

ANNUAL REPORT 2021-22



BY
WITH
FOR



VISION

A world where equity, dignity and justice are assured for people with disability.

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.

VALUES

INTEGRITY

Act honestly, ethically, and responsibly in all aspects, adhering to principles of fairness, reliability, loyalty, and lawfulness.

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.

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.

COLLABORATION

Commit to participatory processes, knowledge sharing, teamwork, consensus building, and seeking internal and external stakeholders to achieve our stated purpose.

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.

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 & inclusive work environment.

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MESSAGE FROM THE CEO

Our 6 decades of unbeaten legacy and knowledge have helped us to develop a comprehensive life cycle approach, with a philosophy of “leaving no one behind.”



A new dawn...

As Charles Darwin said, “It is not the strongest of the species that survives, nor the most intelligent, it is the one most adaptable to change.”

The cry and demand for health, rehabilitation, and basic needs during the pandemic have kindled our hearts to fulfill the needs of the vulnerable by raising funds of more than Rs. 3.5 crores. A desperate need to incorporate novel technologies for assessment and interventions has led us to adopt newer approaches to troubleshoot our community services.

APD quickly switched over to a hybrid mode of digital and face-to-face service deliveries, be it individualized assessments, education, therapy, counseling, livelihood skilling which has eventually enhanced the efficiency, efficacy and effectiveness of our community services. Now it is a new way of life in APD.

The model facilitated APD to gain confidence among the community stakeholders, beneficiaries, donors, volunteers, and the government. We have bounced forward with greater strength and agility to maximize our reach with better saturation and expansion in our geographical operations.

The year 2021-22 was a rain of recognition and appreciation for APD’s noble work. Our insight into governance, compliance, and comprehensive CBR approach was

further sharpened with the rigorous seven-stage due diligence process competing with 8500 NGOs across the nation. It is gratifying that finally APD won the prestigious HCL grant award of Rs. 5 Crore for the most innovative NGO in the health sector. This was followed by four more reputed awards at the national level & 33 medals bagged at state and national level para-sports meet.

We have developed our three-year strategic plan keeping APD’s strengths and ecosystem needs. Our winning aspirations are the engine of innovation, engine of scale, and the engine of sustainability. We aspire to spread our roots across India focusing on people, process and partnerships.

Our six decades of unbeaten legacy and knowledge have helped us to develop a comprehensive lifecycle approach, with a philosophy of “leaving no one behind.” Hence we envisage creating a cost-effective, replicable, scalable and sustainable saturation model for the most backward districts. This model is designed to address all need-based services for all disabilities from pediatrics to geriatrics. APD believes the future of growth is the lifecycle approach.

We at APD are driven by passion and will continue in our philosophy “By Us, With Us and For Us” for the years to come! APD sets the highest standards for change. We are determined. We are focused.

Dr. N.S. Senthil Kumar, PhD (Rehab)
Chief Executive Officer

MESSAGE FROM CEO





MESSAGE FROM THE HONORARY SECRETARY

“From being a Board that was largely focussed on compliance and governance, we have transitioned to a very actively engaged set of Board members.”



The year 21-22 began with a reminder that in these turbulent times, nothing is predictable. Our CEO, Mr. VRK Nakkina, expressed a desire to step down, since certain personal commitments meant he could no longer continue in a full-time position. The Board decided to elevate an internal candidate, Dr. Senthil Kumar, to the position of CEO. Senthil had played a key role, across the organisation, as our CTO and CIO, and had the advantage of being intimately familiar with all our programs. The office bearers provided the continuity to ensure a seamless transition. I am delighted to report that Dr. Senthil took to the new challenge with great energy, new insights and led from the front. At the end of this year, the Board was pleased to elevate him to the position of Chief Executive Officer.

BOARD

The stability and continuity of the Board plays a critical role in times of transition. From being a board that was largely focussed on compliance and governance, we have transitioned to a very actively engaged set of board members. During the year, we were able to make our board younger and more diverse. Ms. Arati Hegde and Ms. Sanjana Govindan joined our board as elected members and began to immediately make an impact in

their areas of expertise. The experience of our board members, their unity of purpose, commitment to our mission and uncompromising attitude to high moral values, provide APD with an invaluable resource.

In addition to the Board members, many senior volunteers played a critical role in supporting and mentoring the executive teams. They include Ms. Anita Bhat, Mr. S.D. Gopalakrishnan, Mr. KGY Narayan, Mr. Arun Samak and many others.

STRATEGY

Our previous three-year strategy was developed internally for the period, 2018-21. Given the COVID related challenges and the change in leadership, APD took a decision to take a gap year and to focus on a new strategy for the period 2022-25. APD also decided to bring in an external consultant to facilitate this process, primarily to provide an independent external lens to challenge existing mindsets. Sattva Consulting, a leading organisation in the social sector, was selected to partner us in this exercise. The new strategy development was completed successfully with the active involvement of the board and several members of the executive. You will see the new strategy begin to roll out over the current year.

BIG WINS

Despite a great track record and a heritage of consistent and high quality work amongst the most backward geographies and on the most challenging problems, APD seemed to lack the confidence to share our story. Nudged on by our donors and many well-wishers, there was a remarkable change in approach in the year. APD won several landmark proposals, many of them bringing new and innovative ways to serve our communities. These include the largest single grant in APD's history from the Azim Premji Foundation and a signature win in the highly competitive, annual HCL Grant. Our teams are now encouraged to aspire to dream big and to do more in newer and better ways.

GOVERNMENT APPROVALS

During the year, the Government of India required all NGOs to re-apply for FCRA, 80G, 12A & CSR1. This process took a while to be completed, given the enormous scale of the task of verifying and validating all of the NGOs in the country. I am pleased to report that APD received all its renewals.

OUR EMPLOYEES

"Your staff on the frontlines are amazing – such commitment, empathy and knowledge." This is a frequent and very gratifying refrain from visitors, donors, auditors and evaluators, who observe our staff at work. These APD warriors, worked through COVID, often in the most adverse weather conditions of extreme heat and floods, travelling across remote parts of the state where transport and other infrastructure is at its most primitive, in order to bring care and support to the poorest of the poor. They remain our greatest asset and our best brand ambassadors. We are privileged and grateful for the service of all our employees, staff and volunteers in this mission.

OUR DONORS

APD is fortunate to have a great set of donors who are patient and understanding of the many challenges that we face in our mission. In 21-22, over 98% of our existing donors returned to support us while we added 15 new donors. Without the support of our donors, our work would not be possible, and we wish to acknowledge our deepest gratitude to them for trusting us with their funds.

OUR PARTNERS

APD is a pioneer in partnering and developing new NGOs. During the year, we worked with 31 NGO partners, providing them with technical and financial resources to upgrade their services in the communities that they serve. This collaboration has not only enabled us to amplify our reach but also taught us many lessons. APD collaborates with Government departments and officers at various levels from the state to the village panchayat. We believe that collaboration with the Government, is a far more effective route to channelise the enormous resources of the state in our mission.

In the new strategy, we are committed to expanding these partnerships across the country, beginning with our neighbouring states. We thank all our partners, the Government of Karnataka, NGOs, suppliers, consultants and auditors for their support in our mission.

LOOKING AHEAD

We look to the future with optimism, challenged to take our mission forward to serve the most vulnerable of our fellow citizens. As we enter our 64th year, we are more conscious than ever, that while we have traversed far, the mission our founder set out to accomplish, remains a work in progress.

Jacob Kurian
Honorary Secretary



THE APD PHILOSOPHY

For several years, disability activists have used the phrase “Nothing About Us Without Us”. Though this term is now widely used by several marginalized groups, it first came into use in disability activism when James Charlton wrote a book on disability rights by that name in 1998. What this slogan embodies is the philosophy that no policy, intervention, or action about People with Disabilities (PwDs) should be undertaken without their full and direct participation in that decision. It has been widely used by several organizations across the world to turn into a global movement by, with, and for persons with disabilities to build truly inclusive societies and a better world for all.

At the Association of People with Disability, we strongly believe that people with disabilities are not beneficiaries, but instead, capable human beings who have been failed by the system. We don’t just include them, but actively involve them in every step of the process of integrating them back into the community.

In fact, 30% of our employees are People with Disabilities (PwDs). This is done through our interventions in healthcare, livelihood, education, and policy advocacy. Every individual who comes through our doors is welcomed - regardless of age, gender, or severity of the disability. This is how our philosophy of By Us, With Us, and For Us, comes to life.

Our work in inclusion and accessibility - across careers, education, leisure, and daily life - is geared towards driving functional independence. We believe that integration of PwDs into the community is the ultimate goal. However, to achieve this dream, people with disabilities cannot work in isolation. The larger community needs to be sensitized in order to build an accessible nation and world where everyone has the chance to be able to lead the life they want.

Don’t believe it can be done? Read on to see how we make a difference in the real world!



Guide to understanding the data in the Annual Report 2021 - 2022

Financial Statements:

There is no change to the conventional reporting format. Schedules to the report are available on request

Program Data:

To help the reader understand the depth and impact of our work, we have expanded this section. Please note that the diversity of our programs and modes of delivery, make cross-program comparisons impossible. Numbers within a program may differ due to variations in the data. We have avoided any assumptions or extrapolations in such cases.

B.1) Persons Impacted: This is our estimate of the total impact of our work, direct and indirect. Our comprehensive psychosocial approach works in a holistic manner with Persons with Disabilities (PwDs) but also with the family and other stakeholders. The average family size is estimated at 4 members wherever data is not available.

B.2) Service Recipients: This includes persons, usually PwDs, who are the primary beneficiaries of our service.

B.3) Capacity Building: All persons in the disability ecosystem, their parents & family, health workers, and government employees – the capabilities to understand and support the disability ecosystem are enumerated here.

B.4) Sensitisation: APD conducts various events and other engagements to sensitise citizens to become more aware, empathetic and supportive of the cause of the disabled.

B.5) Demographic Profiling of Beneficiaries: Age / Gender / Education classification / Geographic Locations - the diversity of our work may differ by program, depending upon the focus of each program.

B.6) Socio-Economic Classification: The Government of Karnataka has defined the poverty line as an annual household income of Rs. 1.2 lakhs. This benchmark is used to determine the ratio of beneficiaries who are above & below the poverty line. This is based upon BPL cards or self-declarations.

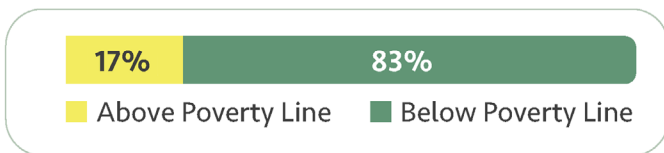
B.7) Team Members, Budgets, and Project Locations: These tables provide data on specific programs. Given that certain programs are delivered in collaboration with partner NGOs, the numbers are not comparable.

B.8) Service Hours: One hour spent with a beneficiary is classified as a service hour. It does not include the time spent travelling to the home/place of service, or the time taken to complete the data and reporting.

