

Alone we can do so little;
Together we can do so much.

Helen Keller

WINNING TOGETHER

Strategic Plan

April 2018 – March 2021





This document presents a three-year strategic plan for The Association of People with Disability (APD). Building on the Relevance, Effectiveness, Efficiency and Sustainability (REES) analysis of the previous three-year strategic plan, it presents a new perspective. It looks at the latest technological, social, and political changes happening in the external world locally, nationally, and internationally as well as learning and challenges from the previous strategy implementation. The document subsequently identifies the guiding principles for the coming three years strategy. Each programme of the organisation has looked at goals based on a results-based framework.

The new strategic plan is geared to reach an aspirational number of service recipients, make identified programmes benchmarks on operational design and delivery, and make APD a knowledge organisation in the field of disability rehabilitation. The plan recognizes the need to build strategic alliances, partnerships, and network to reach the desired people.

This document contains an updated SWOT analysis on strategic planning and the detailed human resource and financial projections for the period.



Table of Content

A. INTRODUCTION	3
1. ABOUT THE ASSOCIATION OF PEOPLE WITH DISABILITY (APD)	3
2. STRATEGY DEVELOPMENT AT APD.....	4
B. REVIEW AND REFLECTIONS ON THE STRATEGIC PLAN 2015-18.....	5
1. FOCUS AREAS	5
2. CHALLENGES.....	5
3. KEY ACHIEVEMENTS	5
4. LEARNING AND BEST PRACTICES	7
C. CURRENT CONTEXT	8
1. EXTERNAL CHANGES IN THE POLITICO-LEGAL ENVIRONMENT IN THE DISABILITY SECTOR	8
2. SOCIAL ASPECTS OF DISABILITY.....	9
3. EXTERNAL CHANGES IN TECHNOLOGY AROUND DISABILITY	10
4. INTERNAL CHANGES IN APD – AN ORGANISATION IN TRANSITION.....	11
5. SWOT ANALYSIS OF APD.....	12
D. GUIDING PRINCIPLES FOR THE STRATEGIC PLAN 2018-2021	13
1. APPROACH.....	13
2. PROGRAMME MANAGEMENT	13
3. GEOGRAPHY	13
4. COLLABORATIONS.....	13
5. RESEARCH AND HUMAN RESOURCE DEVELOPMENT.....	13
6. CENTRES OF COMPETENCE	14
7. OPERATIONAL EXCELLENCE.....	14
8. COMMUNICATION	14
9. COMPLIANCE	14
E. STRATEGIC PLAN 2018–2021	15
1. STRATEGIC GOALS FOR THE STRATEGIC PLAN 2018-2021	15
2. STRATEGY FOR CORE PROGRAMMES	18
3. STRATEGY FOR HORTICULTURE.....	34
4. STRATEGY FOR CORE FUNCTIONS.....	36
5. RISK MITIGATION PLANS.....	42
CONCLUSION	45
ANNEXURE.....	47
ABBREVIATION EXPANSIONS	49

A. Introduction

“It is only with the heart that one can see rightly; what is essential is invisible to the eye.”

Antoine de Saint Exupery, in his book, ‘The Little Prince’

1. About The Association of People with Disability (APD)

Our late founder, N S Hema, once said that disability exists invisible to society. The slogan “Nothing About Us, Without Us” inspired the training of people with disabilities (PwDs) to be key providers of disability related services. That’s how the deep personal care in day-to-day interactions became ingrained at APD.

APD was founded as a non-profit NGO in Karnataka in 1959. Since then, we have continuously evolved and innovated to align with our vision of “Equality and Justice for People with Disability”. We have developed specialised programmes that enhance the quality of life and provide multiple, equal opportunities for PwDs to enable dignity and pride.

Guided by the E3 Philosophy of “**Enable, Equip, Empower**”, APD follows a lifecycle approach to disability. We **enable** PwDs with knowledge, information, and perspectives; **equip** them with skills to enhance functional abilities and mental well-being; and **empower** them to access their entitlements.

Our Vision – A world where Equity, Dignity and Justice are assured for People with Disability.

Our Mission – Nurture an inclusive ecosystem and empower people with disabilities with access to comprehensive rehabilitation services, rights, entitlements, equal opportunities, and dignity through a lifecycle approach.

Our Values

Values	Description
1. Integrity	Act honestly, ethically, and responsibly in all aspects, adhering to principles of fairness, reliability, loyalty, and lawfulness.
2. Empathy	Be sensitive to feelings, thoughts, emotions, and experiences by developing the capacity to place oneself in another’s position, understand their perspective, appreciate, and respond with care.
3. Accountability	Demonstrate responsibility, transparency, and commitment to the highest standards of openness, professionalism, and integrity with all stakeholders such as PwDs, community members, donors, government, and vendors. Enable a space to voice concerns in a responsible and effective manner.
4. Collaboration	Commit to participatory processes, knowledge sharing, team work, consensus building, and seeking internal and external stakeholders to achieve our stated purpose.
5. Excellence	Demonstrate excellence in process, product, and service delivery. Listen to the recipient’s voice. Commit to continuous improvement and innovation by developing a conducive environment for individuals to realize their potential.
6. Diversity	Nurture an internal ecosystem where people of diverse genders, cultures, abilities, views, and needs are respected, and given equal opportunities thus creating a harmonious and inclusive work environment.

2. Strategy Development at APD

The three-year strategy preparation is one of the best practices at APD. Since the mid-90s, it has helped the organisation align its actions with the vision and mission, keeping external and internal changes in consideration.

APD has followed a four-step process (Table 1) to develop its 8th three-year strategy plan **WINNING TOGETHER**. The participative process considered views from employees, ex-employees, donors, partners, peer group NGOs, academia, government functionaries, service recipients, sector experts, and the APD Board.

TABLE 1: PROCESS ADOPTED FOR STRATEGY 2018-21 PREPARATION

Stage	Description	Framework	Internal participants	External feedback
1	The APD Board approved a methodology. Work groups, led by functional heads and mentored by board volunteers, delved into specific areas.			
2	Past Objectives Review	REES *Ref Annexure 1	APD senior management (SMT) with core teams from their functions.	Community, donors, and partner feedback
3	Present analysis of internal and external environment	PESTLE and SWOT	Large pool of employee base for detailed understanding	Sector experts, government functionaries, peer NGOs
4	Future strategy plan	Results based framework	APD SMT mentored by Board members	NA

The **Past Review** applied the REES Framework wherein every objective/goal of the last strategy plan was tested for Relevance, Effectiveness, Efficacy and Sustainability (REES). We derived what worked well in the past (should be continued), what didn't work well (must be dropped or approach modified), and what practices to leverage, going forward.

The **Present Analysis** involved understanding the Political, Economic, Social, Technological and Legal (PESTAL) developments in the field of disability at global, India and Karnataka levels. These changes and advancements define APD's role in the sector. Changes within APD were analysed for the HR team's focus as well as investments and appropriate organisation structure.

While drafting the outcome of these two stages, APD's SMT considered all stakeholders' inputs in designing the **Future Strategy**. The future strategy objectives and guiding principles were formulated after multiple rounds of workshops, sectoral expert interviews, and a dedicated workgroup on "Big Questions."

B. Review and Reflections on the Strategic Plan 2015-18

APD adapted the Disability Census 2011 as the data reference guide for the 2015-18 strategy. The strategy plan was guided by the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*; *Persons with Disabilities Equal Opportunities Act, 1995*; *Right to Education Act*; *The National Trust Act*; and the *National Health Mission* policies and programmes.

1. Focus Areas

During 2015-18, APD reorganized its work and organisational structure on the following key principles:

- Focus on the 63% PwDs falling under the categories of locomotor, Spinal Cord Injury, and Speech and Hearing Impairments.
- Shift from ‘*Do it yourself*’ to ‘*Get it done by others*’.
- Build the identity of APD as a Resource Centre in Disability Management & Development.
- Establish a Management Information System (MIS) to enhance learning.
- Organise work into Verticals and Horizontals. This prioritised and reinforced the unreached North Karnataka region through 30% direct work and 70% through partners.

2. Challenges

One of the biggest challenges for all our work streams was the lack of certified or Rehabilitation Council of India (RCI) trained human resource. This also impacted our partners in the sector. It added extra pressure on existing resources and retention became a problem.

Secondly, apathy from government departments meant APD staff put in extra time in paperwork and bureaucratic processes while accessing grants. Accessing these funds was important as the availability of other funding agencies who understand the domain is limited. Corporate funding focuses on higher reach, not inclusion, justice, and rehabilitation efforts necessarily.

We also faced infrastructural challenges such as obsolete IT, inadequate IT literacy of staff, no MIS system for donor engagement, etc. Internal communication was almost non-existent while external communication was weak. Longtime donors complained of multiple communication channels due to siloed functioning at APD.

Despite these challenges, we made significant progress in our mission because of the perseverance of our staff.

3. Key Achievements

- The Early Intervention (EI) Programme expanded into 7 districts, reaching 4195 children with developmental delays through a resource group of 5 expert trainers and 44 community-based interventionists. The enrolment and retention of children with developmental delays in Anganwadis and Schools rose to 68%.
- APD converted 35 schools into “Model Schools” with accessibility, trained teachers, and disability-friendly teaching methods; ensuring 80% retention and learning in Children with Special Needs (CwSN). Out of the 300 CwSN supported, 78 appeared for the SSLC board

exam and 68 passed. The SIS model - Build Operate Transfer schools was launched in 3 districts of North Karnataka in partnership with academic organisations and NGOs.

- Job led vocational training incorporated 8 new skills to ensure employment of 1,227 youth with disabilities (YwD). APD motivated more than 100 corporate/companies to employ PwDs. The Livelihood team achieved gender parity with 39% enrolment of women against the planned 40%. The placement rate of 93% and retention rate of 82% were proud achievements.
- The rehabilitation team established the occupational therapy (OT) unit with two full time OT and speech therapists. The unit serviced 9,000 PwDs and improved quality of service. The Mobility unit innovated with a 3D printer to produce high quality Adaptive & Assistive Technology. In the Spinal Cord Injury Rehabilitation (SCIR) programme, APD focused on prevention of fatal secondary complications, reducing complications by 50-60%. The Mental Health Programme reached out to 1,000 people.

Reach and Capacity Building						
Year	2015-16		2016-17		2017-18	
Programme / Dept	Reach	Capacity Building	Reach	Capacity Building	Reach (estimate)	Capacity Building & Sensitization (estimate)
Early Intervention	807	433	1761	2672	1600	2000
Education	4983	18406	2189	8507	2610	8250
Livelihood	3998	1713	3318	1460	3825	2600
Spinal Cord Injury	578	537	1236	1468	1350	1400
Mental Health	777	542	901	2728	800	2650
Therapy	562	979	604	345	750	1750
Advocacy	3608	1823	4286	7138	3200	7000
Core Functions		277		154	0	275
Total	15313	24710	14295	24472	14135	25925

- Our reach expanded to 8 districts and 40,884 PwDs as we built alliances with 15 NGOs and 5 government departments. We initiated the *Centre for Disability Management*, established SOPs, and developed the curriculum. We ran 3 RCI accredited courses in Caregiving, Rehabilitation Therapy, and Indian Sign Language besides courses in Inclusive Education and Therapy Aid.
- We trained about 16,000 caregivers, special teachers, disability interventionists, therapists, parents and PwDs, ensuring availability, skills, and knowledge of human resources in the disability sector across urban and rural Karnataka.
- Government support to disability grew with approval of proposals worth ₹69 lakhs. SIS received a grant of ₹10 lakhs under the *Child Centric Scheme*. An Early Intervention campaign that reached out to 250 Gram Panchayats in 5 districts resulted in ₹75 lakhs investment by the local government. APD influenced the state in making two *District Early Intervention Centres (DEIC)* functional.
- We captured data, analysed, and utilized data through an efficient MIS. We enhanced the knowledge and skills of 3,419 stakeholders in collaboration with 5 government departments through *Prerana*, our virtual classroom.

