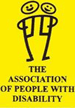
**THE ASSOCIATION OF PEOPLE WITH DISABILITY (APD)**

**Since 1959….**

## Organization Related

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| Name of the Organization | The Association of People with Disability |
| Head Office Address | 6th Cross, Hutchins Road, Lingarajapuram, Off Hennur Road, St. Thomas Town Post, Bangalore 560084 |
| Person to Contact | Mr. Ravi Raghavan |
| Email Id | [raviraghavan@apd-india.org](mailto:raviraghavan@apd-india.org) |
| Contact Number | 9449869433 |
| Website | [www.apd-india.org](http://www.apd-india.org) |
| Registration Under and Registration No | 2179/59-60 registered under Karnataka Societies Registration Act |
| Tax Exemption Under | 12A, 80G |
| FCRA Registration | 094420100 |

**Glossary**

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| APD | The Association of People with Disability |
| PWD | Persons with Disability |
| PWMI | Persons with Mental Illness |
| ANM | Auxiliary Nurse Midwife |
| VRW | Village Rehabilitation Workers |
| ASHA | Accredited Social Health Activist |
| PHC | Primary Health Centre |
| DPO | Disability People’s Organisation |
| ICDS | Integrated Child Development Scheme |
| MGNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |

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| **2. About the Organization**  [The Association of People with Disability (APD)](https://www.youtube.com/watch?v=TIeIxek6qKM), a grass root non-governmental organization which works in the rural communities, has been pioneering the cause of helping Persons with Disability since 1959. Our aim is to empower persons with disability to become active, contributing members of society. At any given time, through its wide-ranging institutional and district development programs, APD reaches out to around 50,000 persons with disability annually. APD as a leader in this sector is focused on building an eco-system by enhancing the capacities of NGO partners, government officials, care-givers and other Stakeholders. APD follows a Life cycle approach and the Key Programs are:   * Early Intervention and Early Education for 0-6 years of age * Inclusive Education for 6-18 years of age * Vocational Training & Livelihood across Karnataka for 18-35 years of age * Spinal Cord Injury across Karnataka with 3 Centers for Rehabilitation across all ages * Community Mental Health Programme * Physical & Social Rehabilitation and Policy Advocacy   The Economic and Social Council (ECOSOC), a Body created by United Nations, has granted "Special consultative" status to The Association of People with Disability (APD). APD is one of the six NGOs with Special consultative status in India, which enables APD to actively engage with ECOSOC and United Nations secretariat, program, funds and agencies. |