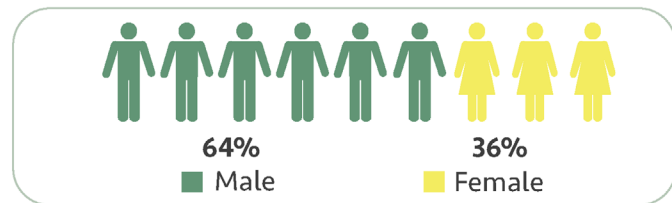
Dashboard (2021-2022)

| Developmental intervention | Service Recipients | Capacity Building | Sensitization | Secondary Beneficiary | Total Reach |
|-----------------------------------|--------------------|-------------------|---------------|-----------------------|--------------|
| Early Intervention | 1750 | 1011 | 4278 | 3500 | 10539 |
| Inclusive Education | 1269 | 366 | 4460 | 2538 | 8633 |
| Livelihood | 4099 | 107 | 2442 | 1976 | 8624 |
| Spinal Cord Injury Rehabilitation | 1527 | 1057 | 6686 | 3054 | 12324 |
| Community Mental Health Program | 1339 | 752 | 3586 | 2678 | 8355 |
| Disability & Rehabilitation | 650 | 96 | 186 | 1300 | 2232 |
| IDRR | 632 | 284 | 0 | 1264 | 2180 |
| Collaborations | 12746 | 291 | 2712 | 25492 | 41241 |
| Core functions | 0 | 92 | 0 | 0 | 92 |
| Total | 24012 | 4056 | 24350 | 41802 | 94220 |

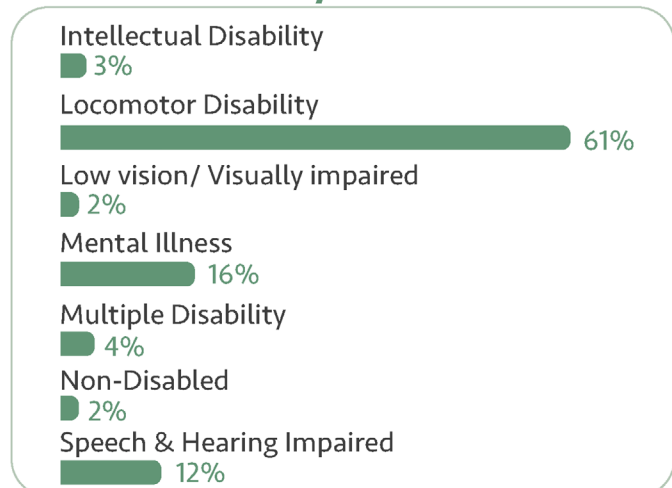
Socio Economic Classification



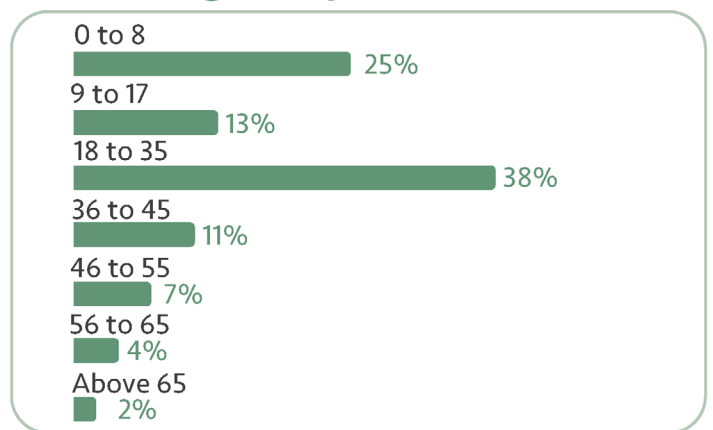
Gender Classification



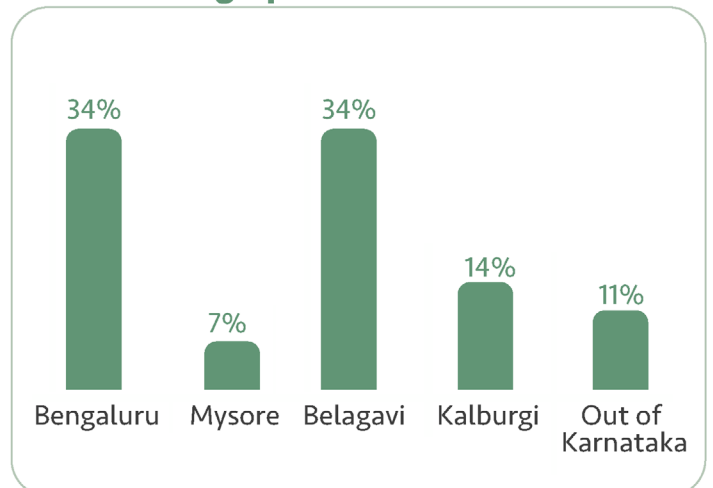
Disability Classification



Age Group Classification



Geographical Classification



EARLY INTERVENTION

AGE GROUP: 0 - 8 YEARS

Conceptualised in 2004, APD's Early Intervention Program focuses on the habilitation of socio-economically challenged children with disabilities. The focus lies in prevention, early identification, capacity building, and service delivery through cost-effective processes to create family members as interventionists.

Purpose of the program

45% of pregnant women in Karnataka are anaemic



26% of Integrated Child Development Services (ICDS) beneficiaries in the state are malnourished, according to a 2018 report by the Centre for Policy Research (New Delhi)



7.01% of the total children are from the Karnataka region and a majority of them belong to the northern districts



There is inadequate awareness about parental care, growth & development among rural families

45% Anganwadis function without proper infrastructure and trained staff



Out of the 26.8 million people with disabilities in India, **2.04 million** are children



30.3% children are anaemic in Karnataka, the highest of all South Indian states



Every year, **1.5 million** children in India die before reaching the age of 6 due to lack of care & protection

There is limited access to need-based rehabilitation services and a supportive ecosystem that fosters social inclusion



10539 CHILDREN & ADULTS IMPACTED

1750

Service Recipients

1011

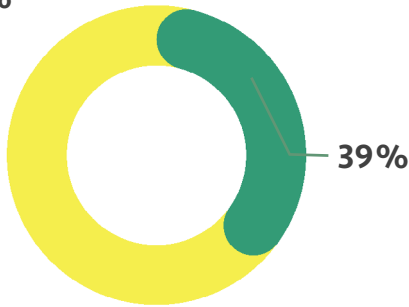
Capacity Building

4278

Sensitization

Education classification (0- 8 Years)

61%



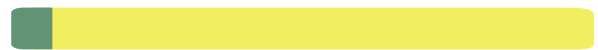
1065 - No School
685 - Primary

Service Recipients



42% 741 - Female
58% 1009 - Male

Socio-economic classification



7% 117 - Above Poverty Line
93% 1633 - Below Poverty Line

Disability classification

Locomotor Disability -742

313 - Female 429 - Male



Mental Retardation -69

27 - Female 42 - Male



Multiple Disability - 822

348 - Female 474 - Male



Speech & Hearing Impaired - 101

45 - Female 56 - Male



Visually Impaired - 16

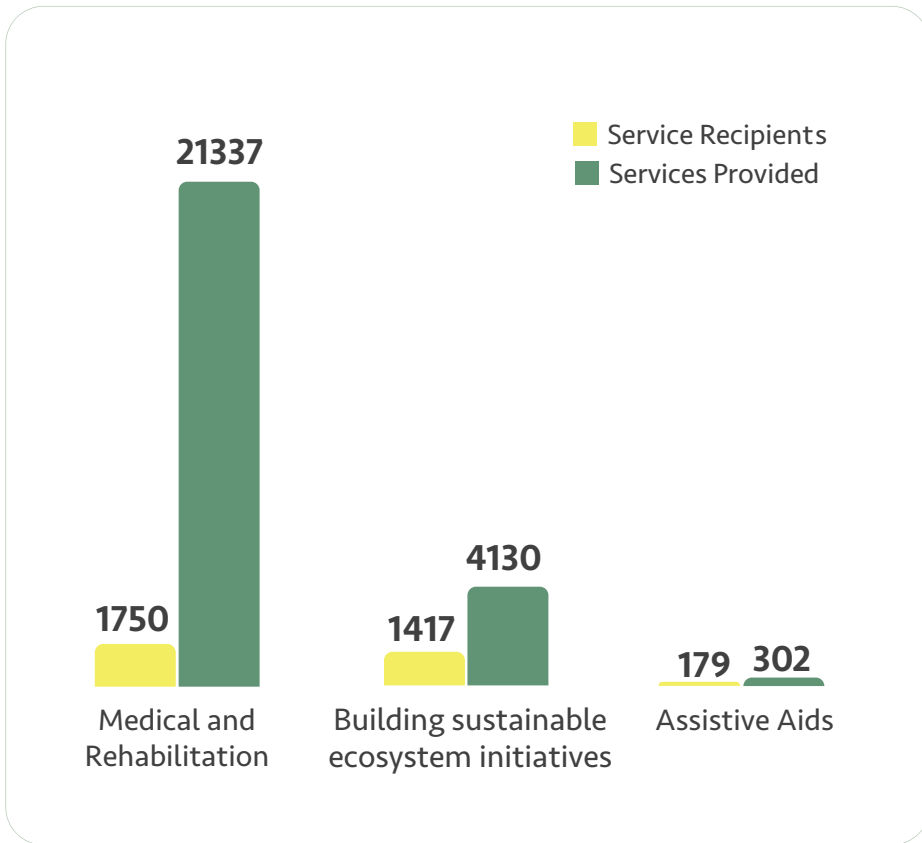
8 - Female 8 - Male



Bengaluru, Kolar, Vijayapur, Belagavi,
Bagalkot, Dharwad, Koppal, Gulbarga

Project Locations

Services



Impact

- 200 mothers** of CwDs became self-sustainability champions & advocates
- 28 subcenters** were created to facilitate the early intervention services
- Over 300 children** enrolled in Anganwadis for mainstreaming & inclusion
- 44 children** enrolled in inclusive schools

13
Team Members

22464
Service Hours

INR 55.21 Lakhs
Budget

28
Sub Centers

13
Strategic Partnerships

Donors



ANVITH'S TRANSFORMATION

Anvith, a 1.5-year-old boy, visited APD when he was a little over 9 months old. During the first consult, he was unable to hold his neck, roll, and sit independently. Unlike most children his age, he didn't respond to sound and showcased certain social and behavioural issues. We learned that his mother had a history of low haemoglobin levels during pregnancy.

Following APD's intervention, he was assessed & diagnosed with spastic quadriplegic Cerebral Palsy (CP), and immediate therapy was recommended. We commenced speech training and supported with motor function improving activities for head control, rolling, sitting, stretching of lower and upper limbs, etc.



In just 6 months, Anvith was able to do all of the above activities with minimal assistance. His mother shared with us that he also responds to her voice and emotes when hungry, sleepy, or just wants his toys!

INCLUSIVE EDUCATION

AGE GROUP: 4 - 18 YEARS

Started in 1973, APD's Inclusive Education Program is a system of education wherein students with and without disabilities learn together. The system is suitably adapted to meet the learning needs of different types of students. We create a holistic learning environment that demonstrates inclusion and enables accessibility, rehabilitation, and comprehensive education interventions. The primary goal is to promote inclusion at all touch points.

