed for the identified PwDs with the support of trained CBR personnel	Upto 10 th month
7.	Ability Matrix prepared for matching livelihood options according to functional abilities of all the PwDs whose functional assessment is complete	Upto 12 th month
8.	At least 2 block level federation of DPGs formed including strengthening and hand-holding support for 1 year	Upto 14 th month
9.	Social safety net/entitlements to the identified category specific PwDs ensured (list of entitlements attached)	2 nd to 22 nd month
10.	Arranged for the skill development of at least 20% of the identified PwDs (in working age group) as per their disability category	6 th to 22 nd month

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11.	Livelihood options based on the ability matrix provided to the 80% identified PwDs (in the working age group)	12 th to 23 rd month
12.	Linkages with NHFDC, banks and other financial institutions established	6 th to 15 th month
13.	a) 8 awareness campaigns (4 each block) held to ensure accessibility to Government Schemes for PwDs	6 th to 10 th month & 18 th to 22 nd month
	b) Provide assistance to the eligible identified PwDs to avail the benefits available under various government programmes with the support of CBR personnel	2 nd to 22 nd month
14.	Home Based Rehabilitation programmes undertaken to promote primary prevention strategies to reduce the likelihood of high risk PwDs develop the risk of secondary conditions	4 th month onwards
15.	Developed training plan, module, pedagogy and schedule for all category of PwDs	Upto 8 th month
16.	Built capacity of at least 10 PwDs for creation of master trainers in the block for further capacity building of rest of the SHGs in the blocks	in 10 th month
17.	Developed and implemented livelihood plan for PwD with severe disability	12 th to 20 th month
18.	Prepared community monitoring format and followed	2 nd month
19.	MIS Reports generated on quarterly basis	continuous process
20.	Reports on Quarterly, Monthly and Annual Progress submitted to OLM	continuous process
21.	At least one/two Success Stories in each Gram Panchayat documented	18 th to 22 nd month

Expression of Interest must be delivered to the address given below by no later thanfrom ...a.m top.m on any of the working days in a sealed envelope clearly mentioning on the top of the envelope "Expression of Interest for".

Only the experience and qualifications of organizations will be used in the selection process. The contract would be signed with the selected organization.

Office name: Odisha Livelihoods Mission
Officer's name: State Mission Director cum CEO,
SMMU, OLM

Address for Submission of EOI: Odisha Livelihoods Mission – TRIPTI,
SIRD Campus, Unit-8,
Bhubaneswar – 751012
Ph:- +91-0674-2560166 / 2560126

Contact person:
Telephone:

()
State Mission Director, OLM

Annexure A

A. Health Component

Health promotion campaigns can positively influence the health of individuals, communities and populations – they can inform, encourage and motivate behavior change.

CBR programmes can promote better health for PwDs by:

- i. Arrange medical assessment and certification camps (2 camps per block per year)
- ii. Actively participating in health promotion campaigns and associated events, raising the profile and awareness of disability;
- iii. Encouraging health promotion campaigns to show positive images of PwDs, e.g. by depicting persons with disabilities on posters and billboards for messages intended to reach the entire population;
- iv. Ensuring existing health promotion campaigns utilize appropriate formats for PwDs, e.g. that public service announcements are adapted for the deaf community with text captioning and sign language interpretation;
- v. Identifying existing resources within the community (e.g. community spokespersons, newspapers, radio, television) and encouraging them to increase their coverage of disability-related health issues – it is important to ensure that any coverage is respectful of the rights and dignity of PwDs;
- vi. Supporting the development of local health promotion campaigns to address disability-related issues that are not covered by existing campaigns. Health information and education enables PwDs and their families to build the knowledge and life skills necessary for maintaining and improving their health. They can learn about disease risk factors, good hygiene, healthy eating choices, the importance of physical activity and other protective factors through structured sessions (individual or small group). CBR personnel from the NGOs must:
 - a) Visit to all households within the jurisdiction of CBR worker talk about how to maintain a healthy lifestyle, giving practical suggestions;
 - b) Collect health promotion materials (e.g. booklets, brochures) and distribute them to all households within the jurisdiction of CBR worker ;
 - c) Develop specific education sessions for PWDs whose needs are not being met by those targeting the general community through a wide range of teaching methods and materials used in education sessions to reinforce learning and understanding, e.g. games, role plays, practical demonstrations, discussions, storytelling, problem-solving exercises;
 - d) Provide atleast two trainings a year for all PWD SHGs under their jurisdiction, in partnership with the health sector, to enable them to become health promotion educators.