- The overall organisational efficiency improved with the consolidation of core functions.
- A second line of leadership was developed through structured coaching and mentoring programmes.
- A robust MIS was implemented across all partner organisations.

4. *Learning and Best Practices*

While implementing the strategy plan for the period 2015-2018, several learnings emerged such as:

- **Work in community:** A community-based transdisciplinary approach with intense training and monitoring facilitates identification, rehabilitation, and social inclusion.
- **Collaboration:** The partnership with *Azim Premji Philanthropic Institute (APPI)* added rigour to the EI programme. Networking with technical experts and academics added new dimensions to staff skills. It was also understood that the lack of a clear exit strategy hinders expansion.
- **Importance of soft skills:** The foundation programmes that focused on students' attitude and behaviour helped in the retention of youth in employment.
- **Working with government:** Working with the government, though challenging, opened new doors for APD. Transitioning from implementer to facilitator has increased our reach to the masses.
- **Communication:** It is important to build a brand APD as it enhances our resource generation ability significantly. Robust donor relationship building is important to nurture donors.
- **Organisational health:** Staff motivation programmes, workspace management, and organisational compliance are critical for the overall health of the organisation.

Besides these learnings, certain best practices also evolved such as:

- the model school concept and its Standardised Operation Procedures (SOP),
- Build Operate Transfer concept of SIS school,
- international conference participation that brought accolades and visibility to APD,
- sourcing employers first, MOU with employers, and formulating training design with employer involvement, and
- centralised IT repository and instant data capture from the field that strengthened the MIS.

C. Current Context

According to the *2011 Census of India*, the total population of Karnataka is 62.5 million (50.9% male and 49.1% female). Over 60% resides in rural areas. **Kalaburagi region** (Hyderabad Karnataka) and **Belagavi region** (Maharashtra Karnataka) have been given special status (with special budget allocation) due to their high poverty levels.

Karnataka has nearly 1.3 million people (5% of PwDs in India) with a disability, according to statistics given by the *Department for the Empowerment of the Differently Abled and Senior Citizens*. Of this, around 20% have locomotor disability and roughly 25% suffer from hearing or speaking disorders. There is no dedicated information available on the livelihood of PwDs.

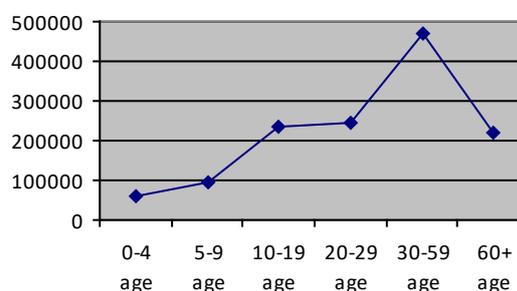
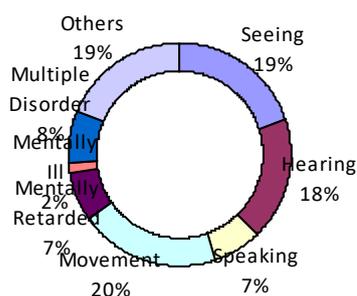


FIGURE: KARNATAKA DISABILITY CENSUS, 2011

1. External Changes in the Politico-legal Environment in the Disability Sector

According to *WHO Strategies and Action Plan 2014-2021*, over 1,000 million people in the world (15% of the world’s population) have a disability. And 80% of these live in developing countries.

There are visible progressive changes in international policies related to disability. The *2030 Agenda of Sustainable Development* set in 2016 with the principle of “Leaving no one behind” is a major instrument to drive the empowerment of PwDs. The *UN Convention on Rights of Persons with Disabilities* continues to be the basic premise for driving the cause of disability globally.

India also passed *The Rights of Persons with Disabilities Act* (RPD Act) in December 2016, fulfilling obligations to the *United National Convention on the Rights of Persons with Disabilities (UNCRPD)*. The Act is a pillar of strength for agencies working in the disability sector as it replaces a charity mode with a rights-based mode. The Act focuses on 21 conditions of disability, rights, inclusion and special clauses for women and children, women with benchmark disabilities, and persons with high support needs. The government has also established systems guiding the operationalisation of the Act.

APD has also adopted *The RPD Act* as a guiding principle of its strategy plan. APD will strive to participate at global forums in the form of paper presentations or inviting research scholars to collaborate on taking the Act forward.

There is a substantial ever-increasing and unmet need for rehabilitation worldwide. *WHO’s Rehabilitation 2030 – A Call for Action, 2017* brings in new dimensions towards the unmet rehabilitation needs in developing countries. The Government of India also launched the *Accessible*

India Campaign for achieving universal accessibility for PwDs. Unfortunately, the campaign is limited to cities and ignores 69.5% of PwDs in rural areas. As an organisation recognized by the *National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities* Act (Act 44 of 1999), APD is at the forefront of leveraging the benefits from its clauses. The *National Health Policy, 2017*; the *National Mental Health Policy, 2014* titled "New pathways, New hope"; and the *National Mental Health Act, 2017* give APD the opportunity to execute the strategy.

The Right to Education Act has a specific clause for free and compulsory education and creation of favourable conditions for Children with Special Needs (CwSN). This helps APD promote the mandate of inclusive education (IE).

The Central Government's *Budget Reservation Mandate* of reserving no less than 5% of the total budget of state and local governing bodies for the disability sector will help procure financial support. Karnataka is one of the leading states to provide the required benefits and facilities to PwDs. The *Directorate for the Empowerment of Differently Abled & Senior Citizens* has an annual budget of ₹1,064 crore for 2017-18. Karnataka is also implementing the *Village Rehabilitation Scheme* that provides for rehabilitation workers in rural areas. These avenues along with approximately 400 registered NGOs in the state provide a wide spectrum for APD to influence, collaborate, partner with, and expand.

The CSR Act of Company Law, 2013 that mandates private companies to contribute 2% of their average net profits to NGOs is a boost for resource generation too. According to the *Ministry of Corporate Affairs*, listed companies spent nearly 12% more (₹9,882 crore) as CSR in 2015-16. APD's local level external communication would be targeted towards mobilizing maximum possible funds.

2. Social Aspects of Disability

As per the 2011 census, the literacy rate among PwDs is a mere 35%. This is the consequence of differential treatment of PwDs throughout history across housing, livelihood, education, civic participation, voting, incarceration, and self-determination. And it's a global phenomenon. WHO's world report on sustainability says, "People with disabilities have generally poorer health, lower education achievements, fewer economic opportunities, and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their everyday lives."

Disability disproportionately affects women, older people, and poor people.¹ In the World Report on Disability, WHO and the World Bank estimate that over one billion people live with a disability, 80% in developing countries.² Disability disproportionately affects vulnerable populations. There is a higher disability prevalence in lower-income countries than in higher income countries. People from the poorest wealth quintile, women, and older people have a higher prevalence of disability.³ Women and girls with disability often experience "double discrimination" that includes gender-based violence, abuse, and marginalization. This will be the focus of APD's Policy Advocacy team at divisional and state level as well as other national bodies. Past work in this field has led to accessibility in government infrastructure in urban centres e.g. Bengaluru Metro Rail Corporation. Ramps are also provided at Vidhana Soudha, the High Court of Karnataka, multi-storeyed buildings, and other public places.

PwDs in rural areas lack basics such as access to healthcare, education, and employment opportunities. They do not receive any disability-related services and experience exclusion from everyday activities.

Late Dr. Nanjundappa (noted economist from Karnataka and a professor of economics at Karnataka University, Dharwar), in his *Report of the High-power Committee for Redressal of Regional Imbalances in Karnataka*, stated Mumbai Karnataka is the most backward region in the state.

It trails the rest of the state in all major economic and human development indicators. Literacy rate is 67.99% against the state average of 75.36%.⁴ The literacy rate of PwDs is only 59.45%.⁵ The state's maternal mortality rate of 133 deaths per 100,000 live births in 2015 exceeds that of all other southern states. There is very limited data on women with disabilities (WwD) with most programmes focusing on men and children. The PwDs are unaware of the 3% reservation policy, schemes, and development programmes. Disability programmes that exist see minimal participation of PwDs because of improper implementation. Trained rehabilitation resources such as physiotherapists, speech therapists, occupational therapists, language development experts, audiologists, psychologists, ortho technicians, etc., must be accessed from outside, an expensive affair. APD, therefore, plans to pervade the divisions, primarily Belagavi and Kalaburagi.

3. External Changes in Technology around Disability

Mary Pat Radabaugh, formerly with the *IBM National Support Centre for Persons with Disabilities*, says, “For most people, technology makes things easier. For people with disabilities, technology makes things possible.” Technology advancements in mobility, artificial intelligence (AI), and the Internet of Things (IOT) are increasing accessibility and inclusion opportunities for PwDs.

Information and Communications Technology (ICT) increasingly offers better communication and information functionalities for PwDs. Features such as text-to-speech and voice recognition, customisable contrast and colour schemes, touch and gesture input, and screen magnification are now available on many devices by default. Persons with hearing impairment can use SMS or instant text messaging to communicate. Persons with mobility impairment can use voice recognition to operate and navigate their digital device. In some developed countries, people using wheelchairs can find out which metro stations have wheelchair access, and where the accessible entrances and exits are, from their mobile device. The innovations in assistive devices, aids, and appliances, apps such as *Avas* (screen reader) and *Jaws* (language development with pictures) are helping PwDs function better. Organisations such as *Open Bionics, UK* are revolutionising healthcare by using 3D scanning and 3D printing to dramatically cut the cost of fitting hand amputees with robotic prosthetics.

However, many of these advancements are inaccessible and unaffordable for the underprivileged PwDs that APD caters to. Therefore, gaps in the socioeconomic inclusion of PwDs remain.

As a leading player in the disability space in India, APD must collaborate and assign resources for research in rehabilitation and accessibility. There are many apps and accessible solutions in the market that APD should explore for the benefit of CwSN, especially for cerebral palsy (CP) and hearing impairment. Extensive use of computers, digital boards, virtual classrooms, and instant data capture from the field should become priorities.

APD is already associated with *Enable Makethon*, led by the *International Community of Red Cross*, Geneva – a huge platform for technology aided innovation. APD must start playing an active role in promoting such efforts in India as well. The use of 3D printing for assistive devices is also an area worth commercial exploration by APD.

4. *Internal Changes in APD – an Organisation in Transition*

The single biggest incident that has impacted APD in ways incomparable is the demise of its founder, N S Hema on 8th April 2016. She was the driving force of APD for 58 years, the person behind whom the entire organisation rallied. While the void left by Hema is impossible to fill, APD management is committed to continue working on the principles laid down by her.

In the last few years, APD co-founded *Disability NGO's Alliance (DNA)* – a collective group, common forum, and platform to address issues and raise a unified voice of the disability sector in Karnataka. Longtime APD resources such as Mr. V S Basavaraj moved into newer roles to lead the work at DNA and other places. A new leadership was developed with external resources. The last few months have been a mix of old and new, an evolution of a new way of working at APD.

APD's employee base reflects these changes. Around 70% of the employees are under 40 years of age and their average experience at APD is 7 years. Staff with more than 10 years of service is 21%, down from 23% in 2015. The HR team must work towards the cultural integration of new recruits and the retention of existing talent while ensuring productivity and efficiencies. Since APD's focus is to penetrate North Karnataka, HR must also get skilled resources in the rural areas. Since APD will work more with partners, the staff must also acquire managerial skills to get the job done. APD is well recognized in Karnataka as a capacity building organisation for NGOs and government bodies in the field of disability. It needs to keep working on its own capability by becoming a knowledge hub in the space. Given its expertise and goodwill in the sector, APD can play a much bigger role in policy making and support the implementation of the *RPD Act* by mobilising demand from PwDs and assisting the government. Greater programme depth and complexity demands APD build its internal technical capacities along with monitoring and governance systems.