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| **3. About the Project** |
| 3. 1. As per the 2011 census, the disabled population of Karnataka is 13.24 lakh, of this, around 6 lakh are living in North Karnataka. The Census provides the demography of disabled population in 8 categories of disability. The visible disabilities have been captured. Due to lack of technical knowledge of the Census enumerators the numbers are under estimated. Few disabilities such as multiple disabilities, mental retardation, cerebral palsy, mental illness are not adequately represented in the census data. Apart from this, each Government line department follows its own parameters for segregating data of PwDs.  Magnitude of Community Mental Health in India:   * Mental health is a growing concern that calls for immense focus from all quarters. It is estimated that 1% of the population, almost 10 million people in the country suffer from some form of mental illness. * State level figures report over 50 Lakh Persons with Mental Illness (PWMIs) and Mental Retardation in Karnataka who are being supported by less than 700 health care professionals, doctors and social workers. * The focus of public health system is still on mortality rather than morbidity and dysfunction which are on the rise in India. * Access to mental health care is another major issue that is compounded by social stigma and lack of awareness. Among economically challenged social groups, both urban and rural, PWMIs are subject to neglect, isolation, abuse and traditional forms of treatment -all of which tend to have a negative impact. |
| **3.2. Project Objectives**   * To identify PWMI to access Psychiatric treatment and continue medication. * To capacitate the primary and secondary stakeholders through mental health training to bring about changes at the district and state level. * To ensure psychological, social and economic independence among PWMI to lead a dignified life. |
| **3.3. Scope of the project**  Based on a preliminary sample survey in 5 taluks of Belagavi District, APD proposes to commence an intensive Community Mental Health Programme that will reach out to 600 persons with mental illness. APD has recognized the urgent need for such a programme based on:   * 2011 Census estimates that there are 1553 PwMI in Belagavi district alone and have increased over a period of 8 years. * Availability and access to free medication is inadequate at the district/Taluk level. * Lack of Psychiatric Doctors and Mental Health care providers at the Taluk level. * Intervention with Government health agencies and lobbying for budget allocation is required on a regular basis to ensure that the medication is available and provided when required to PWMIs. * Social barriers, due to lack of awareness among the rural communities and health care providers. * Traditional healing methods prioritized over allopathic medications. * Social integration and economic rehabilitation of PWMIs and creation of sustainable livelihood opportunities for PWMIs once they have stabilized. * Training and support for caregivers.   **Key Activities & Outcomes:**  **Impact:** *Persons with Mental Illness are able to lead independent, dignified lives, without exclusion and discrimination.*   |  |  |  | | --- | --- | --- | | **Input** | **Output** | **Outcome** | | **Treatment**   * Identification of PWMI * Periodic family visits for assessment, monitoring and ensure access to medication. * Referrals to the District Hospital and District Disabled Rehabilitation Centre to access treatment. * Facilitate Psychiatric consultations at the Taluk level. * Ensure availability and access to medication through intervention with district health officials and financial assistance to extremely poor PWMIs. | * 600 persons with mental illness identified in 5 taluks of Belagavi (Bailhongala, Chikkodi, Gokak & Hukkeri.) to access psychiatric treatment and continue medication at the Taluk levels. | Relapse of Mental illness prevented among 600 PWMI. | | **Psycho Social Rehabilitation**   * Organize residential camps twice a month with support from the government doctors to ensure that PWMIs in this Taluk get requisite Mental Health care. * Family visits for counselling * Formation and strengthening of parents groups. * Follow up and keep records on each case, ensuring that the PWMIs access regular care | * 600 PWMIs have access to Counselling support, Occupational therapy and peer support. | PWMI gain self-confidence and are able to engage in Activities of Daily Living, creating acceptance among family and community groups and increases social interaction | | **Vocational Rehabilitation:**   * Vocational training for stabilized PWMIs. * Reinstatement of PWMIs into their previous or similar jobs. * Assistance in procuring MNREGA cards. | * 60 PWMIs from rural communities are in employment or are able to earn a livelihood. | Economic independence and social integration and inclusion of PWMI. | | **Stakeholder Capacity Building**   * Monthly meetings of carer/parents groups. * 3 days Residential camps for federation members. * Training to frontline workers at Taluk and PHC levels. * Sensitisation through Information, Education and Communication (IEC) materials and programmes. * Build a Federation for self-advocacy and leadership to lobby and seek enforcement of the Act. | * 4 carers/parents groups formed and have structured monthly meetings and maintain minutes. * 200 PWMIs benefit from Residential camps. * 500 Government workers, ASHA workers, SHG members will be trained. * DPOs and Volunteers will actively participate in CMH program and involve advocacy work. | An enabling ecosystem is in place facilitating implementation of Government programmes and schemes effectively for PWMIs. | |
| **3.5. Monitoring and Evaluation**  APD measures the impact of the program through ‘Outcome Based Plans’.  APD’s Governance Team which includes the MIS ( Goonjan – a software which tracks the quantitative data of all the programs) and Monitoring & Evaluation (M&E) function periodically reviews the evidence-based outputs and outcomes, identifies gaps in commitments (to Donors/APD Board), and draws up revised plans to improve performance and achieve results.  Project Governance will be ensured through -   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Sr. No. | Activities | Monitoring Technique | Frequency of monitoring | Responsible staff | | 1 | Review meeting | MIS Reports/Meeting of the team. | Monthly | Program Coordinator / Governance Team | | 2 | Financial review | Review financial utilization | Monthly | Program Coordinator | | 3 | Review | Program Review | Quarterly | Deputy Director/ Coordinator/ Governance Team | | 3 | Reports | Project Status Reports to be submitted to Donor | Quarterly | Coordinator and Donor Relation Support Team. | | 4 | Internal evaluation | Evaluation | Yearly | Deputy Director | | 5 | Trainees Feedback | Questionnaires | Yearly | Coordinator | |