B. Assistive Device

- i. CBR personnel are knowledgeable about assistive devices, including the types available, their functionality and suitability for different disabilities, basic fabrication, availability within communities and referral mechanisms for specialized devices.
- ii. PwDs and their families are knowledgeable about assistive devices and make informed decisions to access and use them.

- iii. PwDs and their families are provided with training, education and follow-up to ensure they use and care for their assistive devices appropriately.
- iv. Local people, including PwDs and their families, are able to fabricate basic assistive devices and undertake simple repairs and maintenance.
- v. Barriers preventing access to assistive devices, such as inadequate information, financial constraints and centralized service provision, are reduced.
- vi. Environmental factors are addressed to enable individuals to use their assistive devices in all locations where they are needed.

a) Mobility devices assist people to walk or move and may include:

- i. Wheelchairs
- ii. Tricycles
- iii. Crutches
- iv. Walking sticks/canes
- v. Walking frames/walkers.

b) Positioning devices

People with physical impairments often have difficulty maintaining good lying, standing or sitting positions for functional activities and are at risk of developing deformities due to improper positioning. The following devices can help overcome some of these difficulties:

- i. Wedges
- ii. Chairs, e.g. corner chairs, special seats
- iii. Standing frames.

c) Prosthetics, orthotics and orthopedic shoes

These are usually custom-made devices which replace, support or correct body parts. They are designed, manufactured and fitted in specialized workshops or centres by trained prosthetic/orthotics personnel and include:

- i. Prostheses, e.g. artificial legs or hands
- ii. Orthosis, e.g. spinal braces, hand/leg splints or calipers
- iii. Orthopedic shoes.

d) Daily living devices

These devices enable PwDs to complete the activities of daily living (e.g. eating, bathing, dressing, toileting, home maintenance). There are many examples of these devices, including:

- i. Adapted utensils for eating, drinking and other uses
- ii. Bathing space adaptation
- iii. Toilet seats and frames
- iv. Commodes
- v. Dressing sticks.

e) Vision devices

Low vision or blindness has a great impact on a person's ability to carry out important life activities. A range of devices (simple to complex) can be used to maximize participation and independence, including:

- i. Large print books
- ii. Magnifiers
- iii. Eyeglasses/spectacles
- iv. White canes
- v. Braille systems for reading and writing, tactile
- vi. Audio devices, e.g. radios, talking books, mobile phones
- vii. Screen readers for computers, e.g. JAWS (Job Access with Speech), DAISY (Digital Accessible Information System), etc.

f) Hearing devices

Hearing loss affects a person's ability to communicate and interact with others; it can impact on many areas of development, e.g. speech and language and restricts educational and employment opportunities, resulting in social discrimination and isolation. Devices include:

- i. Hearing aids
- ii. Headphones for listening to the television
- iii. Amplified telephones
- iv. TTY (Teletypewriter)/TDD (telecommunication device for the deaf)
- v. Cochlear Implant

g) Communication devices

Augmentative and alternative communication devices can assist individuals who have difficulty understanding and producing speech. They are provided to support speech (augmentative), or to compensate for speech (alternative). Devices include:

- i. Communication boards with pictures, symbols or letters of the alphabet
- ii. Request cards
- iii. Electronic speech output devices
- iv. Computers with specialized equipment and programmes.

h) Cognitive devices

Cognition is the ability to understand and process information. It refers to the mental functions of the brain such as memory, planning and problem-solving. Brain injuries, intellectual impairment, dementia and mental illness are some of the many conditions that may affect an individual's cognitive ability. The following devices can assist individuals to remember important tasks/events, manage their time and prepare for activities:

- i. Lists
- ii. Diaries
- iii. Calendars
- iv. Schedules

- v. Electronic devices, e.g. mobile phones, pagers, personal organizers.
- vi. Visual systems to provide cues, e.g. a light when the doorbell is ringing.

The NGO's responsibility would be to ensure appropriate assistive device is made available to the PwDs through the Govt. schemes or through outside mobilization.

C. Education

- i. Creating awareness and establishing linkages for appropriate education in the community in general and with focus on CWSN.
- ii. Awareness creation and developing linkages with Sarva Shiksha Abhiyan (SSA) and ensuring inclusive education in the community schools.
- iii. Educating education committee and other stakeholders regarding inclusive education and putting it on the general agenda.
- iv. Monitoring their education so that there are no dropouts and appropriate education plan is made as per individual requirement of CWSN.
- v. Ensuring availability of home based education for CWSN having severe disability.