Currently, Donor Engagement, Fund Raising, Marketing Communication and Donor Relationship Management units work in silos with no integration towards a common goal. Each unit has its target audience and focuses on that alone. An established system to engage and retain donors is missing. The current donor base of 4,000 contributes to 15% of the fund inflow but it's dropping. More is generated from crowdfunding platforms. The decline of funding agencies has resulted in a big gap in long-term funding.

APD's brand image is not proportionate to the richness of its experience and longevity as an NGO in the disability sector. Lack of a clear marketing communication strategy has resulted in a brand image that is insufficient to reach out to people and other external stakeholders and generate resources.

5. SWOT Analysis of APD

Strength	Weakness
<ul style="list-style-type: none"> • Six decades of expertise in handling various issues of disability and rehabilitation of PwDs. • Oldest NGO in the field. • Committed executive team, dedicated staff, and a vibrant Board, willing to accept challenges. • Grass roots level organisation responding to the needs of rural communities with strong community connects. • Recognised capacity building organisation for NGO and government staff. 	<ul style="list-style-type: none"> • Lacks long-term goals with an achievable master plan. • Old and high maintenance infrastructure. • Limited public brand image for APD, losing ground as an established NGO. • Being an action-oriented place, often misses the documentation. • Experience counts over expertise. • Unclear exit strategy for RSO partners. • Teams work in silos due to the hierarchical structure and top to bottom approach.
Threats	Opportunities
<ul style="list-style-type: none"> • The Union Budget allocation is only about 0.0039% of the GDP for the differently abled. • Accessible India Campaign limited to cities, ignoring 69.5% of the disabled population residing in rural areas. • Slow implementation of the RPD Act. • Elections, changes in government and priorities in Karnataka. • Thinning resources due to multiple focus internally. • Large organisation with complexities. • Changing face of donors – from corporate to funding agency. • Transition with limited staff to promote history or legacy. 	<ul style="list-style-type: none"> • APD’s strength is in training people on disability issues. • Optimally utilize the prime land available at Lingarajapuram and other campuses. • Be a Knowledge Organisation with expertise and technology. • Deepen work through BOT models and collaborations across academic and civil society in Karnataka. • Influence policy making and implementation across state and country. • M&E and MIS. • Be a consulting organisation. • Practice inclusion internally.

D. Guiding Principles for the Strategic Plan 2018-2021

“Disability need not be an obstacle to success. We have a moral duty to remove the barriers to participation, and to invest sufficient funding and expertise to unlock the vast potential of people with disabilities. Governments throughout the world can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education and employment, and never get the chance to shine”.

Professor Stephen W Hawking

Keeping the vision of our organisation in mind, applying the learning from previous strategy implementations, and considering the current internal and external environment for APD, these are the guiding principles for the 2018-21 Strategy Plan.

1. Approach

APD shall work to promote rights, social justice, and inclusion for PwDs as per UNCRPD and Rights of Persons with Disability Act, 2016.

2. Programme Management

- Programmes will be built on WHO’s Community Based Rehabilitation (CBR) model and monitored through the Results Based Management Framework.
- APD will cater to people with physical disabilities, speech and hearing impairment, and mental health issues.
- APD will follow a lifecycle approach and cater to PwDs from the paediatric to geriatric population.
- APD will self-generate 20% revenue under select programmes following a social enterprise model via activities like horticulture trading, professional services, and consulting assignments.

3. Geography

Belagavi and Kalaburagi divisions will be the focus along with Urban Bengaluru. Divisional hubs to be established for effective delivery. Livelihood and Spinal Cord Injury to have state wide coverage. The aim is to reach 50% of the target population in the specified geography by 2021. APD will exit from Davangere by handing over to partners and creating required structures.

4. Collaborations

APD will collaborate with partners, peers, experts, and government organisations, from Karnataka state divisional to international level for sustainable reach and sector growth. All partnerships will be defined with clear entry and exit criteria. APD will leverage apex bodies/platforms at all levels for disability policy advocacy. Programme resources will be distributed as 60% to partners and 40% to APD (Capex excluded).

5. Research and Human Resource Development

Establish the national level Institute of Disability, Rehabilitation and Research (IDRR). The IDRR will develop skilled human resources and a knowledge repository for the disability sector through research, training, and consultancy. Research/innovation will receive 10% of the budget.

6. Centres of Competence

- The SCIR centre will be positioned as a nodal Centre of Competence and will apply for inclusion in the Karnataka Chapter of SCIR.
- Early Intervention and Inclusive Education programmes to get national level recognition; to be codified as training programmes/resources for the country.

7. Operational Excellence

- Invest in infrastructure and technology for effective project delivery and management.
- Explore and adapt 'NGO Sector Efficiency Benchmark' for organisational performance and efficiency measurements.

8. Communication

Both internal and external communication to be structured and strengthened for transparency.

9. Compliance

Ensure APD meets all compliances and follows recommended standards for data/intellectual property protection.

E. Strategic Plan 2018–2021

1. Strategic Goals for the Strategic Plan 2018-2021

Over the next three years, APD will work towards the following goals:

- I. **Run CBR programmes in divisions:** CBR programmes will be established across Belagavi and Kalaburagi divisions, reaching out to 80,000 PwDs and 1,31,100 people approximately by the end of three years. APD will build the capacity of its partners to deliver programmes in Early Intervention, Inclusive Education, Livelihood and Policy Advocacy, following participatory processes at community level. A saturation model with 50% coverage will be the mandate to move from districts. (*Guiding Principle 2*)
- II. **Collaborate for reach, quality, and sustainability:** New programmes will be implemented via collaborations with local government systems and institutions linked with 5 departments and Development Corporations. NGO partnerships will increase to 50. Collaborations with national and international universities, academia, and networks; corporate and funding agencies will be sought for quality, growth, policy influencing, research and resource generation. The goal is set for 100 collaborations in 3 years. (*Guiding Principle 4*)
- III. **Institute of Disability, Rehabilitation and Research (IDRR):** Establish IDRR for excellence in academics and research. The institute shall work towards creating a human resources pool for the disability sector and by filling gaps in data and research. Over a period, IDRR aspires to become a knowledge repository that will cater to research scholars, policy makers, and implementers. It will run at least 6 RCI accredited courses and courses linked with the core programmes of APD. It will also manage virtual classrooms for training of government frontline workers across districts. (*Guiding Principle 5*)
- IV. **Make SCIR a nodal centre:** Expand the SCIR unit to make it a state level nodal centre with 45 beds. It will provide comprehensive CBR as well as quality end-to-end, evidence-based rehabilitation services through an Institutional Based rehabilitation (IBR) set up. A Tele Rehab Model would be initiated using *American Spinal Injury Association (ASIA)* protocols and PUSH SCORE methodology for rehabilitation. (*Guiding Principle 6*)
- V. **Make Monitoring and Evaluation (M&E) an inbuilt process:** APD will deepen the quality of all programmes with an inbuilt monitoring mechanism using the Results Based Framework. Technology, performance, and productivity measurement standards will be introduced. (*Guiding Principle 7*)
- VI. **Visibility and establishing the brand APD:** It is critical to create greater awareness and brand recognition for APD; to make it a benchmark in the disability sector. Strong online and offline external communication will be used to get there. APD will have at least one brand ambassador and ten disability champions to achieve this goal. (*Guiding Principle 8*)

VII. Key Outcomes and Indicators

Impact - APD becomes the brand for Rehabilitation, Education and Livelihood for PwDs as well as Human Resource Development in the disability sector.

Global Outcomes and Indicators

- 80,000 PwDs, from poor and marginalised communities in Karnataka, access rehabilitation and inclusive opportunities. **Goal 85%**
- 40% women and girls in all programmes. **Goal 90%**
- Sustainable ecosystem in the divisions – 55 partners. **Goal 100%**
- APD programmes receive national recognition and APD becomes the state resource agency for EI, IE and SCI. **Awards and Recognitions.**
- Build Operate Transfer Model popular and synonymous with APD. **6 self-supported BOT schools in North Karnataka region.**
- 300 more trained human resources made available for Disability sector. **85% employment in Karnataka.**

Specific to Development Interventions

- 5,000 children with Global Developmental Delays (GDD) improve by 3 levels in domains.
- 16,000 CwSN (40% female) access Quality Inclusive Education and improve in 3Rs.
- 6,000 poor and marginalised YwD (40% women) have access to livelihood opportunities and sustainable income.
- 20,000 people access rehabilitation services and improve functional independence and psycho-social stability.
- 30,000 PwDs access rights and entitlements from the state and lead a dignified life.
- A sustainable ecosystem built through capacity building and sensitisation of 20,000 stakeholders.
- Partnership signed with 50 + 3 BOT partners managing 70 plus projects.
- Budget spend at 60% in 5 departments and 7 development corporations to implement RPD Act in 2 divisions.
- Inflow to APD (15%) from Government and PSUs.

VIII. Key Numbers

SERVICE RECIPIENTS

Developmental Intervention	Year 1	Year 2	Year 3
Early Intervention	2450	4130	5900
Inclusive Education	10200	14340	20200
Livelihood	4200	5600	8200
SCIR	1560	2000	2600
Disability & Rehabilitation	2440	3380	4440
Collaboration	12200	25250	39300
IDRR	300	300	360
Reach Total	33350	55000	81000

OTHER STAKEHOLDERS (CAPACITY BUILDING AND SENSITISATION)

Developmental Intervention	Year 1	Year 2	Year 3
Early Intervention	2540	5110	6400
Inclusive Education	7970	10810	14920
Livelihood	2530	3550	4050
SCIR	1720	2340	3150
Disability & Rehabilitation	4460	6540	7930
Collaboration	4580	11500	12200
IDRR	600	600	600
Core Functions	400	650	850
Other Stakeholders Total	24800	41100	50100

TOTAL STAFF REQUIREMENT (HR)

Developmental Intervention	Year 1	Year 2	Year 3
Early Intervention	22	27	30
Inclusive Education	108	110	110
Livelihood	43	47	51
SCIR	18	19	20
Disability and Rehabilitation	47	53	55
Collaborations	20	22	22
IDRR (CDM& Prerana)	10	10	10
Core Functions	54	57	58
HT Self Generation	24	24	24
HR Resource Pool Total	346	369	380

TOTAL FINANCIAL REQUIREMENTS (BUDGET)

Developmental Intervention (₹ in lakhs)	Year 1	Year 2	Year 3
Early Intervention	259	344.36	433
Inclusive Education	508	574	755
Livelihood	320	373	490
SCIR	173	189.73	256.39
Disability & Rehab	315	400.42	526
Collaborations	136	159.56	175
IDRR	92	108.25	191
Core Functions	462	521	578
HT Self Generation	135	155	178
Budget Total	2400	2825.32	3582.39

BUDGET (CAPEX & NEW INITIATIVES)

Capex & New Initiatives (₹ in lakhs)	Year 1	Year 2	Year 3
Capex Total	286	76.25	50.95
New Initiatives	500	550	265
Total	786	626.25	315.95

STRATEGIC PARTNERS (PROJECT SPREAD)

Developmental Intervention	Year 1		Year 2		Year 3		Total
	Financial	Tech	Financial	Tech	Financial	Tech	
Early Intervention	9	3	12	11	15	15	30
Inclusive Education	5	5	8	10	10	15	25
Livelihood	4	1	6	2	8	5	13
SCIR	3	1	3	2	3	2	5
Collaboration	0	1	0	1	0	1	1
Project Spread Total	21	11	29	26	36	38	74

2. Strategy for Core Programmes**I. Early Intervention (EI)**

About 7% children with developmental delays in India and 5% in Karnataka, of age 0-6 years, have limited access to need based rehabilitation services or a supportive ecosystem for social inclusion.