Purpose of the program



2.21% of India's population is disabled, and many of these people with disability are subject to exclusion & discrimination in accessing primary and higher education



Children with Disabilities (CwDs) do not have equal opportunities to access quality education in mainstream schools in Karnataka



Less than 0.1% of children with disability in India are enrolled in primary education and it shrinks to mere 0.01% in secondary education



Even with 5% reservation, the enrollment rate of children with disability remains low because of a **lack of barrier-free environment and lack of transportation facilities**



The non-availability of teaching aids / trained human resources is also a huge barrier in the education of CwDs

CwDs in India are more likely to belong to socio-economically worse-off households (Kalyanpur, 2008), than other children, with **72% of the disabled population in India residing in rural areas** (UNESCO, 2019). The inaccessibility of education for many CwDs is thus also a function of poverty



8633 CHILDREN & ADULTS IMPACTED

1269

Service Recipients

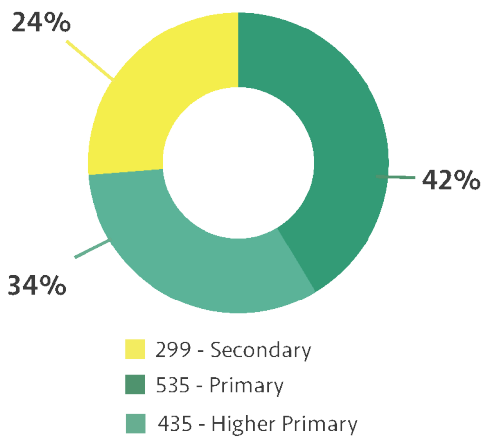
366

Capacity Building

4460

Sensitization

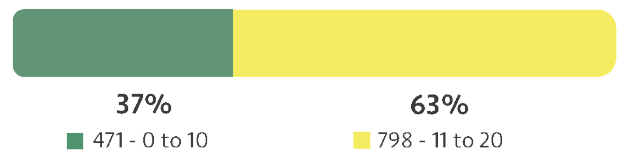
Education classification



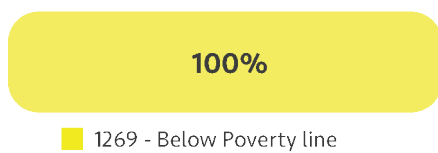
Service Recipients



Age - Classification



Socio-economic classification



Geographical bifurcation



Disability classification

Locomotor Disability - 705

313 - Female 392 - Male



Mental Retardation - 103

35 - Female 68 - Male



Multiple Disability - 133

57 - Female 76 - Male



Non-Disabled - 69

34 - Female 35 - Male



Speech & Hearing Impaired - 237

106 - Female 131 - Male



Visually impaired - 22

11 - Female 11 - Male



Educational support

Access support on Social Security Scheme

305 - No of CwDs 548 - No of Service



Co-Curricular Activities

256 - No of CwDs 648 - No of Service



Counseling Support

151 - No of CwDs 581 - No of Service



Education Support

1137 - No of CwDs 20067 - No of Service



Home Visit

641 - No of CwDs 2979 - No of Service



Midday Meal Support

247 - No of CwDs 608 - No of Service



Parents Support

703 - No of CwDs 2423 - No of Service



Impact

63% CwDs showed improvement in reading

64% CwDs showed improvement in writing

76% CwDs showed improvement in arithmetic and achieved the goal set by the teachers

52% CwDs are functionally independent

9% functionally independent with help of aids & appliances under supervision

39% CwDs need intensive support

68

Team Members

117504

Service Hours

INR 378.15 Lakhs

Budget

Rehabilitation support



Donors



INCLUSION - THE KEY TO MOHAMMED'S PROGRESS

Mohammed Tahir, an 8-year-old boy, had delayed development since birth due to Cerebral Palsy. His father, who is responsible for the financial needs of his entire family, is a daily wage worker. Due to having issues maintaining balance while walking, Tahir was dependent entirely on his parents to complete his daily activities.

APD assessed the issues that he was facing and provided him with medial arch & lateral wedge support in sandals to prevent associated movement and contracture in the leg. Along with this, he was also given regular therapy which gradually improved his condition to a level where he can walk independently today.

Mohammed Tahir expresses his joy, "I am very happy to be able to move around independently. It has helped me be more confident in school and make friends."

Mohammed studies at a model school supported by APD



LIVELIHOODS

AGE GROUP: 18 - 35 YEARS

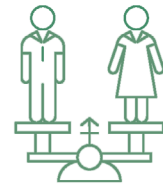
Started in 1959, APD's Vijaya Vikalchethan Vritti Vikas (PwDs Victory through Employment Enhancement), better known as the Vi4 program, aims at equipping, enabling and empowering People with Disabilities with suitable livelihood opportunities to lead functional & financially independent lives through skilling, employment, and rehabilitation.

Purpose of the program

Enumerating 5,76,569 people (4,02,589 in rural areas & 1,73,980 in urban areas)



The total number of people with disabilities surveyed was **1,06,894** (74,946 in rural areas & 31,948 in urban)



Prevalence of disability **2.2%** (2.3% rural & 2.0% urban) Male **2.4%**; Female **1.9%**



48% of PwDs are illiterate, with a significant disparity between rural and urban



Only **20%** have studied above secondary education, with evidence of significant denial of opportunity for women in rural India (8% vs. 23%)



60% of PwDs are self-employed with an additional **25%** as casual laborers



Formal and non-formal vocational / tech training is very low in both urban and rural India, with just **3.1%** having access to such training

Only **9%** in rural India have regular wages / salaried employment, with 91% in irregular employment





The situation is better in **urban India**, with **32% of men & 39% of women in regular wage employment**



We aim to empower PwDs from poor and marginalized communities to become **self-sufficient**, functionally and financially independent through appropriate skilling and building sustainable livelihoods

62% of the disabled in rural India work primarily in agriculture.
Out of these, 31% of males and 14% of females work informally



Urban employment has **61% PwDs in the tertiary sector**

Due to poor policy implementation, despite the Government mandate of **3%**, the current employment of PwDs is less than **1%**



Lack of awareness among parents and recruiters, along with limited education, means that PwDs have been left out of the radar of most government and non-government organizations



8624 PERSONS IMPACTED

4099

Service Recipients

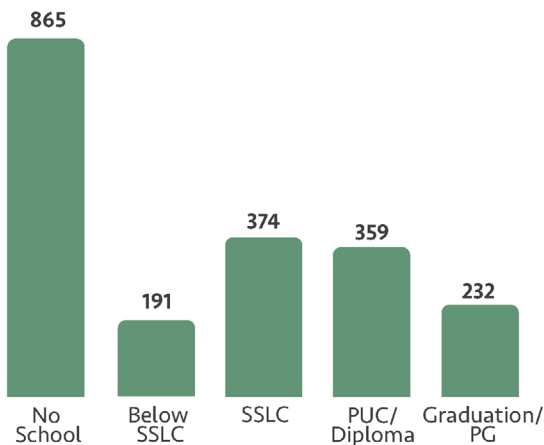
107

Capacity Building

2442

Sensitization

Education classification

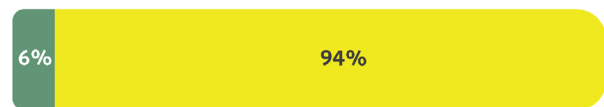


Service Recipients



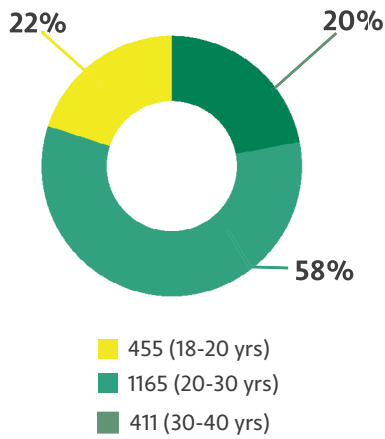
34% **66%**
 ■ 692 - Female ■ 1329 - Male

Socio-economic classification

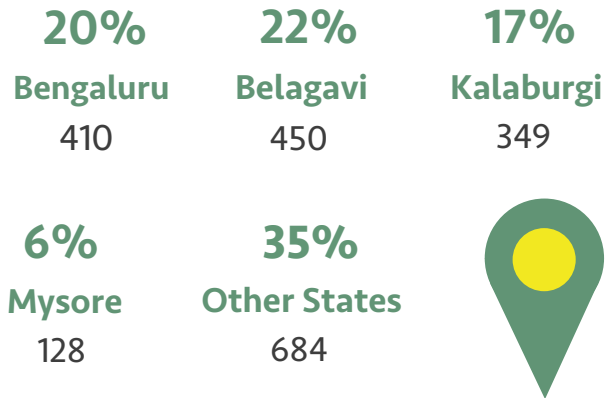


■ 117 - Above Poverty Line
 ■ 1633 - Below Poverty line

Age classification



Geographical bifurcation



Disability classification

Locomotor Disability - 1209

443 - Female 766 - Male



Mental Retardation - 96

22 - Female 74 - Male



Non-Disabled - 63

26 - Female 37 - Male



Speech & Hearing Impaired - 498

151 - Female 347 - Male



Visually impaired - 155

50 - Female 105 - Male



Livelihood dashboard 2021-22

2052
Enrolled

82
Drop out

1917
Trained

Placement Done

1525
FY 21-22

280
FY 20-21

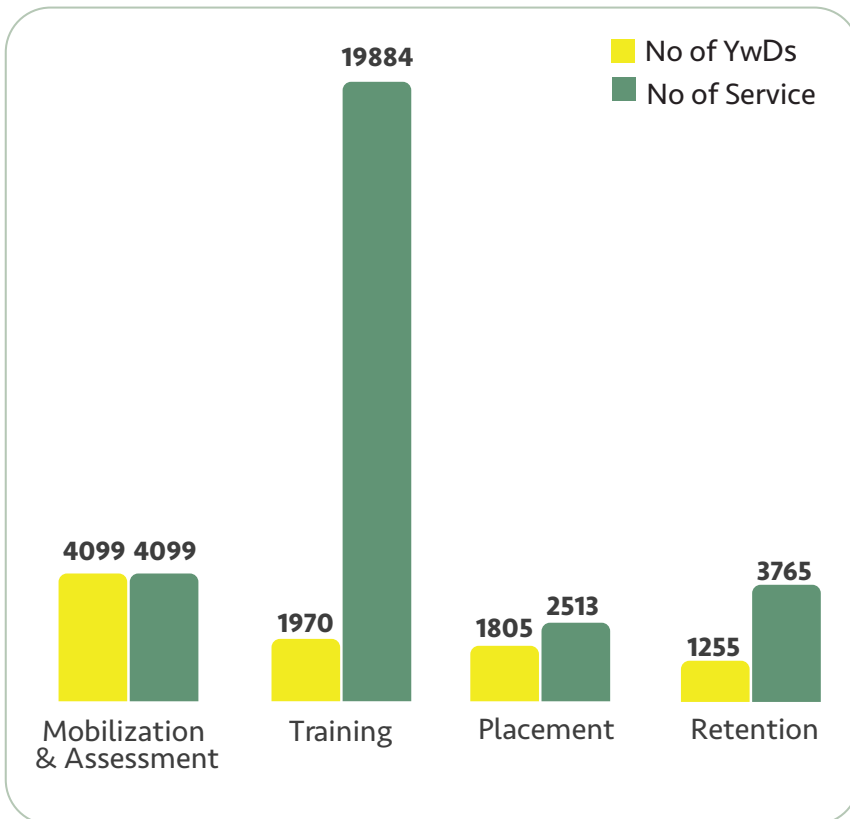
Donors



IndusInd Bank



Outputs



Impact

1805 poor and marginalized youth with disabilities have access to livelihood opportunities and lead independent lives in Karnataka & neighboring states with decent salaries.

31

Team Members

53568

Service Hours

13

Strategic Partnerships

Project Locations

Across Karnataka and South India

INR 332.5 Lakhs

Budget

SALMA - A ROLE MODEL FOR ALL

Salma Anvarsab Kanavi, from Dharwad District, is from a farming family with a very unstable financial background. After completing her SSLC at Gadag, Salma wanted to improve her family's economic condition. She started earning as a daily wage worker. However, she felt that with the knowledge and education that she possesses, she wasn't doing justice to herself.