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| **4. Project Budget**   |  |  |  | | --- | --- | --- | |  | | | | **Particular line Expense** | **Details** | **in Rs.** | | **Staff Expenses** |  |  | | Program coordinator / Clinical Psychologist | 30000 X 12 monthsX1 | 360,000 | | 4 CMHP staff and 1 Advocacy Officer | 20267 PM X 12 months X5 | 1,216,020 | | Staff welfare | 300pmx6 staffx12 months | 21,600 | | Staff Training | 6000X6 staff | 36,000 | | **Subtotal of salaries** |  | **1,633,620** | |  |  |  | | **Programme Expenses** |  |  | | Survey costs | 20000 | 20,000 | | Taluk level Camps at all 5 taluks. | 6000X5 Camps= 30000 | 30,000 | | Medical intervention support |  | 18000 | | Federation Meetings, Capacity building ; Exposure visit to PWMI federations and Livelihood opportunities | Belagavi-1200 X 60 meetings= 72000 ( 5 taluks X 12 meetings =60 ) | 72,000 | | Capacity Building programmes for front line health workers like ASHA, ICDS workers at Belagavi | 500 members X 100 rupees (RP cost, Training Materials & Food) | 50,000 | | Street exhibitions and awareness material | Each exhibition Rs.5000X 5 Exhibitions=25000; and Rs. 35000 for Printing Posters, Books and handbills. | 60,000 | | Residential camps | 5\*25000 | 125,000 | | Professional support cost | 12\*3000 | 36,000 | | Monitoring, Evaluation & Review | 10000\*4 (Review every quarter) | 40,000 | | Staff travel & conveyance to field | 6 staff X 1500p.m. X12 | 108,000 | | **Subtotal of Programme** |  | **559,000** | |  |  |  | | **Program Overhead** |  |  | | Office maintenance cost | 5000X12 months x 1 office | 60,000 | | Postage, Internet and Telephone | 2500x 12 months | 30,000 | | Printing and Stationery | 2000X12 | 24,000 | | **Subtotal of Overheads** |  | **114,000** | |  |  |  | | **Capital Items** |  |  | | Laptop for the Coordinator | 1 Laptop @Rs.35000 | 35,000 | | LCD for project to create awareness & capacity building programme | LCD projector to create awareness & capacity building program | 25,000 | |  |  |  | | **Subtotal of Capital Items** |  | **60,000** | |  |  |  | | **APD organization Cost** |  | **197,336** | |  |  |  | | **Grand Total** |  | **2,563,956** | |

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| **6. Risks and Risk Management**  Risks:   * Change in Government Policies * Involvement of External stakeholders   Risk Management:   * Upgrading the staffs skills * Accessing Government funds for Self-employment |

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| **7. Project sustainability**  APD works towards creation of a strong eco-system for the continuity of the program in line with the Mental Health Act 2017 and Right to Persons with Disabilities (RPD) Act 2016. We have worked closely with the Government to take forward the Capacity Building program frontline Government workers, who in turn provide the required support. The emphasis this year is also on building strong Parent/Caregivers group so that they will take ownership and demand facilities from the Government. |

**8. Project Justification**

APD has 60 years of legacy working in the disability sector in the process of empowering persons with disability. In the current scenario the mental health issue is growing in a bigger way and hence APD would like to join hands with TLLLF to ensure psycho, social and economic rehabilitation of PWMIs to lead independent and dignified lives without social exclusion and discrimination.

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| **Life changing story from the Field**  <https://drive.google.com/file/d/0B-zGMjZRMfuoRjFoeWdtX0JXY0N3UFdQWnNpNnM2QlpMWGg0/view?usp=sharing> |