During the period 2015-18, the Early Intervention Programme became fully functional with a centre at the APD headquarter in Bengaluru. [In 2018–21, APD seeks to provide equal opportunities and social inclusion to 7,935 children \(from 4195 in 2015-18\) with developmental delays via rehabilitation and sustainable ecosystems in 14 districts of Karnataka.](#)

New Priorities

- Bengaluru centre to become a centre of excellence (CoE) with hydrotherapy, sensory park, a sensory integration room, and research and development.
- Early Intervention Resource and Training centre will develop standardized training manuals and Early Intervention curriculum.
- APD to be recognised as a technical nodal agency for National Trust’s Disha scheme.
- Partnership with 15 technical partners and 9 financial partners.
- Develop and run short-term CBR EI courses with accreditation.
- Collaborate technically with ICDS with regular monitoring.

Geographic Coverage

Cover 80 talukas of 14 districts including Vijayapura and Bengaluru, covering minimum 5 talukas of rural districts. Run APD managed programmes in 2 districts and remaining 12 with strategic partners.

People Coverage

Coverage Table	Year 1	Year 2	Year 3
Service Recipients covered by APD	800	850	900
Service Recipients covered with strategic partners	1250	2080	2750
Strategic partner (Govt)	400	1200	2250
Other stakeholders	2540	5110	6400
Reach Total	4990	9240	12300

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	22	27	30
Budget (₹ in Lakhs)	257	344	433
Capex (₹ in Lakhs)	2.5	1.05	1.05

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
7,935 children with developmental delays achieve functional independence	<ul style="list-style-type: none"> 70% children show optimal age appropriate activities in the 13 domains 	<ul style="list-style-type: none"> 7935 IFSP formed 2700 children get assistive devices 900 children get social security 50 children's surgical, medical & nutritional needs met
Enable supportive and sustainable ecosystem for children with developmental delays	<ul style="list-style-type: none"> 60% parent champions 50% referrals from stakeholders 80% Anganwadi/School enrolments 	<ul style="list-style-type: none"> Trained EI & Early Education (EE) staff All Parents trained to take care of their children's needs RBSK programme support for medical and surgical needs of children
APD becomes nationally recognised CoE in Early Intervention	<ul style="list-style-type: none"> Collaboration with 24 partners - 15 Technical and 9 Financial Accreditation from recognised bodies such as National Trust Testimonials from service recipients and peer organisations 	<ul style="list-style-type: none"> 31 RSO partners identified & training provided 20 Disha centres initiated Knowledge repository, research, and publications Parents' activity manual Local therapy materials Collaboration with universities (e.g. TISS) / medical colleges / hospitals

II. Inclusive Education (IE)

Over 70% of CwSN in Karnataka do not have access to quality education. [The 2018-2021 strategy aims to support 20,100 CwSN in Karnataka to access quality Inclusive Education in schools across 14 districts of Karnataka.](#) Service recipients will reach 44,425 from 2015. Of these, 35% will be children with Speech & Hearing Impairment, 50% with locomotor or CP and 15% with multiple disabilities. The plan to develop SIS as a CoE remains, with clear indicators such as: (1) Qualified and certified teaching faculty, (2) Appropriate technology-based pedagogy, (3) Academic excellence, (5) Special attention to children with Speech and Hearing Impairment and CP, (6) Safety and security, and (7) Cleanliness & hygiene. Similarly, 35 existing model schools will function as 'Resource Learning Centres.'

New Priorities

- Introduce 8th standard and National Institute of Open Schooling (NIOS) for class X in Year 2.

- Collaborate to develop a special classroom for children with high support needs.
- Develop 30 new Model Schools with intensive support for education and rehabilitation.
- Manage the 3 new BOT schools started in Year 2.
- Develop strategic partnerships with 5 new organisations taking the total to 10.
- Provide technical support (non-financial) to 15 partners.
- Train 324 Block Education Resource Teachers (BIERTS) to support 15,000 CwSN.

What will be stopped

Direct interventions in Community Schools.

Geographic Coverage

East Zone of Urban Bengaluru, 4 talukas of Davangere district and all five blocks of Vijayapura districts will be covered. Also, 49 talukas in 7 districts of Belagavi division and 32 talukas of 6 districts in Kalaburagi division will be covered in collaboration with SSA, RMSA, and the Education Department.

People Coverage

Coverage Table	Year 1	Year 2	Year 3
Service recipients covered by APD	1500	1640	1650
Service recipients covered by strategic partners	1200	2200	3550
Strategic partners (Govt)	7500	10500	15000
Other stakeholders	7970	10810	14920
Reach Total	18170	25150	35120

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	108	110	110
Budget (₹ in Lakhs)	508	574	755
Capex (₹ in Lakhs)	97	0	0

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
SIS recognized as CoE for Inclusive Education	<ul style="list-style-type: none"> • 85% CwSN improve academic performance and functional independence • SIS on par with state / national benchmark of efficiency • 1 minimum recognition for SIS from an external body 	<ul style="list-style-type: none"> • 240 CwSN educated in SIS • 500 parents/peers trained on IE • 100 external teachers trained • 1 Special Classroom for CwSN • 8th standard and NIOS for 10th standard
1000 CwSN access comprehensive interventions of rehab and education in inclusive Model	<ul style="list-style-type: none"> • Increase number of schools with: <ul style="list-style-type: none"> ○ adapted infrastructure, ○ TLMs, ○ skilled teachers, 	<ul style="list-style-type: none"> • 650 CwSN in 65 Model Schools and 500 CwSN in 6 BOTs • 4000 CwSN educated by 25 partners

Schools and BOT schools.	<ul style="list-style-type: none"> ○ SDMC engagement, and ○ parents/peers support. ● 90% retention in school year-on-year ● 80% CwSN with increased academic performance (3Rs) ● Percentage of CwSN appearing in the 10th STD board exams & passing rate. ● Required gender ratio in schools 	<ul style="list-style-type: none"> ● 150 staff trained ● 8500 parents/teachers/peers trained
Inclusive Education Research Teachers Centre (IERTC) is functional and serving the human resource needs for the sector	<ul style="list-style-type: none"> ● 75% enrolment, retention ● Better academic performance year-on-year ● Gender parity in schools ● 75% trained teachers practicing disability pedagogy for classroom management 	<ul style="list-style-type: none"> ● Establish IERTC ● Create a baseline database for 14 districts ● Train 324 BIERTs ● 15,000 CwSN monitored by APD periodically ● Develop CP, SHI best practices' document/video

III. Livelihood

More than 70% YwD in Karnataka are excluded from mainstream education and employment processes and are economically dependent. [APD aims to provide 18,000 poor and marginalized youth with disabilities access to livelihood opportunities in 24 districts of Karnataka.](#)

New Priorities

- Promote rural livelihood.
- 1 Livelihood centre in Belagavi with partners.
- Introduce self-employment and co-operative employment models.
- Develop PwD linkages to various government schemes in a structured way.
- 10% (450) with spinal injury, 5% (225) with mental health challenges and 40% women will be assisted with employment.
- Increase skill domains from 7 to 14.
- Move job readiness foundation course to districts.
- Develop 13 partners by the end of 2021 including 5 technical partnerships.
- Reduce conversion rate of training enrolment from 1:6 to 1:4.
- Reduce per person training cost (₹36K) by 18%.
- Reduce the horticulture training duration from 5 to 4 months.

What will be stopped

- Job readiness programme in Anand Ashram.
- ITC formal course under NCVT for 1 more year.
- Maintain sponsorship programme at the existing support for 40 trainees.

Geographic Coverage

Across Karnataka.

People Coverage

Coverage Table	Year 1	Year 2	Year 3
Service recipients covered by APD	3000	3500	3500
Service recipients covered by Strategic Partners	1200	2100	4700
Other stakeholders	2530	3550	4050
Reach Total	6730	9150	12250

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	43	47	51
Budget (₹ in Lakhs)	320	373	490
Capex (₹ in Lakhs)	69.5	20	7

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
18,000 poor and marginalised PwDs and families to access livelihood opportunities in multiple domains	<ul style="list-style-type: none"> 80% trained PwDs get employment 60% job readiness, trainings and employment done through partners Conversion rate from recruitment to employment at 1:4 90% retention in employment in rural and urban areas Reduction in cost per service recipient 	<ul style="list-style-type: none"> Baseline data on youth with disability and livelihood in Karnataka 2,500 enrolled for Job Readiness Foundation Course 2,200 completed JRP and enrolled for domain skill training 1,800 women employed 935 in rural employment and 530 in self-employment/cooperative model Knowledge, Attitude Practice study report on all stakeholders
Disability sector equipped with trained human resources for livelihood promotion with 24 NGO Partnerships	<ul style="list-style-type: none"> 60% trained human resources serving in rural community 80% NGOs active in the livelihood domain 	<ul style="list-style-type: none"> 100 NGO/DPO staff trained in livelihood domain 13 NGO partnerships – 5 in Year 1, 8 in Year 2 and 13 in Year 3 Standardised manual of Livelihood course
13 Govt Departments and 150 employers facilitate livelihood linked services to PwDs and families	<ul style="list-style-type: none"> 30 job adaptations & accessibility/work place solutions by industry Reservations created for high support disabilities in departments 	<ul style="list-style-type: none"> Database of employers in 2 divisions developed 5000 PwDs supported to access Govt schemes 150 employers and 150 staff 13 government departments

	<ul style="list-style-type: none"> 20% PwDs accessing government schemes on Livelihood 	trained on employability of PwDs and RPD Act compliance
--	---	---

IV. Spinal Cord Injury Rehabilitation (SCIR)

People with Spinal Cord Injury (PwSCI) have limited access to quality rehabilitation services due to lack of awareness and connectivity. Lack of social inclusion leads to poor quality of living.

The Spinal Cord Injury vertical's operational work for the strategic years 2018-21 is structured to deliver comprehensive Community-based rehabilitation (CBR) as well as end-to-end, evidence-based, quality rehabilitation services through Institutional Based rehabilitation (IBR). The key focus in the IBR & CBR is early identification of service recipients for better quality of life. A salient feature of the service will be to enable cost-effectiveness by creating a sustainable ecosystem. APD aims to develop SCIR as a flagship programme. [More than 2,600 PwSCI would get rehabilitated with effective social participation, functional independence, and better Quality of Life \(QOL\) with APD's efforts.](#)

New Priorities

- Nodal centre of excellence* – Become a benchmark in delivering cost-effective, evidence-based institutional rehabilitation for patients with spinal cord injury.
- Early Identification* – Develop a strong referral system for early identification of new cases.
- Comprehensive Approach* – Combine IBR and CBR practices.
- Technology Leverage* – Initiate a tele rehab model for optimal use of the connection between IBR and CBR.
- Evidence Based* – Use American Spinal Injury Association (ASIA) protocols and PUSHSCORE methodology for rehabilitation.
- Collaboration* – Collaborate with universities and medical colleges for research initiatives.
- Cost Effectiveness* – Reduce the duration of the rehab programme from 4 to 2.5 months for time efficiency and affordability.

Geographic Coverage

Across Karnataka.