When Salma got to know about APD's skill training via the mobilization programmers, she joined without thinking twice, so that she could live a decent life.

She completed the training module with impressive results and immediately received a job offer from Vishal Mega Mart Private Limited that offered her a salary of Rs. 12000. Salma is now financially independent and is able to afford a good lifestyle for herself and her family.

Salma expresses her gratitude, "Disability was never a hurdle for me. APD helped me improve my skills and find a job. I am thankful and will always be indebted to the organization."



SPINAL CORD INJURY REHABILITATION

Started in 2001, Spinal Cord Injury Rehabilitation follows the “Cot to Community” approach which aims at comprehensive rehabilitation for socio-economically backward persons with spinal cord injuries from rural Karnataka. We promote injury prevention, early identification, management, capacity building through effective processes. We create peer trainers for sustainable service delivery across key regions.

Purpose of the program



In India **1.5 million** spinal cord injury cases are prevalent

15000 cases are added annually, 60 to 70% from rural geography; age group 16 to 45 years - higher incidence among the active and productive population (WHO, 2012)



Regarded as one of the **costliest ailments** inclusive of direct & indirect costs (RCI-2012)

Government prioritizes only medical interventions and not rehabilitation and the order for the creation of state-level spinal cord injury rehabilitation centers remain unfulfilled



Only 9 dedicated SCI centers in India

Insufficient federations of spinal cord injured for advocacy



Resultant poverty due to the Spinal Injury



Environmental barriers resulting in poor inclusion



Length of rehabilitation, deficient fund allotment and insurance schemes, and scarcity of rehab experts

12324 PERSONS IMPACTED

1527

Service Recipients

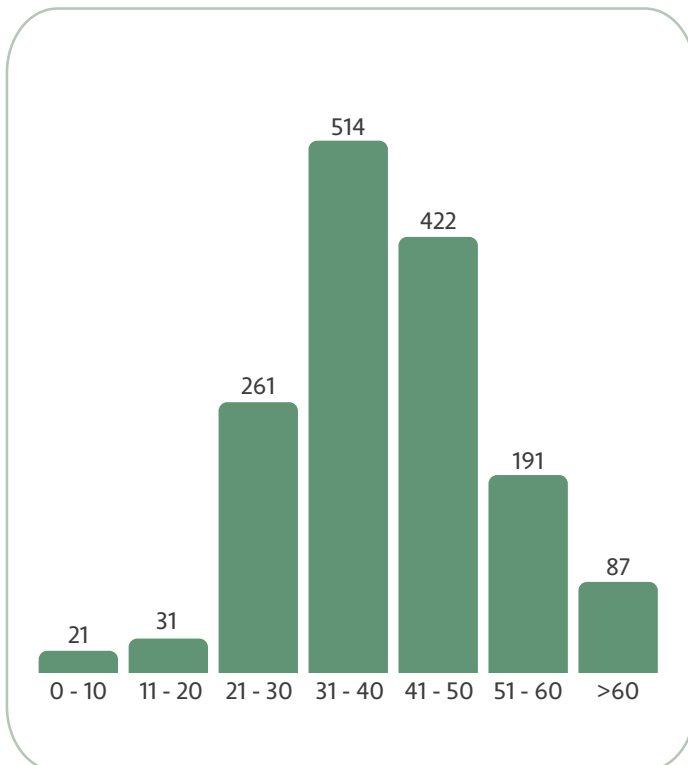
1057

Capacity Building

6686

Sensitization

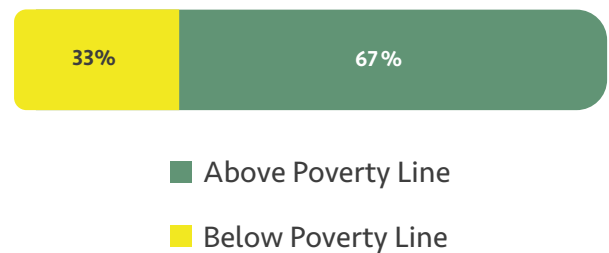
Age classification



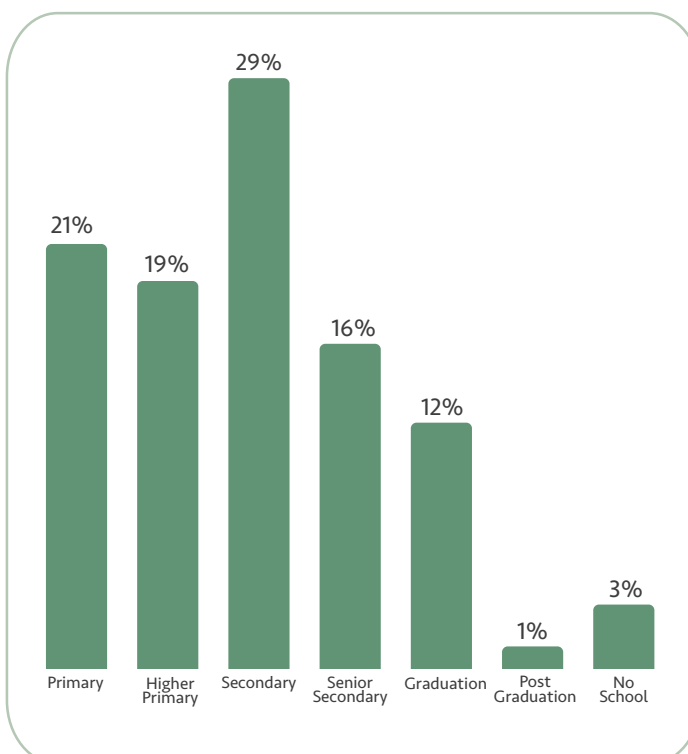
Service Recipients



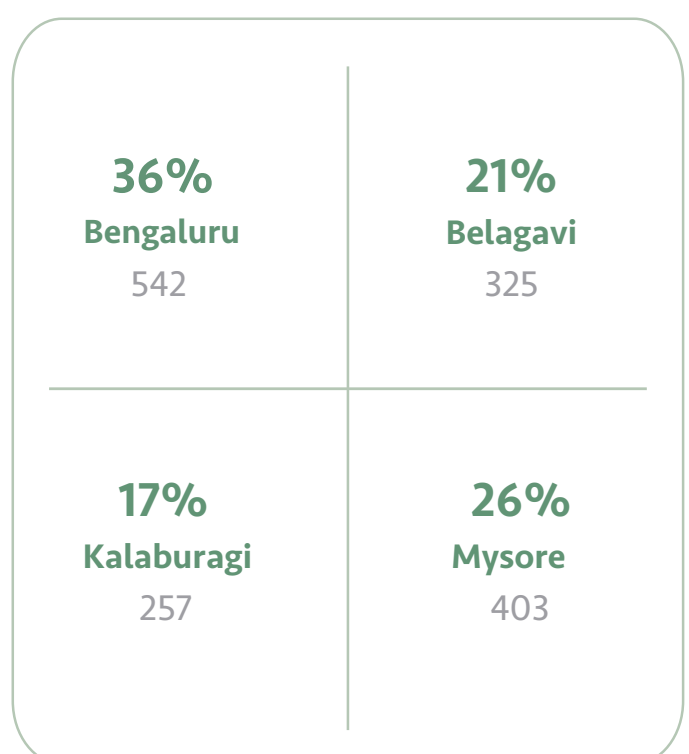
Socio-economic classification



Education classification



Geographical bifurcations



| | | |
|--------------------------------|--------------------------------|---|
| 15 Team Members | 25920 Hours in total | INR 152.73 Lakhs Budget |
| 1 Center | 7 Sub Centers | Project Locations Bengaluru, Vijayapura, Ramnagara, Koppal, Dakshina Kannada |
| 4 Strategic Partners | | |

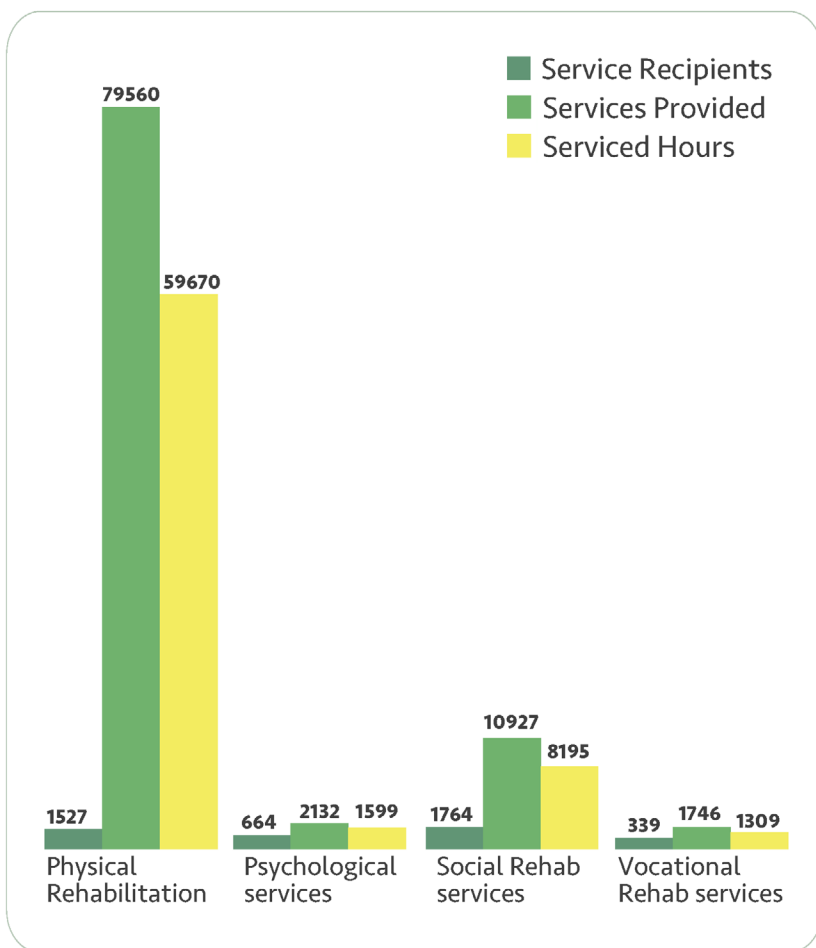
Mission 200 - Pressure Sore Management

76% of the beneficiaries completely healed.

18% of the wounds improved their wound management

6% of the beneficiaries lost their life due to negligence and poor physical follow-ups due to the inaccessible geographies.

Services



Impact

65% of the beneficiaries showed improvement and are functionally independent

70% of the beneficiaries enhanced their overall quality of living

24 beneficiaries qualified for state-level para sports competitions

13% of the beneficiaries were directly supported for livelihood and 82% of family members resumed economic activities

Donors



Dr. Chitra Aravind

Mr. Pradeep Badri

NEVER LETTING THE FIRE DIE - GANGA

Ganga, a 24-year-old from Tumkur, had a huge responsibility to fulfill at her house. But this active young girl's life changed with an incident that occurred in early 2009.

She had suffered a spinal cord injury. Due to some personal reasons, she was unable to continue the treatment in the hospital and found herself in a situation where she was entirely dependent on her family. APD intervened and diagnosed that she had brittle bones and several other critical complications. The SCIR team monitored her pressure ulcers and dressed her wounds every day.

Our team visualized a blooming life coach in her and decided to add fuel to the fire burning inside her. Ganga quickly learned about Spinal Cord Injury, the complications that come with it, and pressure ulcer management.