People Coverage

Coverage Table	Year 1	Year 2	Year 3
Service recipients covered by APD	735	800	970
Service recipients covered by Strategic Partners	825	1200	1630
Other stakeholders	1720	2340	3150
Reach Total	3280	4340	5750

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	18	19	20
Budget (₹ in Lakhs)	173	189	256.39
Capex excluding infrastructure (₹ in Lakhs)	3.5	4.2	5.3

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
2,600 PwSCI with improved Quality of Living	<ul style="list-style-type: none"> 70% of PwSCI progress two levels in at least 3 self-care activities on the Functional Independence Measure (FIMS) scale QOL Questionnaire -75% would achieve better QOL PUSH score for pressure ulcer - More than 65% efficiency to be achieved 	<ul style="list-style-type: none"> 5 SRCs created Network with 50 hospitals for early referrals 65% given mobility aids/assistive devices and home accessibility support
Over 3 years, at least 150 women with SCI (WwSCI) will be rehabilitated with regional SRCs	<ul style="list-style-type: none"> QOL Questionnaire - Anticipate more than 50% of rehabilitated WwSCI to achieve better QOL 	<ul style="list-style-type: none"> 100% ASIA Assessments 6 short-term regional SRCs for WwSCI 60% identified WwSCI will get assistive devices and home accessibility support
Enable stakeholders to create a sustainable ecosystem for PwSCI	<ul style="list-style-type: none"> 50% THOs & PHCs to manage SCI patients 3 new NGOs active in SCI management 	<ul style="list-style-type: none"> Identify one partner each year Posters on 3 domains (Prevention of SCI, Prevention of Secondary Complications, and SCI management guidelines) will be distributed to model PHCs PHCs and public welfare department to display awareness posters Federation formation Capacity Building meets and sensitisation 1 Social Audit conducted and published

V. Disability and Rehabilitation

Majority of PwDs in Karnataka have limited access to rehabilitation services. This leads to decreased participation in self-care and well-being. To synergize APD's efforts across various programmes, the Disability and Rehabilitation unit is being looked at as a single unified portfolio, to bring all rehabilitation therapies under one umbrella. This includes Physiotherapy, Occupational Therapy, Speech and Language Therapy, Adaptive & Assistive technology, Mental Health and Psycho Social counselling for all PwDs and caregivers. APD aims to enable 20,000 people for improved quality of life after accessing rehabilitation services.

New Priorities

- Technology*: 3D technology to become a core identity to produce assistive devices.

- *Research and Development:* APD's orthotic productions to have a full swing research and development wing to innovate cost-effective assistive technology.
- *Service Focus:* Every service will be measured according to set measurable indicators with a focus on service optimization.
- *Task Force:* Rehab task forces consisting of technical and non-technical people will be created to enhance skills and add more value to the programmes. Cross learning would be initiated for effective workforce management.
- *Mental Health:* CMHP will be expanded in new geographies with new strategic partners and will cut across functions for other interventions.

Geographic Coverage

The unit will cater across Karnataka for Adaptive & Assistive technology. Rest of the units will align to APD's key focus areas.

People Coverage

Coverage Total	Rehabilitation			Disability (CMH)		
	Y1	Y2	Y3	Y1	Y2	Y3
Service recipients covered by APD	1040	1280	1540	1000	1200	1500
Service recipients covered by Strategic Partners	0	0	0	0	200	500
Adaptive & Assistive technology	3380	4570	6520	0	0	0
Strategic Partners (Govt)	0	0	0	400	700	900
Other Stakeholders	2310	2740	3380	2150	3800	4550
Reach Total	6730	8590	11440	3550	5900	7450

Resource Requirement

Coverage Total	Rehabilitation			Disability (CMH)		
	Y1	Y2	Y3	Y1	Y2	Y3
HR	37	43	45	10	10	10
Budget (₹ in Lakhs)	284	359.69	440.99	31	46.73	58
Capex (₹ in Lakhs)	37	25	19.6	0	0	0

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
<p><u>Disability & Rehabilitation services (PT/OT):</u> 1 functional independence for PwDs</p> <p>Strengthened ecosystem in delivering therapeutic needs</p>	<ul style="list-style-type: none"> 70% PwDs improve in the <i>Functional Independence Measurement (FIM)</i> scale 80% PwDs progress in at least one level of GMFCS Scale & Speech Language scale 85% PwDs improve in their positive attitude towards disability 	<ul style="list-style-type: none"> Individual rehab plans developed for 24,880 PwDs 85% of the above provided therapeutic intervention Training for 15,000 stakeholders (parents/BIERT/teachers/s taff) Standardized IEC materials developed by Year 2 and published by Year 3
<p><u>Adaptive & Assistive Technology:</u> Independence in mobility for PwDs</p>	<ul style="list-style-type: none"> 85% recipients have satisfaction 70% PwDs have improved functional independence 25% reduction in the cost of wheelchairs 	<ul style="list-style-type: none"> 10,500 PwDs assessed & prescribed with suitable assistive devices 5000 PwDs have home accessibility 30 schools made accessible 25 public places made barrier-free 1,800 wheelchairs delivered 2 new assistive supports designed for commercial market and mass production R&D groups use the space of 3D technology for sector growth
<p><u>Mental Health:</u> Persons with Mental Illness have improved Quality of Life</p>	<ul style="list-style-type: none"> 60% of PWMI to have a dignified life No. of PWMI stabilized 20% PWMI will get back to their previous jobs 	<ul style="list-style-type: none"> 6,000 PWMI access free treatment
<p><u>Speech & Language:</u> PwDs have improved communication skills</p>	<ul style="list-style-type: none"> 70% CwSHI improve in the Speech language scale and Articulation Proficiency scale 	<ul style="list-style-type: none"> CwSHI are assessed 85% are provided with SLT

VI. Collaborations

Nearly 60% of PwDs in Karnataka are denied their rights and entitlements by the state.

Collaborations team is envisaged as a combination of Policy Advocacy Team, Strategic Partner (RSO) management team, district management team, and Government Interface team.

a. Strategic Partnership

The strategic team will help build robust organisations in the region through NGO-non-NGO partnerships. It will link the NGOs with government agencies and other potential opportunities. They will work as a link between the technical support team at APD and partners, linking them with external experts and professionals. They will monitor projects of APD implemented with partners.

b. Policy Advocacy, Government Interface

The Policy Advocacy team will organise and mobilize grass roots level PwD groups for direct dialogue with the government to ensure rights and entitlements. They will build parents' groups and DPOs, build their skills, and empower them to put constructive pressure on the government consistently to implement the RPD Act. The Government Interface unit will be an integral part of policy advocacy to ensure funds for programmes and projects of APD and strategic partners.

c. Divisional Management

The Divisional Managers and their teams will ensure that the saturation model is followed, and reach is achieved through district coverage. They lead monitoring to ensure people receive quality inputs based on their needs and agreed deliverables. Being the external face of APD in the divisions, the teams will also work with think tanks in the region, the regional Commissioners of divisions, and key departments to ensure policies are implemented uniformly across districts. APD will follow a divisional approach in the management of its projects, partners, and programmes.

The newly carved out collaborations team has a threefold agenda: (a) Act implementation, (b) APD's sustainability through mobilization of government grants for programmes, and (c) Technical collaborations to contribute to sectorial growth of disability rehabilitation in Karnataka. APD aims to enable 53,230 PwDs from 17 districts including 40% WwD to access rights and entitlements and lead a dignified life.

New Priorities

- *Divisional Focus:* Work with Regional Commissioners to influence departments and development corporations for RPD Act implementation.
- *Task Force:* Set up district wise task force consisting of 15 people for speedy implementation of the Act.
- *5% reservation utilization:* Monitoring the implementation of 5% reservation at district and divisional level.
- *PwD leadership for sector:* 400 PwDs, parents and caregivers emerge as leaders and represent the disability sector in district and divisional level.
- *Government grants to APD:* 15% of APD's income comes from government sources.
- *Technical Collaboration:* APD will have MOUs with 5 departments.
- *Strategic Partnerships:* 50+ partners for programme implementation including advocacy.

What will be stopped

- Advocacy in southern districts, if any
- Support for *Niramaya, NTA*

Geographic Coverage

81 talukas in 13 districts of Belagavi and Kalaburagi division.

People Coverage

Coverage Table	Year 1	Year 2	Year 3
Service recipients covered by APD	200	250	300
Service recipients covered by Strategic Partners	1500	2000	2500
Service recipients covered by Strategic Partners (Govt)	10500	23000	36500
Other stakeholders	4580	11500	12200
Reach Total	16780	36750	51500

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	20	22	22
Budget (₹ in Lakhs)	136	159	175
Capex (₹ in Lakhs)	7.5	1	1

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
APD programmes linked with government schemes and receiving financial support and recognition from the government	<ul style="list-style-type: none"> ▪ 15% inflow for APD and 15 partner NGOs ▪ National and state recognition/award for APD and partners ▪ APD signs MOUs with 5 government departments for technical support and programme implementation 	<ul style="list-style-type: none"> ▪ 50 NGOs and DPOs trained on government schemes ▪ 30 proposals submitted to access government funds ▪ Funds raised to the tune of 100 lakhs ▪ SCI rehab centre in the state linked to APD ▪ NSDC accreditation for 4 domains ▪ APD will become technical partner with RCHO/NTA

<p>RPD Act implementation optimal in Karnataka with adequate outlay and outflow of government budgets for disability, with robust budget for women and girls</p>	<ul style="list-style-type: none"> ▪ 25% increase in outlay for Belagavi and Kalaburagi division and 60% spend in the outlay ▪ 25% increase in need-based schemes and programmes ▪ 50% primary schools in talukas to have accessibility ▪ 50% YwD have access to job cards and programmes 	<ul style="list-style-type: none"> ▪ APD active in RPD Act Committee ▪ 13 districts have accessibility in government primary schools ▪ 5,000 YwD access livelihood schemes ▪ 400 RPD champions emerge ▪ 13 RPD task forces monitor 5% reservation through public hearings ▪ 2 functional DEICs (1 each in Kalaburagi and Belagavi divisions) ▪ Research reports on impact of 5% budget utilization in ULB and RDPRI
<p>Vibrant ecosystem of NGOs, CBOs, and Civil society for implementation of programmes and the growth of disability sector in 17 districts of Karnataka</p>	<ul style="list-style-type: none"> ▪ 50% increased network membership by Civil Society ▪ 50 NGOs illustrating leadership for the sector ▪ Political manifestos recognize rights of PwDs 	<ul style="list-style-type: none"> ▪ APD - Civil society collaboration in 17 districts ▪ 54 partnerships with NGOs, Universities, DPOs ▪ CSO report on need analysis on socioeconomic conditions in 2 divisions ▪ Political and bureaucratic advocacy by Civil Society to allocate more resources for sector growth

VII. New Initiatives

a. Institution of Disability, Rehabilitation and Research (IDRR)

APD is stepping into the 60th year of its existence as a matured leader in the sector. The vast knowledge APD acquired over the years is an important asset that needs to be protected and leveraged for the future and shared nationally and globally.

In the strategic plan 2018-21, APD's Centre for Disability Management is being reconfigured to become an IDRR with a vision of becoming an institute of excellence in academics and research; in the inclusion process of rehabilitation, education, and livelihood of PwD. A process will be formulated to create, share, and spell out clear procedures in using and managing the knowledge and information of the organisation as part of APD Knowledge Management. The repository would aim to include models, skills, and knowledge in the fields of disability, rehabilitation, inclusive education; in digital or printed form, as well as other fields that may contribute to research in the disability sector.

APD will build national and international academic and institutional partnerships for the same and focus on process and quality measures within APD's practices and courses. [In this strategy, APD proposes to leverage its extensive practical knowledge in different geographical regions and convert](#)

the best practices into courses and documentation that can be used for research and capacity building for PwDs and different stakeholders. APD also proposes to take the courses to North Karnataka through potential partners who will sustain it and produce quality human resource for the rural sector. IDRR will take steps towards self-generation of resources through training programmes and consultancy. Erstwhile CDM, the new Model of *Prerana* will be part of this from Year 1. Overall, IDRR will take APD to the next level as a sustainable organisation of global repute.

Priorities

- *RCI courses*: RCI regulates and monitors services given to PwDs, standardises syllabi and supports a Central Rehabilitation Register of all qualified professionals and people working in the field of Rehabilitation and Special Education. APD will contribute to sectoral growth through these courses.
- *Non-formal courses*: These courses were developed, conducted, and certified by APD to enhance the skills of staff and parents in rural areas lacking awareness of the rehabilitation aspect. In future, APD will strive for accreditation from relevant bodies/organisations.
- *CRE (Continued Rehabilitation Education)*: Continued Rehabilitation Education is mandated by RCI for professionals to update their knowledge and skills. APD will conduct regular CREs in Inclusive Education, Spinal Cord Injury Rehabilitation, and Early Intervention to upgrade the skill and knowledge of people working in communities.
- *Data and Research*: Research data collection and analysis of field programmes to maximize inclusion and integration of a PwD - in society, employment, independent living, family, and economic and social self-sufficiency.
- *Capacity Building*: Conduct RCI and non-RCI courses and training programmes for NGOs, strategic partners, and individuals.
- *Prerana 2*: The tele-rehab and tele-edu system is designed to provide an interactive environment so that the individual/stakeholders/strategic partners can access rehabilitation resources, education resources, capacity building, counselling, consultation, evaluation, and monitoring from remote locations. APD aims to use this methodology to set up a remote tele-rehabilitation tele-education model. *Prerana 1*, a virtual classroom in Vijayapura, will be closed.
- *Knowledge Repository and Dissemination Centre*: Ensure widespread distribution of practical scientific and technological information in usable formats. Conduct national and international seminars, workshops, and discussions.
- *Self-sustaining*: The Institute and the Rehabilitation Centre would be self-sustaining; planned to provide services for free or subsidized rates to poor PwDs – at the same quality as the standard.

Geographic Coverage

Karnataka – Research, Knowledge Management, and Capacity Building

National – Capacity Building and Knowledge Management

International – Capacity Building and Knowledge Management

People Coverage

Coverage Table (CDM & Prerana)	Year 1	Year 2	Year 3
Service recipients covered by APD	300	300	360
Other stakeholders Plan1	600	600	600

Other stakeholders Plan2	6600	7920	9500
--------------------------	------	------	------

Resource Requirement

Coverage Table (CDM & Prerana)	Year 1	Year 2	Year 3
HR	10	10	10
Budget (₹ in Lakhs)	92	108.25	190
Capex excluding infrastructure (₹ in Lakhs)	6	8	0

Resource Requirement for New Initiative

₹505 Lakhs

Outcome Framework

OUTCOME	INDICATORS	OUTPUT
RCI trained professionals available for the sector	<ul style="list-style-type: none"> 80% candidates are employed and continue to work in the sector in rural and urban communities 40% students are PwDs; role models 	<ul style="list-style-type: none"> Train 75 candidates via the Certificate Course in Care Giving (CCCG) for 10 months. Train 75 candidates via the Certificate Course in Rehabilitation Therapy (CCRT) for 12 months. Train 60 students via the Certificate Course (Level A, B & C) in Indian Sign Language for 14 months. Enrol 60 students for Diploma in Early Education (Hearing Impairment) - waiting for inspection & approval. CRE for about 200 people in SCI, EI and IE.
Staff and parents are qualified and skilled in management of CwSN/PwDs	<ul style="list-style-type: none"> 80% trained people emerging as skilled professionals in Disability Management 	<ul style="list-style-type: none"> 120 teachers/parents trained under the Certificate course in Inclusive Education (6 months). 100 parents and caregivers trained via the Certificate Course in Community Therapy Aid (6 months). 60 parents/caregivers trained via the Certificate Course in Early Intervention (to be started in 2018).

Vibrant ecosystem responding to the needs of PwDs	<ul style="list-style-type: none"> 60% government frontline workers proactive to the needs of PwDs 60% communities have increased knowledge of government schemes and programmes Doubled usage of government schemes and programmes 	<ul style="list-style-type: none"> Enhance knowledge and skills of allied government department personnel. Support all departments to meet their planned targets in the implementation of schemes. Directly interact with parents and PwDs to strengthen their knowledge and skills.
PwDs, professionals, and stakeholders have access to knowledge and data	<ul style="list-style-type: none"> Best practices documented and disseminated Knowledge repository established 70% achievement of plans 	<ul style="list-style-type: none"> Established APD Knowledge Repository on Disabilities 5 research scholars linked to APD for scholastic learning and development 3 research reports published 6 research reports disseminated
Building up human resource with more disability and rehabilitation experts from APD serving the community	<ul style="list-style-type: none"> 80% have jobs in rural/urban community settings 	<ul style="list-style-type: none"> 4 RCI courses Starting up 3 affiliated non-RCI short courses Conducting 3 Continuous Rehabilitation Education every year Capacity building of different stakeholders across core programs
BIERT teachers equipped for Inclusive Education	<ul style="list-style-type: none"> 80% trained teachers are practitioners 	<ul style="list-style-type: none"> Training modules developed 28 IERT teachers of Bagalkot trained as expert trainers of Inclusive Education

b. Spinal Cord Injury Rehabilitation Centre

In 2003, APD initiated a rehabilitation programme for PwSCI. It was the only organisation in Karnataka that offered both an institutional and community-based program. [The Program reaches out to socio-economically challenged people with Spinal Cord Injury](#). This program also serves North Karnataka through NGO partners to replicate and scale sustainable operations. Our comprehensive rehabilitation approach, with an end-to-end solution addresses the physical, social, psychological, and vocational rehabilitation needs of PwSCI. The rehabilitation of PwSCI additionally involves bowel and bladder control, bed sore prevention and management, confidence building, and vocational rehabilitation. Poverty and lack of rehabilitation services have emerged as significant deterrents over the past two decades.

Once considered one of the most challenging disabilities to deal with, APD has gone past the challenges and found solutions to serve 1,200 PwSCI. Nearly 70% people with severe disability who have been rehabilitated by APD can manage their daily living independently. APD anticipates that the number of PwSCI is higher than what records show. This implies that identification of PwSCI itself is a challenge.

The intensive work done by APD over the last 20 years has led to significant improvement in the care of PwSCI. Existing centres are dedicated to the rehabilitation of PwSCI and their caregivers, paving the way for social inclusion. However, we need to analyse the situation in depth and include more value-added services for the rehabilitation of PwSCI to set a benchmark in the nation. APD will set up a 45-bed state-of-the-art Spinal Cord Injury Rehabilitation Centre in Bengaluru.

People Coverage

3000 PwSCI

Geographic Coverage

Across India

Resource Requirement (Budget)

₹ 453L

Outcome Framework

OUTCOME	INDICATORS	OUTPUTS
Fully functional SCI Centre	<ul style="list-style-type: none"> 80% bed occupancy All envisaged specialized services provided Long-term service strategy planned for PwSCI 	<ul style="list-style-type: none"> Trans-disciplinary team formed and in place Infrastructure and equipment at the comprehensive rehabilitation centre
3000 PwSCI have improved independence, mobility and QOL	<ul style="list-style-type: none"> Average Rehab period reduced to 2.5 months from 4 months 90% community follow-ups 	<ul style="list-style-type: none"> Tele rehab institutionalized strong connect between Institution and Community Network with PwSCI federations Empower local PHCs to support the needs of PwSCI
Emerging data and research on PwSCI Resource support to APD centre	<ul style="list-style-type: none"> Media coverage and visibility of APD 	<ul style="list-style-type: none"> State-wide PWSCI registry created SCI rehabilitation module developed 3 scholarly articles and publications 2 university collaborations

c. Disability Awareness and Sensitisation Park (DASP)

APD will be setting up an awareness park to educate and sensitise the public on disability. The awareness Park *Pragnya* will create experiences for children to empathize with the needs of PwD and educate them on 'disability'. This will reinforce acceptance in the public and bridge the gap between mainstream society and PwD.

The first phase will focus on school students (Class 5 to 9); future leaders and the most sensitive segment of society, capable of influencing elders. The students will visit the centre as an outing and have fun while developing a sensitized mind and acute awareness on disability.

People Coverage

1000 children & stakeholders

Geographic Coverage

Karnataka

Resource Requirement (Budget):

₹157 Lakhs

Outcome Framework

OUTCOME	INDICATORS	OUTPUT
1000 children sensitized on disability from the facility	<ul style="list-style-type: none"> Schools start to register for park visits 	<ul style="list-style-type: none"> An innovative awareness park to sensitize children on disability
Play and Learn system to develop enthusiasm and commitment in children	<ul style="list-style-type: none"> Positive feedback from park users Engagement and sensitization of visiting children 	<ul style="list-style-type: none"> At least 20 creative activity plans for execution Structured activity plan made available Three staff trained in the structured programme

3. Strategy for Horticulture

Horticulture has been a long-standing passion at APD with Hema, our founder, playing a foundational role in setting up the centres in Bangalore. The Horticulture unit has produced many garden specialists, horticulturists, and garden supervisors over the years who have been placed in nurseries, companies, and APD's own horticulture centres in Jeevan Bhima Nagar and Kylasanahalli.

During 2015-18, the Horticulture unit generated a surplus of almost ₹80 lakhs. Of this, over ₹55 lakh was allotted for HT training, along with another ₹50 lakh raised through donations at the horticulture centres. This helped cover 50% of the HT training costs.

The Horticulture unit has over 60% PwDs in its employ, many of whom are rural youth with minimal education. The horticulture centres serve as community connects with 35,000 walk-ins in Jeevan Bhima Nagar and 50,000 in Kylasanahalli. The centres are synonymous to APD for many longtime donors. There are over 400 donors in Jeevan Bhima Nagar alone.

APD now aims to use Horticulture as a significant self-generator of revenue.

New Priorities

- Develop a self-generation model to sustain HT training.
- Train and place 1000 PwDs.
- Develop the nursery opportunity.
- Evolve into a knowledge/resource centre.
- Collaborate for greater impact in rural areas.

Geographic Coverage

Expand to Belagavi and Kalaburagi divisions in North Karnataka.

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
Generation of ₹179 lakhs through HT sales and donations, and ₹44 lakhs surplus.	<ul style="list-style-type: none"> • Increase in internal production of plants • increase in staff productivity • Value of self-generated income from HT sales and services, donations • Supply of plants to nurseries and corporate • Retail at 3 nurseries with plant decor • Number of events held • Establishment of the Green Club • Number of training sessions for the public 	<ul style="list-style-type: none"> • ₹72 lakhs generated from Jeevan Bhima Nagar campus through plants and product sales, and gardening services. • ₹30 lakhs generated through corporate plant rentals. • ₹56 lakhs generated through selling plants, products, and HT services from Kylasanahalli and Lingarajapuram campuses. • ₹21 lakhs donation from HT campuses through sponsorships and appeals. • ₹50 lakh worth of plants produced at Kylasanahalli.
Train and place PwDs in wage or self-employment	<ul style="list-style-type: none"> • Training on farm based/allied skills for PwDs unwilling to migrate (program based on livelihood mapping of the household) • Training in districts through partners • Home-based training (enrol master farmer, village level group) • Shorter re-training modules for unemployed graduates of HT training (after 3-5 years) • Enable 50% wage and 50% self-employment 	<ul style="list-style-type: none"> • Provide livelihood to 1000 rural, less educated PwDs who may not want to migrate to cities. • Enhance Income streams and create long term sustainable livelihood options to cover all categories of PwDs of all ages and gender
Evolve into a Knowledge/Resource centre	<ul style="list-style-type: none"> • Document and publish best practices in horticulture • Develop resources for farming and allied sectors • Develop new programs for rural non-farm sector opportunities 	<ul style="list-style-type: none"> • APD becomes a resource centre for farm-based rural workers • APD becomes known for innovation and excellence



<p>Collaborate for greater impact in rural areas</p>	<ul style="list-style-type: none"> • Work with VLO (Village Level Organisations), NGOs, RUDSETI, etc. • For content, connect with IIHR, GKVK, Skills Council • For livelihood institution and capacity building, work with NRLM/SRLM, RDPR, SFAC, DoSW, etc. 	<ul style="list-style-type: none"> • Increase APD’s reach and recognition in the horticulture space
--	---	--

4. Strategy for Core Functions

I. Human Resource, Administration

“Organisational communication is a process which involves the transmission and accurate replication of ideas ensured by feedback for electing actions which will accomplish organisational goals.”