Ganga says, "As APD brightened my life, I would like to spread the light to many who are still under the darkness of ignorance."



COMMUNITY MENTAL HEALTH

Initiated in 2004, the Community Mental Health Program aims at comprehensive rehabilitation for people with mental illnesses (PwMI) that require psychological, social, and economical rehabilitation.

Purpose of the program

Lack of psychiatric and mental health service at a community level



Lack of daycare center at Taluk level



Poor mental health awareness in community



Huge gap in social, economic, and psycho-social education rehabilitation where oftentimes the community connect is missing



Lack of livelihood opportunities for PwMI

PwMI and caregivers are unaware about government schemes



Lack of non-medical facilities like yoga, meditation, ABT, play and music therapy services



Our Focus

- Ensure quality psycho-social rehabilitation & referral to psychiatric treatment
- Promote recovery and inclusion for persons with mental illness
- Create awareness on community mental health among the stakeholders
- Connecting livelihood opportunities for PwMI's economic independence

8355 PERSONS IMPACTED

1339

Service Recipients

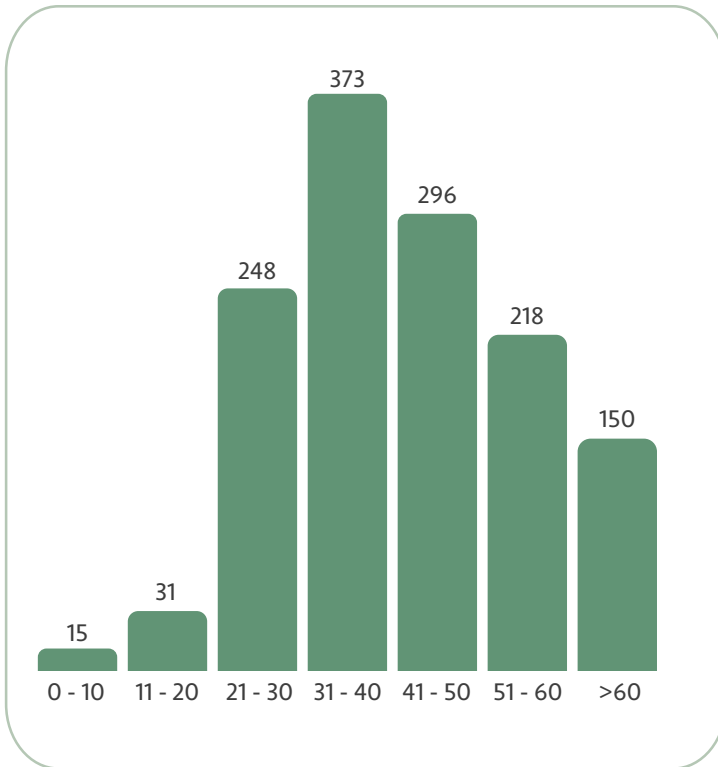
752

Capacity Building

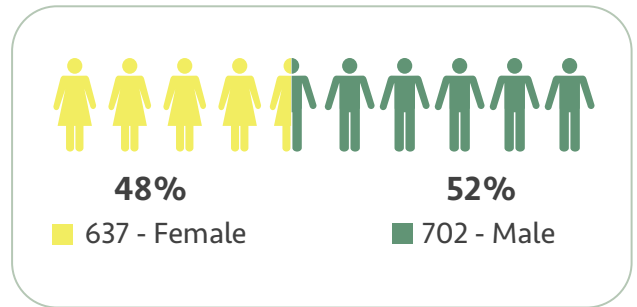
3586

Sensitization

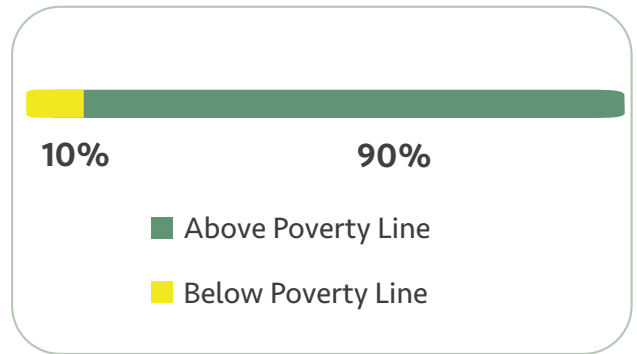
Age classification



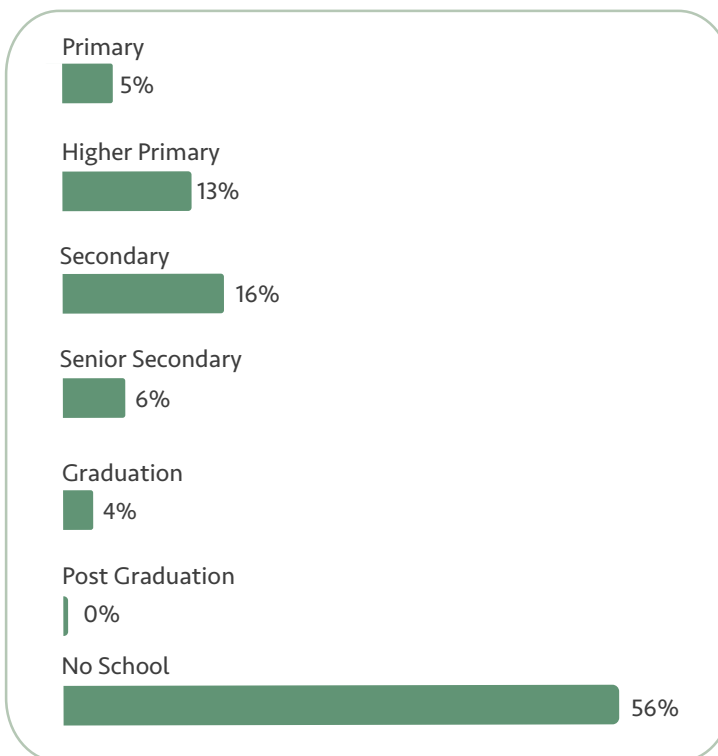
Service Recipients



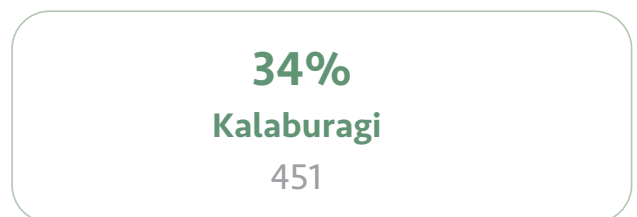
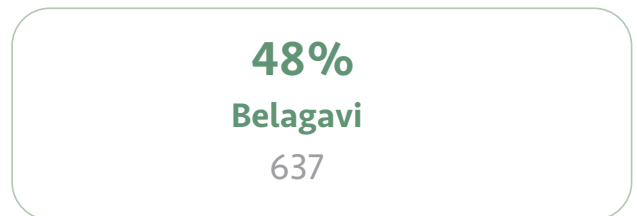
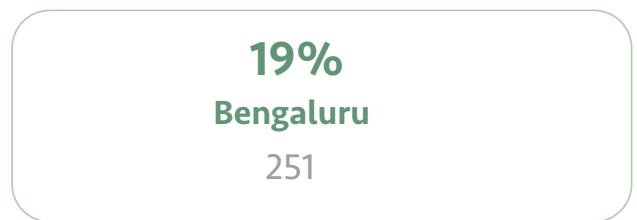
Socio-economic classification



Education classification



Geographical bifurcation



7

Team Members

12096

Service Hours

INR 43.03 Lakhs

Budget

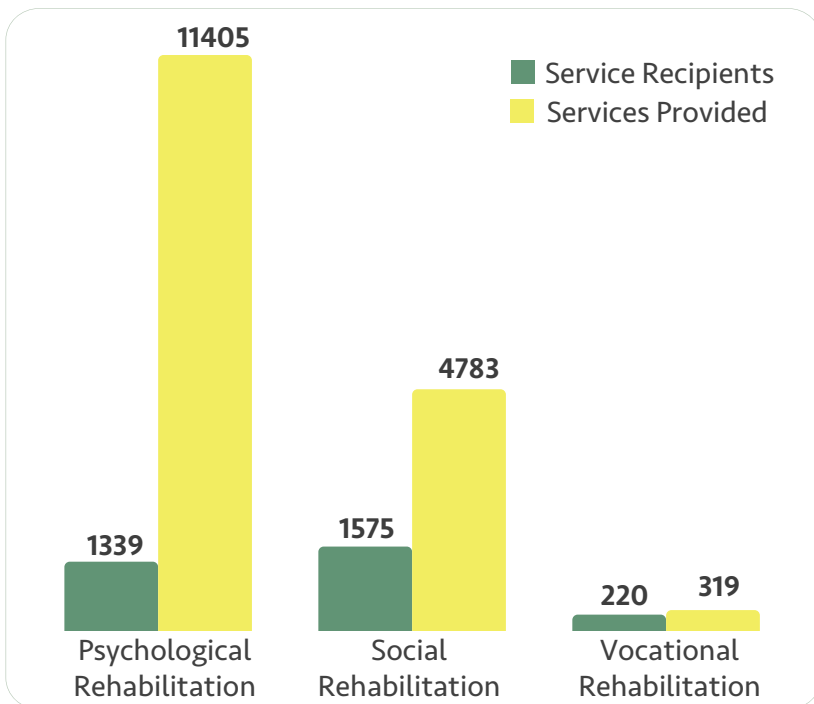
Project Locations

Belagavi, Davangere, Kalaburgi

Donors



Services



Impact

13 Taluk level parents federation formed and 30% PwMI will access social entitlements and get monthly pension & other government schemes

Ensured 1339 PwMI have accessed free psychiatric services

20 PwMI were self-employed earning Rs.5000 as supplementary income

540 Carers learned psycho social education and rehabilitation supporting PwMI

MAHADEVAPPA OVERCOMES HIS MENTAL ILLNESS

Mahadevappa, a 45-year-old, is living with his family of 4 members. His wife is working as an agricultural labourer earning 200 rupees per day and his two daughters are studying. For the last 6 years, he has been suffering from mental health issues and no one had been able to identify the cause. His symptoms included hallucinations, excessive sleeping, scolding, abusing, laughing for no apparent reason, talking with oneself, lack of interest in work, and maintaining poor hygiene. Even with the family's support, his symptoms did not reduce. As he could not earn, his family also suffered financially. Additionally, they were subjected to social stigma and were boycotted by the community.

APD identified him and provided him with psycho-social services. He also started taking free treatment from a government hospital every month. All these interventions helped him improve his communication and also in practicing ADL skills. Today, he is earning Rs. 200 every day as a daily wage labourer.



REHABILITATION

Started in 1982, APD's Rehabilitation program aims to provide comprehensive biopsychosocial rehabilitation with the help of a multispecialty rehabilitation team for all types of ailments to maximize functional independence and improve quality of life. The aim was to provide physiotherapy, occupational, and speech & language therapy with systematic methods of assessing various orthopedic and neurological clinical conditions. It was essential to establish our rehab-on-wheels project making quality rehab affordable at every doorstep and to promote health & disability awareness amongst the general public.

Purpose of the program

India has 23.8 million people with disabilities



In Karnataka, of the total 52.8 million population 9.4 lakh persons i.e. 1.8 percent of the population is disabled



Inadequate health care facilities in Karnataka, especially for the rural sector



Nonavailability of adequate trained & allied health care staff in the medical facilities



Government prioritizes on medical support and rehabilitation



Length of the rehabilitation process and the cost associated with it



Resultant poverty leading to unaffordability & negligence



Deficient speciality projects to address the demand of rehabilitation



2232 PERSONS IMPACTED

650

Service Recipients

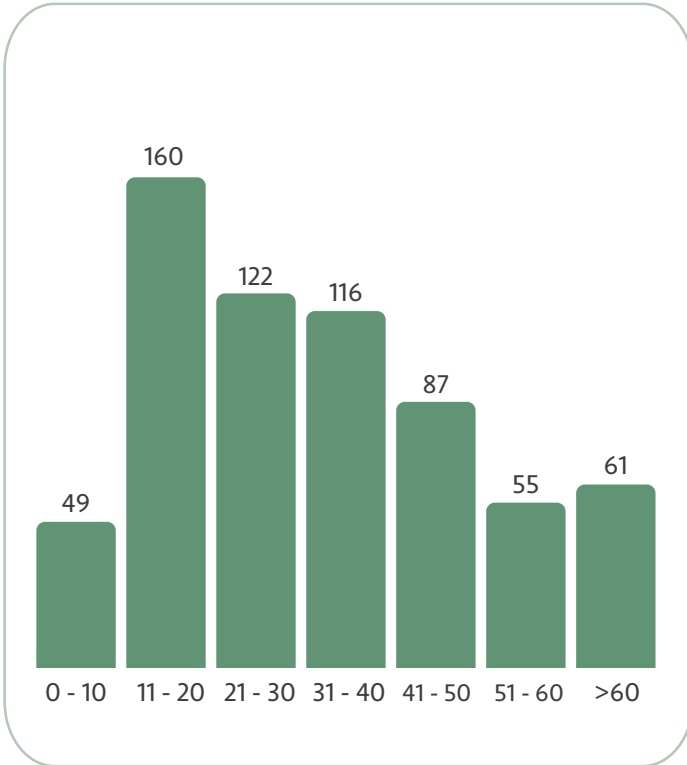
96

Capacity Building

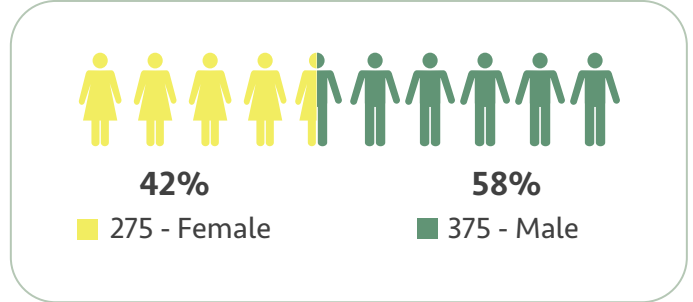
186

Sensitization

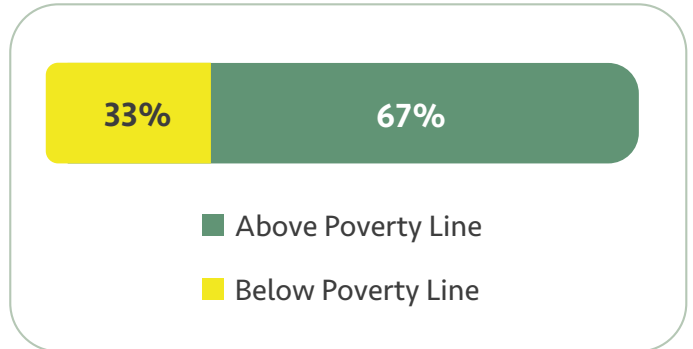
Age classification



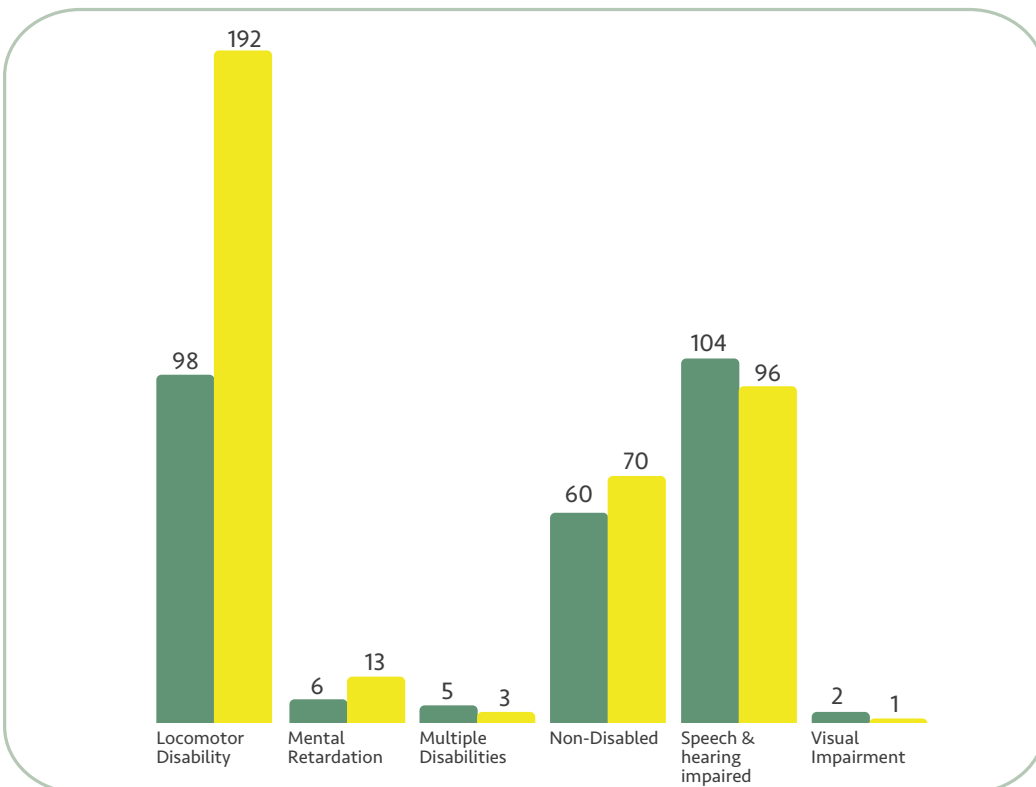
Service Recipients



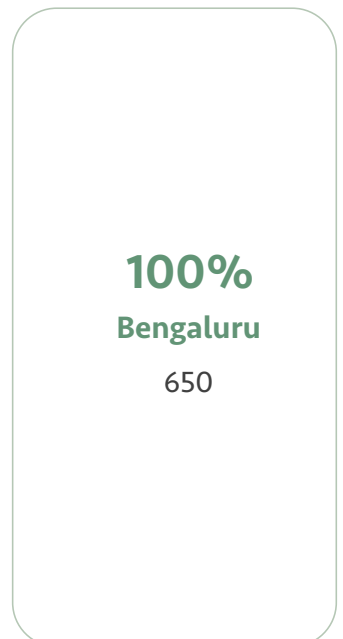
Socio-economic classification



Disability classification



Geographical bifurcation



10

Team Members

17280

Service Hours

INR 17 Lakhs

Budget

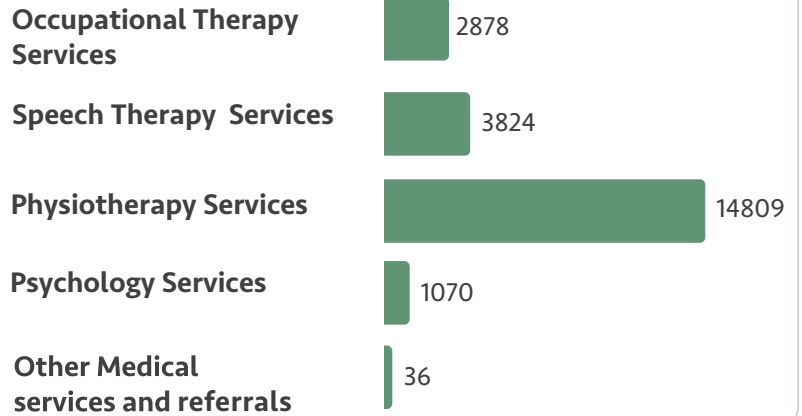
Project Locations

Bengaluru - Lingarajapuram

Services

Physiotherapy, Occupational therapy, Speech and language therapy, Diagnostic audiometry, and BERA, Hydrotherapy, Sensory Integration

Outputs



DHRUVA REGAINS INDEPENDENCE

Dhruva Kumar, a 17-year-old energetic boy, did not face any complications till the first 10 years of his life. However, after that, he started facing some challenges with walking. He was completely wheelchair-bound when he turned 15. Hailing from a poor family in Bangalore, his condition and its related uncertainty made his family very anxious. Through APD's community approach, the family was enlightened about Shradhanjali Integrated School and the therapeutic approaches we provide.

He was assessed and the team diagnosed athetoid cerebral palsy. The complications linked to this condition were explained to the parents in great detail. Today, through an individual rehabilitation plan, Dhruva is able to walk with the help of an assistive device. His family is grateful to APD and very happy about the improvement in their child's condition.



IDRR (INSTITUTE OF DISABILITY REHABILITATION AND RESEARCH)

Started in 2014, the Institute of Disability, Rehabilitation and Research (IDRR) is a center of academia and research, nurturing people in the field of rehabilitation, disability prevention & management, and building the ecosystem through creating awareness, sensitization and capacity building related to rehabilitation.

IDRR evolves as the learning and development wing of the organization for:

- Codifying the knowledge capital of APD
- Ensuring internal quality of the deliverables
- Leading to the continued professional development of human resources through learning and skill management systems
- Compiling and codifying disability data
- Initiating the research and innovation initiatives of the organization.

Purpose of the program

To refine the knowledge capital of APD with HR upskilling & reskilling strategies, structured academics deliverables, and work practices of the organization



Mitigate the shortage of human resources to cater to the disability sector, especially in rural and urban-poor

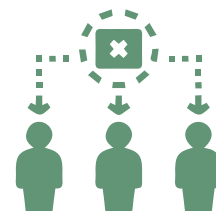


Address the limited access and availability of avenues for continued professional development and reforming the people's capabilities through learning and skill management systems

Streamlining service delivery mechanisms across domains for better quality deliverables with SOPs and protocols - internal quality assurance unit / ethical committee



The huge dearth of comprehensive sources for disability information and data/evidence base