William Scott

APD, with its strong interpersonal ties has hitherto used informal ways of internal communication. The past strategy review indicates the need for a more formal approach given the increasing number of stakeholders, programmes, and geographies. A dedicated internal communication team will work on operationalization of the internal communication strategy as well as implementation of policies such as POSH at the workplace, child protection, gender issues, vision, mission, values of the organisation, and safety/ security.

Currently, around 70% of the employees at APD are under 40 years of age, and average APD experience/longevity is 7 years. Staff with more than 10 years of service is down from 23% in 2015 to 21%. The HR team will work towards the cultural integration of new joiners, and retention of existing talent while driving productivity and efficiencies. With the organisational focus shifting to North Karnataka, HR must also acquire skilled resources for these rural areas. The shift to an increasingly collaborative mode of work with partners further requires HR to plan necessary managerial training.

With IDRR, APD must constantly improve its own capabilities to become a knowledge hub in the field of disability. Increasing programme depth and complexity demands APD step up its internal technical capacities and monitoring and governance systems.

There is an increasing need to ensure internal services for staff – safety, security, accommodation, travel, communication, transportation for programme activities, water, and electric supply payments, receiving visitors, etc. Information technology (IT) usage in APD must evolve beyond computers and printers. The IT team must explore technology solutions across developmental intervention areas to enhance efficiency and productivity. With APD venturing deeper into North Karnataka, the Administration team must ensure safe and supportive workplace infrastructure for all staff in the newer divisions.

New Priorities

1. Focused Volunteer Management Cell
2. Succession Planning Framework
3. ERP tool implementation

Geographic coverage

Main office and all the centres/hubs/premises in Bengaluru and other places.

People Coverage

Coverage Table	Year 1	Year 2	Year 3
Other stakeholders	400	650	850

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	27	28	29
Budget (₹ in Lakhs)	296	330	368
Capex (₹ in Lakhs)	54.32	10	10

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
On-time quality service delivery - all support services	<ul style="list-style-type: none"> • User satisfaction feedback & surveys (80% positive feedback) 	<ul style="list-style-type: none"> • Implementation of workflow tool • Clearly documented SOP • Set up support functions at hubs & partners
Safety & security assured across APD premises	<ul style="list-style-type: none"> • No untoward incident reported relating to safety in APD premises 	<ul style="list-style-type: none"> • Implement safety, security & hygiene solutions across APD (CCTV camera, biometric, safety gadgets for community workers/workshop) • Administrative compliance met on time as per norms • Streamlined procurement process to bring in cost efficiencies • Complete all major new infrastructure work within timeline
High performance inclusive, synergized team aligned to APD values	<ul style="list-style-type: none"> • 90% of APD's annual plan target achieved • Success plan in place for all key/critical roles in the organisation • Employee Satisfaction Survey - 90% score aligning to APD value 	<ul style="list-style-type: none"> • Staff nurtured to reach their full potential • Ensure Succession Plan Framework is in place with defined actions /plan implementation. • Gender equality & PwD leadership • Skilled and certified staff • Leadership positions in hubs • Network with educational institutions/corporate houses for interns, volunteer engagement

		<ul style="list-style-type: none"> • Implementation of productivity tracking tool
Technology solutions (IT & MIS) integrated for enhancing service quality & efficiency - benchmark for other organisations	<ul style="list-style-type: none"> • Effective use of core technologies by staff (through survey - 80% positive impact) • At least 4 NGOs consider and adopt APD solutions 	<ul style="list-style-type: none"> • Bring in innovative disability-friendly IT tools to complement programmes • User-friendly MIS information with insights for decision making and ease of use by other stakeholders
Work place cohesiveness	<ul style="list-style-type: none"> • 90% staff involved in strategy development and implementation • 75% actively participate in organisational discussions and issues 	<ul style="list-style-type: none"> • Develop a clear internal communication strategy • Teams developed for implementation and yearly calendar of internal communication activities
Values and policies internalized and institutionalized	<ul style="list-style-type: none"> • Open discourse on values and policies • Zero tolerance to child abuse and workplace sexual harassment - more reporting 	<ul style="list-style-type: none"> • Policy committees formed and active • Policies published and discussed

II. Governance

Over the last one year, APD is measuring impact through 'Outcome Based Plans'. APD's monitoring and 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.

The key goal of M&E is to improve current and future management of outputs, outcomes, and impact. To achieve this, the current MIS and Donor Assurance team with links to the strategic partnership team will merge into a cohesive group called 'Monitoring & Evaluation OR Governance'. This is to facilitate availability of quantitative and qualitative data for evidence-based accurate reporting to donors and the community.

Priorities:

1. Introduction of the Outcome Monitoring module in MIS
2. Development of a reporting layer in MIS
3. Integration of *Goonjan* with Donors' MIS

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
APD Programmes (Key) ready for Social audit / ISO audit with evidence-based best practices, quality excellence. and adherence to process	<ul style="list-style-type: none"> Positive reviews, audits, and feedback (80% without any major noncompliance remark) ISO Certification for few of our Key programmes/ functions 	<ul style="list-style-type: none"> Implement a structured project management tool & system to monitor programme outcomes Ensure end-to-end accountability and quality of service delivery in all programmes & management systems Implement risk mitigation strategies Establish a 100% functional Quality Assurance team

III. Resource Generation, Communication, Donor Engagement

Key focus areas in 2018-21 are building up the organisational image and improving donor engagement.

Priorities:

1. Create greater awareness and brand recognition of APD and make it a benchmark in the disability sector. Influence the ecosystem for greater sensitivity to the cause of disability and garner support and resources.
2. Develop a strong marketing communication strategy to get likeminded stakeholders from across the sector to participate on one platform. Co-create and innovate to improve the quality of life of PwDs.
3. Build a sustainable mix of donors with increasing contributions from individuals, CSR, funding agencies, PSUs, and governments.

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	14	15	15
Budget (₹ in Lakhs)	96	110	121
Capex (₹ in Lakhs)	3.65	2	2

Outcome Framework

OUTCOMES	INDICATORS	OUTPUTS
Sustainable resources at APD (numerically and qualitatively) from grants, CSR, FA, individuals and PSUs and governments	<ul style="list-style-type: none"> 50% contribution from corporate 10% contribution from FAs 25% contribution from individuals 15% contribution from governments Individual donors grow from 4800 to 11,500 Long-term contracts for school, EI and SCIR programmes 60% donors give medium to 	<ul style="list-style-type: none"> Raise CSR and FA grants from 40 corporates and 4 funding agencies to: <ul style="list-style-type: none"> Year 1: 1790 lakhs Year 2: 2020 lakhs Year 3: 2270 lakhs Raise individual donations to: <ul style="list-style-type: none"> Year 1: 330 lakhs Year 2: 500 lakhs Year 3: 750 lakhs Raise Government grants in

	<p>long-term (3 year) funding assurance</p> <ul style="list-style-type: none"> • 25% growth in funding for district and partner programmes • Raise capex requirement of around 11 crores separately 	<p>collaboration with the Government Interface team.</p> <p>Budget:</p> <ul style="list-style-type: none"> ○ Year 1: 130 lakhs ○ Year 2: 280 lakhs ○ Year 3: 580 lakhs
<p>APD brand leadership and authority visible through strategic communication</p> <p>Brand recognition by CSR and government</p>	<ul style="list-style-type: none"> • Volunteer base increase by 25% • Website and Facebook page visitors increase by 70% • 50% increase in readers of online offline news/articles of APD • 50% increase in solidarity support signups from masses. • More affiliations and partners to drive the cause • Vibrant platform footfalls with active involvement of eminent social scientists, opinion leaders, and academics to the knowledge repository 	<ul style="list-style-type: none"> • Visibility created for APD through vibrant website, FB page, merchandise (online, offline) • 2 major events annually – Hema Memorial Day and Annual Day • 2 Corporate Get Togethers • 2 Government Policy Dialogues • A knowledge repository backed by research, information, and articles with contributions from respected global and national names in the sector linked with IDRR
<p>APD Donor Relations peak with donor involvement and loyalty</p>	<ul style="list-style-type: none"> • 50% Increase in donor referrals • 80% retention of donors • Increased frequency of donations and tripling of donation value 	<ul style="list-style-type: none"> • Increase to 11,500 donors by 2021 • Achieve 50% retention of donors, year-on-year

IV. Finance and Compliance

“Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.”

Albert Einstein

Good financial management involves integration of five building blocks – budgeting, internal controls, recordkeeping, regulatory compliance, and financial reporting. APD is committed to ensure that the organisation has robust systems, talent, and technology to maintain highest standards in this function.

Priorities:

- ERP function should be enhanced and made more robust
- Functions should be more technology driven
- Transition to a paperless office

Resource Requirement

Coverage Table	Year 1	Year 2	Year 3
HR	13	14	14
Budget (₹ in Lakhs)	70	81	89
Capex (₹ in Lakhs)	5	5	5

Outcome Framework

OUTCOME	INDICATOR	OUTPUT
Future ready APD	<ul style="list-style-type: none"> • Future oriented spend in all ventures • Inflow – Outflow is as per plan projections 	<ul style="list-style-type: none"> • Develop next 2-5 years' projections of investments and linkages with best banks and institutions • Control mechanism for internal spend
High on accountability and credibility	<ul style="list-style-type: none"> • Donor satisfaction on finance management • Error-free statutory compliance • Zero frauds and theft 	<ul style="list-style-type: none"> • User-friendly and end-to-end financial systems • Ensure audited statements and accounts as required • Timely and accurate donor reports • Annual Report produced in August and passed by Board • Timely FCRA compliances
Reliable pillar for APD's growth and expansion	<ul style="list-style-type: none"> • Easy and productive decision making • Smooth sharing of information and collaborative decision making on fund allocation • Optimal absorption of funds by APD and partners 	<ul style="list-style-type: none"> • Develop and distribute guidelines for financial management to programme staff and strategic partners • Guide APD on self-generation of revenue

5. Risk Mitigation Plans

Programs	Description of Risk	Risk Contingency / Management Plan
Early Intervention	<ul style="list-style-type: none"> • Frequent transfer of government officials at state and district level • Permission cancellations by PHCs and CHCs to screen children • Migration of enrolled children • Non-availability of BPL card (mandatory to avail various services) • Attrition of partners' staff 	<ul style="list-style-type: none"> • Build rapport with second line officers; build constructive relations with senior members of government RBSK – Health Department. • Have formal MOU with the PHCs and CHCs to permit APD's baby screening. • Support parents by directing them to concerned officials and connect them with nearby EI centres / services. • Work with APD's Advocacy team and connect them with available services to access. • Work with partners' senior management to ensure retention.
Inclusive Education	<ul style="list-style-type: none"> • Staff turnover • Non-availability of special educators for SIS • Limited support and cooperation from Model School teachers & management • Limited cooperation from Education Dept & DSERT officials • High expectation among parents • Migration of parents • Dependence on donors • Policy changes related to education 	<ul style="list-style-type: none"> • Motivate, encourage & create career path to retain staff. • Work with various networks to attract special educators. • Build good rapport and relationships with Model School teachers and management. Get MOUs signed with Dept. of Education to seek support of Model School teachers & Management. • Have MOU with Education Dept. and DSERT and make them understand the need and importance of model schools. • Have orientation sessions with parents on the abilities and limitations of their children. • Work with Livelihood team to create local employment for families. • Convince donors of our approach & strategies. • Work with Policy Advocacy & Government Interface team to address any challenges/ issues.