2180 PERSONS IMPACTED

632

Service Recipients

284

Capacity Building

Service Recipients



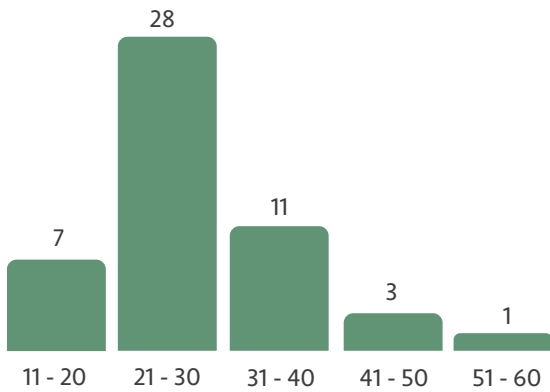
54%

27 - Female

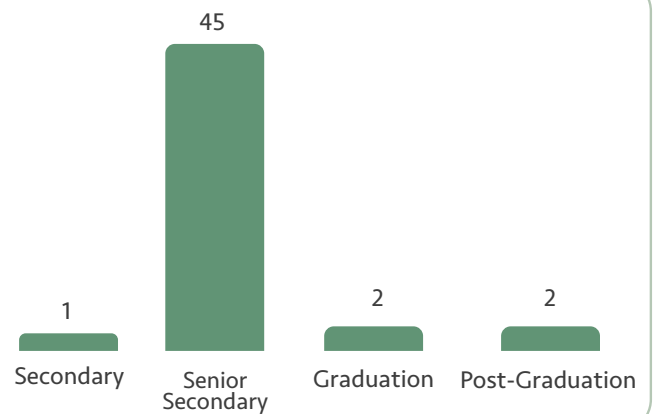
46%

23 - Male

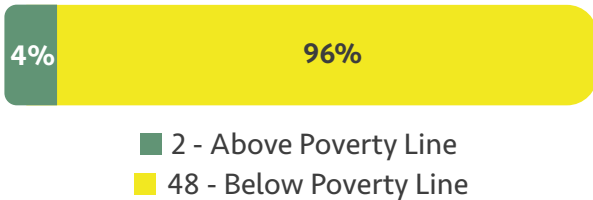
Age classification



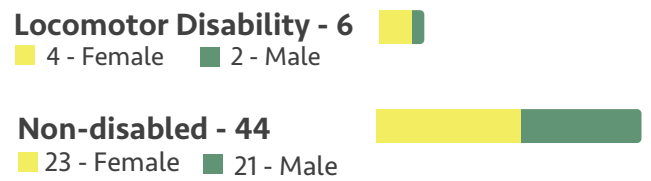
Education classification



Socio-economic classification



Disability classification



Geographical bifurcation

26%
Bengaluru
13

12%
Belagavi
6

4%
Kalaburgi
2

2%
Mysore
1

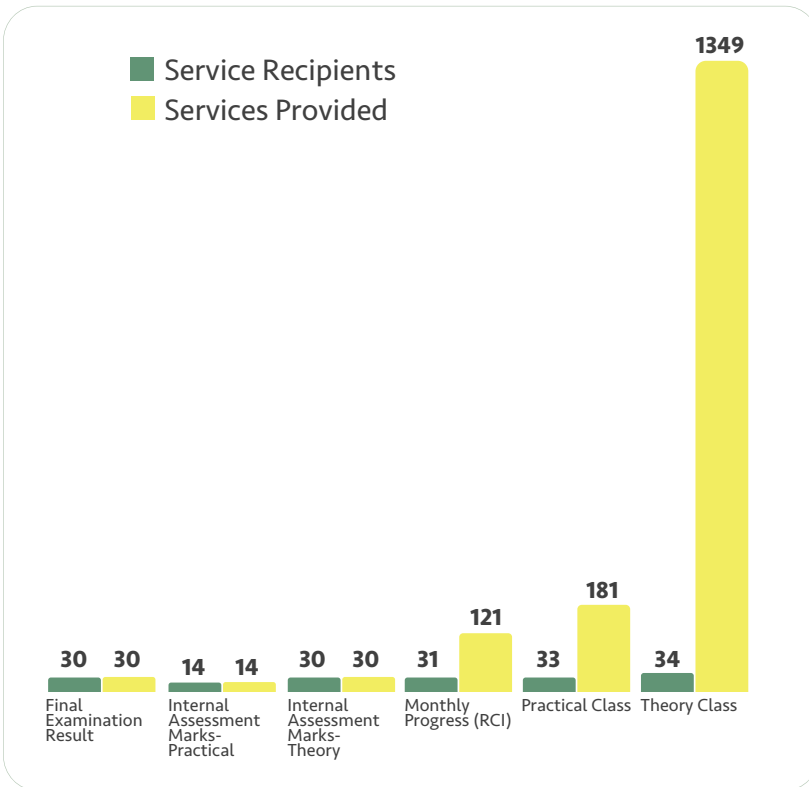
56%
Out of Karnataka
28

5
Team Members

INR 38.25 Lakhs
Budget

Project Locations
Bengaluru - Lingarajapuram

Services



Impact

100% results

14 Disability Immersion programs and Workshops on psychological first aid during COVID crisis impacted 544 beneficiaries

Collaborated with 48 universities in 14 states

48 parents completed Community Therapy Aid training

195 students enrolled for internships and clinical placements

10 research projects were completed

Library created with 25 seating capacity and 3000+ books

RCI students Alumni group was formed

Donors



Vijayalakshmi Makes a Difference

Ms. Vijayalakshmi, a 52-year-old, studied the Certificate Course in Care Giving (CCCG) at APD in the academic year 2020-2021.

Ms. Vijayalakshmi's child, Nareen, was diagnosed with MR and mild Autism (non-verbal). A single mom, Vijayalakshmi enrolled Nareen in the same special school where she was working.

She found out about APD and the RCI courses through our website and wanted to know more about the services we provide to children with disabilities. She enquired about the courses we offer and was motivated to join the CCCG course as well!

She successfully completed her course and passed with Distinction. Today, she is happily working in the Early Intervention Department at APD and implementing the knowledge that was imparted through the course at her home while rehabilitating her son.



POLICY ADVOCACY

Started in 2005, Policy Advocacy networks and collaborates with educational institutions, DPOs, NGOs, and govt. stakeholders to influence policy change and the inclusion of PwDs through strengthening knowledge, practice, and attitudes.

Purpose of the program

PwDs are one of the most backward communities in the context of socio, economic and educational backwardness in Karnataka as well as in the country.



The union govt of India has provisioned programs to uplift PwDs however the development and welfare of PwDs come under directive principles of the state govt.



In Karnataka 80% of PwDs are behind in parameters of development and SDG goals and therefore it is necessary to scale up for action collectively and advocate to influence govt departments, policymakers, institutions, NGOs, DPOs, state, regional, and national level networks, and other stakeholders to uphold the dignity and ensuring rights of PwDs in Karnataka.

41241 PERSONS IMPACTED

12746

Service Recipients

291

Capacity Building

2712

Sensitization

6

Team members

10368

Service Hours

INR 36.65 Lakhs

Budget

Project Locations

Bengaluru, Kalaburagi, Belagavi

DPOs: 5 district level RPD task forces and state RPD task force

APD representation in Karnataka & Central Government committees

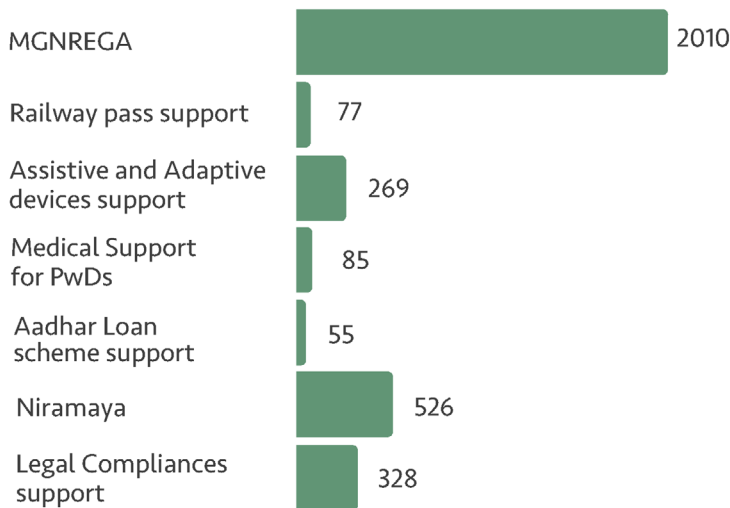
Grant in aid committee
 Job identification committee
 State/ National award selection committee
 Access audit advisory committee
 Retrofitted two-wheeler technical bid committee
 Retrofitted two-wheeler selection committee- Bengaluru
 Aadhar loan selection committee
 Tailoring machine technical bid committee for self-employment for speech and hearing

RPwD Act district advisory committee - Kalaburagi
 Kalaburagi district local level committee -NTA
 Kalaburagi & Bengaluru urban district limited guardianship committee as per RPwD Act 2016
 BBMP Nodal officer for 5% resource utilization
 Railways committee - Solapur division
 NITI Aayog Standing committee – Disability & Accessibility - Central
 State Nodal Representative for National Trust Act – Central

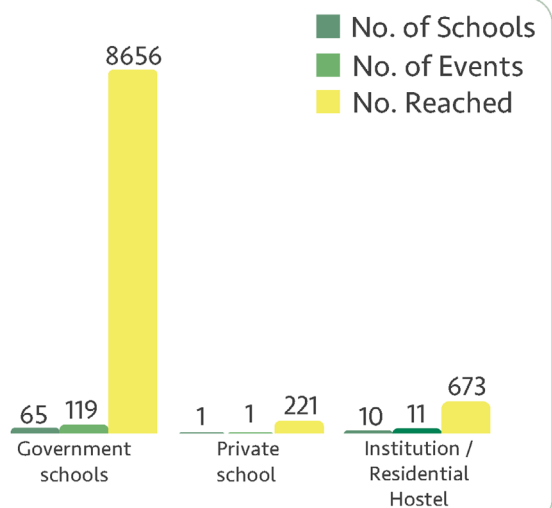
Donors



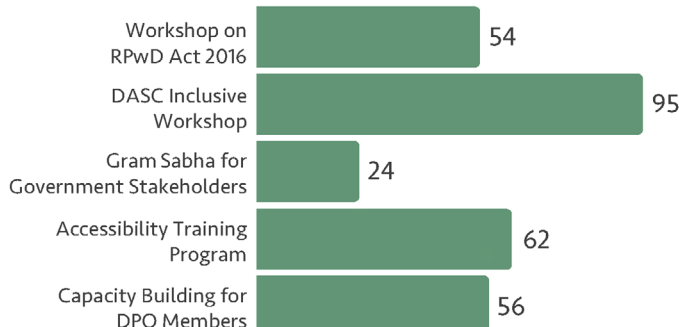
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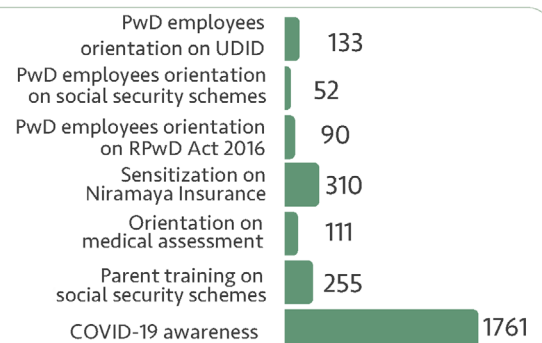
Disability Awareness for School Children



Capacity building program



Sensitization program



DUSHAYANTH AVAILS OF GOVERNMENT BENEFITS

NIRAMAYA HEALTH INSURANCE HELPED HIM TO ACCESS HEALTH FACILITIES

Dushayanth, a 5-year-old boy, got diagnosed with cerebral palsy at birth. His family consists of 5 members, including his parents and two siblings. His father works at a lorry garage and is the sole earning member of his family as his siblings are still in school. It was becoming extremely difficult for his family to deal with Dushayanth's condition with the meager income of the family.

APD intervened and suggested his family get him enrolled in the Niramaya Health Scheme. His parents, hopeful of a solution, enrolled Dushayanth in the rehabilitation program. Following this, our policy advocacy team supported him to access adequate resources from the government. His parents received the reimbursement of medical as well as therapy expenses which came up to Rs. 20000 every year. Dushayanth and his family are truly grateful for the support extended by APD.