<p>Livelihood</p>	<ul style="list-style-type: none"> • Identification of potential strategic partners in each district • Increase in Government of Karnataka disability pensions may prove to be a disincentive for youth with disability to enrol for livelihood programs • Less trainee enrolment because of inhibition to move from native places • Change in government policies & compliance, self-employment risks for the PwDs 	<ul style="list-style-type: none"> • Continue direct delivery model until we find a district level partner, failing which we encourage more competent NGOs to cover nearby district vacancies. • Advise parents that disability pensions will not create self-sufficiency, self-respect, and dignity for their children. • Better publicize the livelihood program and build a congenial ecosystem through networking and collaborations with local NGOs • Work with Policy Advocacy & Government Interface team to address any challenges/issues.
<p>Spinal Cord Injury, Mental Health, and Speech & Hearing</p>	<ul style="list-style-type: none"> • Staff attrition • Involvement of external stakeholders • Fund constraints • Change in government policies 	<ul style="list-style-type: none"> • Aligning with IDRR to have readily trained staff; inviting students for internships. • Having resource pool in the community, conducting regular federation meets, networking with local PHC doctors and ensuring their active participation. • Develop marketing collaterals that reflect the social impact of interventions and thereby influence new donors to contribute to the cause. Focus on self-generation of revenue & explore opportunities to rope in more government funds. • Work with government closely in policy making.



<p>Collaborations</p>	<ul style="list-style-type: none"> • Lack of potential strategic partners in some districts • Training does not achieve intended outcomes • Frequent transfer of government officers • State or district governments do not prioritise issue of rules or circulars leading to lack of cooperation from government in implementing the proposed plans • Delays by Gram Panchayat, Taluka Panchayat, Zilla Panchayat, Urban Local Bodies, Assembly or due to general elections • Lack of human resources • Different geographical and cultural hindrances 	<ul style="list-style-type: none"> • Work with existing partners and networks to identify new partners, build their capacities in specific areas of disability. • Design training with clear learning outcomes; pre and post-training evaluations to be carried out with follow up sessions; provide support where appropriate. • Build rapport with second line officers; build constructive relations with senior members of the government. • Orientation on the proposed action, its importance and need; build rapport with officers through frequent meetings; build constructive relations with senior members of government; facilitate exposures for government officers; and work with media to highlight issues. • Work as per government protocol. • Work with local partners and Government departments to access local government resources. • Conduct situational analysis and mapping of existing resources.
-----------------------	--	---

Conclusion

The process of creating the 2018-21 strategic plan “Winning Together” proves that strategy development is a participatory process that requires the consensus of multiple stakeholders.

The 2018-21 plan aims to reach 1,31,100 people by 2021, a threefold increase from 2017-18. We also have the aspirational task of developing what may become an institute of national repute in disability research; a knowledge hub for the sector. The major shift of focusing on the Kalaburagi and Belagavi divisions are honourable decisions, considering the poor socio-economic-political situation in the area and the needs of PwDs. Yet another major decision is to collaborate with government and strategic partners to ensure an ecosystem built for long-term sustainability of disability programmes in the region.

Our pursuit is simple – Do what we do with excellence, and in a replicable model, deepening and widening our work at the same time. Through this strategy, APD will intensify its technical expertise in all the core programmes and ensure that PwDs have access to the highest standards of therapy, rehabilitation, and psycho-social counselling services. We’ll carefully choose our partners on the way.

This plan aims to be comprehensive, providing both IBR and CBR services along with capacity building, research, and human resource development. The core functions - Resource Mobilisation, Human Resource Management, and Finance - are geared to meet the needs and demands of the core programmes, aligning human and physical resources to meet goals.

The leadership and direction given by leaders, Mr. M J Aravind, Secretary and Mr. Mohan Sundaram, Vice President of APD; and the guidance of Mr. Aditya, Tata Pro-Engage volunteer were exemplary.

I have faith that the APD team’s commitment will continue as will the direction and guidance from the leadership. I urge the staff at all offices and partners to take our work forward and ensure that the needs and concerns of PwDs are at the centre of all dialogues and processes.

The plan calls for Winning Together. Let’s make it a reality at every step.

*Often your tasks will be many,
And more than you think you can
do.*

*Often the road will be rugged
And the hills insurmountable, too.*

*But always remember,
The hills ahead
Are never as steep as they seem,
And with Faith in your heart
Start upward.
And climb ‘til you reach your dream.*

*For nothing in life that is worthy
Is ever too hard to achieve
If you have the courage to try it,
And you have the faith to believe.*

*For Faith is a force that is greater
Than knowledge or power or skill,
And many defeats turn to triumph
If you trust in God’s wisdom and
will.*

*For faith is a mover of mountains,
There’s nothing that God cannot do,
So, start out today with faith in your
heart,
And climb ‘til your dreams come
true!*

Helen Rice

References

1 Disabilities, WHO Regional Health Office for the Eastern Mediterranean. <http://www.emro.who.int/health-topics/disabilities/index.html>

2 Global situation of people with disabilities, Handicap International.

http://www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/en_page21.html#_ftn3

3 Global situation of people with disabilities, Handicap International.

http://www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/en_page21.html#_ftn4

4 Karnataka Population Census Data 2011, Census 2011.

<http://www.census2011.co.in/census/state/karnataka.html>

5 Disabled Persons in India – A Statistical Profile 2016, Social Statistics Division, Ministry of Statistics and Programme Implementation, Government of India.

http://www.mospi.gov.in/sites/default/files/publication_reports/Disabled_persons_in_India_2016.pdf

ANNEXURE

Rating of 2015-18 Strategy Objectives Based on REES

Developmental Interventions	Objectives	Rate
Early Intervention	Early intervention to include early education & expand present services	Yellow
	Training manuals for parents, teachers & NGOs to be published	Green
	Full-fledged Early Intervention centre in APD campus	Green
Inclusive Education	Take on Build Operate Transfer (BOT) projects for special schools, 2 Inclusive schools same as SIS in two locations outside of Bangalore.	Green
	95% children retained in classes till 10th	Green
	Quality & Process excellence in Deaf Education training materials & manuals and training modules for parents, teachers and peers published	Green
	50 mainstream education model schools created	Yellow
Livelihood	Ensure minimum 75% of placements with minimum wages	Green
	Minimum 40% of women in all APD Livelihood programmes	Green
	HT to generate 50% resources internally to support training activity	Yellow
	Quality & Process excellence in Livelihood through manuals and training modules for parents, teachers and peers published	Green
Rehab	Well-organized, equipped, and trained therapists	Yellow
	Rehab programme to be established with qualified staff in districts & RSO partners	Yellow
	To enable 2000 people with Spinal Cord Injuries to lead an independent life	Yellow
Collaborations	To establish a full-fledged centre for disability management where APD will run RCI and non-RCI courses with University accreditation	Green
	60 NGOs trained & equipped to include early intervention programme	Yellow
	North Karnataka division NGOs network functional	Green
	The line departments in Government will have designated staff to support PwDs	Yellow
	40 city Municipal Corporations spend over 40% budget on education, medical rehabilitation, and livelihood	Green
	Achieve 8-10% of government funding against APD's total inflows	Yellow
	State Deaf Youth and parents' association functional with over 200 parent /youth members.	Yellow
	Disability Collectives & Spinal Injury Association will function as independent organisations.	Green



Core Functions	Objectives	Rate
Fund Raising	Increase individual donors and donations by 40% year-on-year	Yellow
	Acquire 15 new High-Net-worth individual (HNI) donors (₹1 Lakhs and above) year-on-year	Red
Support function	Enable high performing workforce; targets being achieved	Green
	Rise in employee perception of organisational culture, particularly “fairness”	Yellow
	Significant drop in attrition to less than 12%	Yellow
	Make new infrastructure available to meet all APD programme requirements	Yellow
	Smart systems in place to run administration such as outsourcing	Yellow
Finance	ERP (Enterprise Resource Planning) software Tally ERP 9 has been implemented	Yellow

ABBREVIATION EXPANSIONS

AI	Artificial Intelligence	IT	Information Technology
APD	The Association of People with Disability	ITC	Industrial Training Centre
APPI	Azim Premji Philanthropic Initiatives	JRP	Job Readiness Programme
ASIA	American Spinal Injury Association	M&E	Monitoring & Evaluation
BIERT	Block Inclusive Education Resource Teacher	MIS	Management Information System
BOT	Build Operate Transfer, Bachelor of Occupational Therapy	MoU	Memorandum of Understanding
BPT	Bachelor in Physiotherapy	NA	Not Applicable
CBO	Community Based Organisation	NCVT	National Council on Vocational Training
CBR	Community Based Rehabilitation	NGO	Non Governmental Organisation
CCCG	Certificate Course in Care Giving	NIOS	National Institute of Open Schooling
CCRT	Certificate Course in Rehabilitation Therapy	NTA	National Trust Act
CCTV	Closed Circuit Tele Vision	OT	Occupational Therapy
CDM	Centre for Disability Management	PESTLE	Political, Economic, Sociological, Technological, Legal, Environmental
CMC	Christian Medical College	PHC	Primary Health Centre
CMHP	Community Mental Health Programme	POSH	Prevention of Sexual Harassment
CoE	Centre of Excellence	PRI	Panchayath Raj Institutions
CP	Cerebral Palsy	PSU	Public Sector Undertaking
CRE	Continuing Rehabilitation Education	PT	Physio Therapy
CSR	Corporate Social Responsibility	PUSH	Pressure Ulcer Scale for Healing
CwSHI	Children with Speech and Hearing Impairment	PwD	Person with Disability
CwSN	Children with Special Needs	PwMI	Person with Mental Illness
DASP	Disability Awareness and Sensitisation Park	QOL	Quality of Life
DEIC	District Early Intervention Centre	R&D	Research & Development
DNA	Disability NGOs Alliance	RBSK	Rashtriya Bal Swasthya Karyakram
DPO	Disabled People's Organisation	RCHO	Reproductive Child Healthcare Officer
EE	Early Education	RCI	Rehabilitation Council of India
EI	Early Intervention	RDPRI	Rural Development and Panchayath Raj Institutions
ERP	Enterprise Resource Planning	REES	Relevance, Effectiveness, Efficiency, Sustainability
FA	Funding Agencies	RMSA	Rashtriya Madhyamik Shiksha Abhiyan
FB	Facebook	RPD	Rights of Persons with Disabilities
FCRA	Foreign Contribution Regulation Act	RSO	Resource Support to Organisations
FIM	Functional Independence Measure	SCIR	Spinal Cord Injury Rehabilitation
GDP	Gross Domestic Product	SDMC	School Development Monitoring Committee
GMFCS	Gross Motor Function Classification System	SHI	Speech and Hearing Impairment
HR	Human Resource	SIS	Shradhanjali Integrated School
HT	Horticulture Training	SLT	Speech & Language Therapy
IBM	International Business Machines	SMS	Short Message Service
IBR	Institution Based Rehabilitation	SMT	Senior Management Team
ICDS	Integrated Child Development Services	SOP	Standard Operating Procedure
ICT	Information and Communications Technology	SSA	Sarva Shiksha Abhiyan
IDRR	Institute of Disability, Rehabilitation and Research	SSLC	Secondary School Leaving Certificate
IERTC	Inclusive Education Research Teachers Centre	SWOT	Strength, Weakness, Opportunity, Threat
IFSP	Individual Family Service Plan	THO	Taluk Health Officer
ISO	International Organisation for Standardisation	TISS	Tata Institute of Social Sciences
		TLM	Teaching Learning Materials



UK	Uttara Kannada
ULB	Urban Local Bodies
UN	United Nations
UNCPRD	United Nations Convention on the Rights of Persons with Disabilities
WC	Wheelchair
WHO	World Health Organisation
WwSCI	Women with Spinal Cord Injury
YwD	Youth with Disability