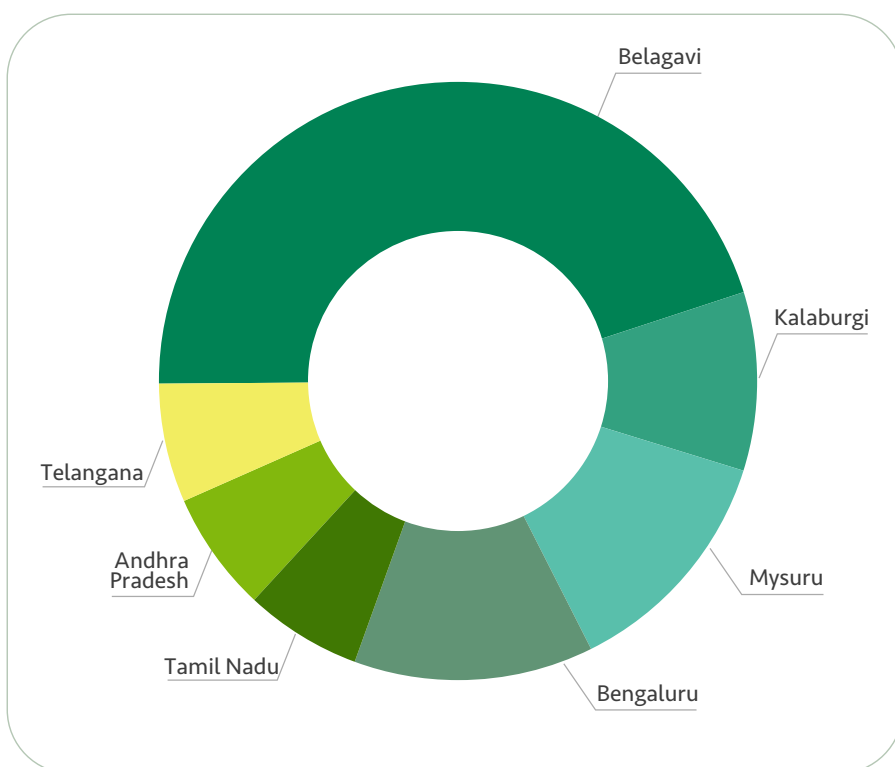
STRATEGIC PARTNERSHIPS

Started in 2008, this program helps with collaborations through strategic partnerships enhancing the ecosystem for the disability sector by building domain knowledge, operational excellence, and robust organizations. This will in turn build “Mini APDs” across the states of Karnataka, Tamil Nadu, Andhra Pradesh, Telangana, Kerala, Maharashtra, and Goa.

Reach Details

| PROGRAMS | NO OF PARTNERSHIPS | TOTAL REACH |
|--------------------|--------------------|---|
| Early Intervention | 13 | 869 |
| Livelihood | 13 | 1311 |
| SCIR | 6 | 919 |
| COVID Relief Work | 31 | 4000+ Survival Kits Distributed and Directly ensured 9840 Vaccinations under DNA Special Vaccination program. |

Geographical bifurcation



3

Team Members

31

Covid Project Partners

PARTNER DETAILS

| Sl No | Partner NGO | Location | Program |
|-------|---|--|---|
| 1 | AARUD | Dharwad | Early Intervention and Livelihood |
| 2 | Abhishri Foundation | Hyderabad | Livelihood |
| 3 | Abhivruddhi Foundation | Puttur, Dakshin Kannada | Livelihood |
| 4 | Agu nee Aniketana | Koppal | Livelihood |
| 5 | Ashadeepa | Ilakal | Early Intervention |
| 6 | BIRDS | Bagalkote | Early Intervention |
| 7 | BIRDs | Tukkanatti | HT Livelihood |
| 8 | BLDEs | Vijayapur | Early Intervention |
| 9 | BVVS | Bagalkot | BOT |
| 10 | Deenabandhu | Gadag | Livelihood |
| 11 | Disability NGO Alaince | Bengaluru | Vaccination |
| 12 | Janmukhi Shikshan Samsthe | Ranebennur, Haveri | Early Intervention and Livelihood |
| 13 | Janamukhi Swayam Seva Samsthe | Dharwad | Early Intervention and Livelihood |
| 14 | KLE Ayurvedic Hospital | Belagavi | Early Intervention |
| 15 | KRBAAS | Magadi, Ramanagar (D) | Spinal cord Injury |
| 16 | NISHARD | Ranebennur, Haveri | Early Intervention and Spinal cord Injury |
| 17 | RDT | Anantapur | Livelihood |
| 18 | ROSHNI | Ranebennur | Early Intervention |
| 19 | Sahayog | Bidar | Early Intervention |
| 20 | Samarthya | Koppala | Spinal cord Injury |
| 21 | Sevadhama | Kanyadi, Dakshina Kannada(D) | Spinal cord Injury |
| 22 | SPEED | Khanapur, Thalakondapally, Rangareddy Dist | Livelihood |
| 23 | Spoorthi | Chitradurga | Livelihood |
| 24 | SVSGAS | Tumakur | Livelihood |
| 25 | The Ability People | Visakhapatnam | Spinal cord Injury |
| 26 | The Good Sam Foundation | Mandya | Spinal cord Injury |
| 27 | Tulajabhavani | Mudhol Bagalkote(D) | Early Intervention and Livelihood |
| 28 | Vijay Overseas | Railnagar, Koyembedu, Chennai | Livelihood |
| 29 | Pragna Trust | Mysuru | Livelihood |
| 30 | Kinder Trust | Nilagiri | Early Intervention |
| 31 | Jai Bharatha Mata Urban and Rural development society | Jamkhandi | Early Intervention |

ASSISTIVE & ADAPTIVE TECHNOLOGY (AAT)

Started in 1982, APD's Assistive and Adaptive Technology (AAT) aims at empowering and enabling independence with assistive and adaptive devices. These devices are created to reduce pain, maximize independence, and increased social interface and interaction that will go forward to enhance social participation, contribution, and inclusion of people with disability.

Additionally, we provide:

- Referral & appointment, assessment, prescription, funding & ordering, product preparation, fittings, user training, maintenance repair, and follow-up
- Customized orthotics/splints, prosthesis/artificial limbs, mobility devices like canes, walkers, rollators, etc.
- Custom made supporting devices like corner chair, standing frame, commodes and wheelchairs
- Specially built 3D printed postural support devices and accessibility promoting infrastructural support with rails, ramps, grab bars, toilet modifications, signage etc. for a barrier-free environment.

Purpose of the program

An estimated 8% of India's population, including the elderly are people with disabilities. With time, there has been a significant increase in people with severe disabilities such as cerebral palsy, congenital deformity, spinal cord injury, stroke, amputation, and Parkinson's



Around 55% of people with disability are absolutely immobile and totally dependent on others. One of the most basic requirements of these people is an assistive or adaptive device that will render them mobile and enable access to available opportunities to rebuild their lives



15

Team members

25920

Service Hours

INR 340.49 Lakhs

Budget

Donors

NTT DATA



IndusInd Bank



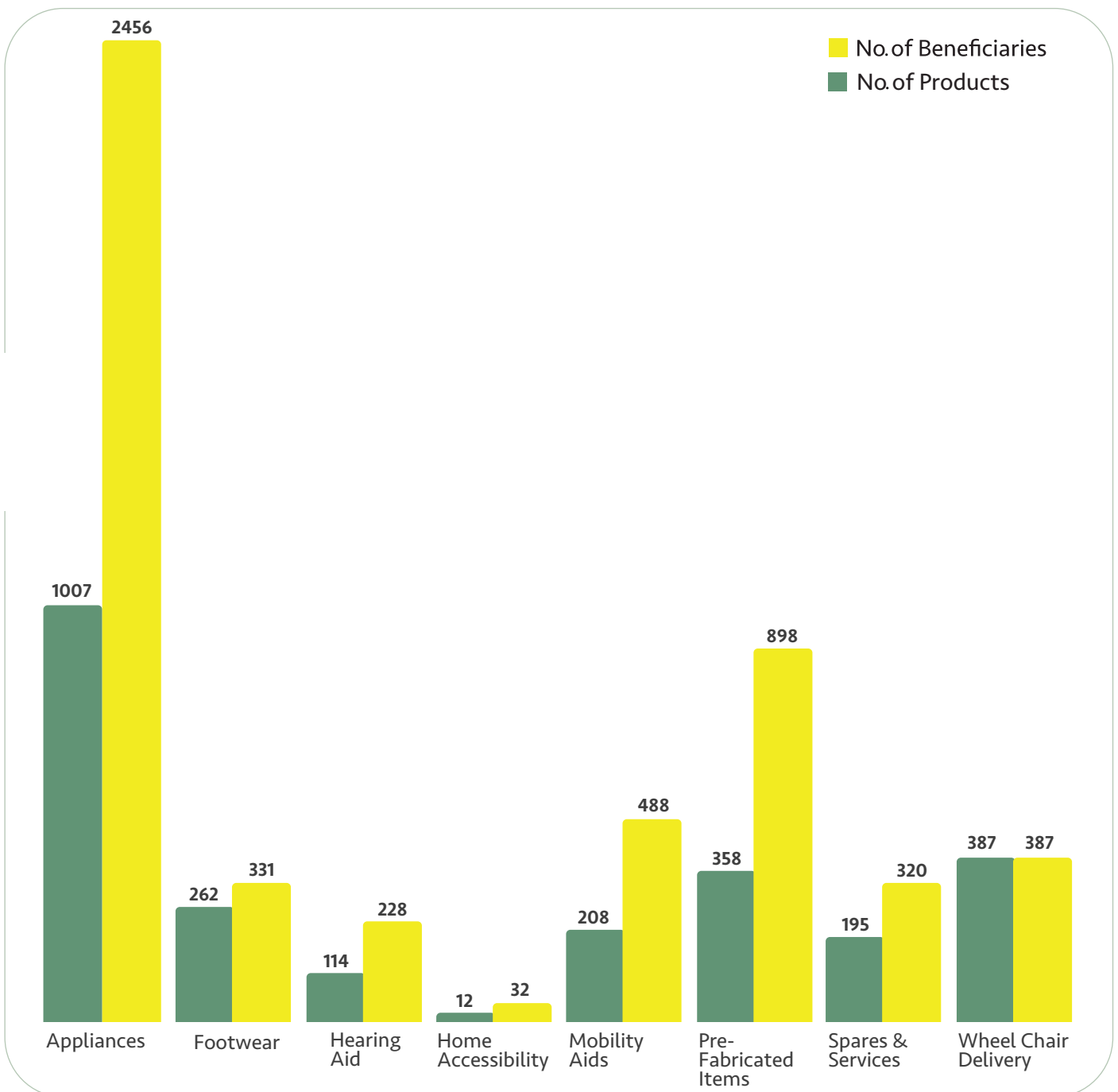
U -
S -
T



vivo



Outputs



SHIVA'S WHEELCHAIR - A GAME CHANGER

Shiva Shankar had a motorbike accident 17 years ago and was diagnosed with C5 and C6 spinal level incomplete injury. This resulted in the loss of sensation, movement & partial bowel and bladder control. His family, which includes his parents and a sibling, felt helpless and dejected after the accident. Shiva had to be completely dependent on his mother for all his daily activities after the injury. Amidst all this, his dreams of becoming a government employee were shattered as he was struggling to lead an independent life. His condition became more critical with time and he was completely bedridden and went into depression.

APD provided him with a wheelchair to assist him in leading an independent life. Today, Shiva is able to travel to college easily & teach there. As wheelchair fitments are appropriate, it has also reduced secondary complications and health issues. Thus, this wheelchair gave him a new life.



HORTICULTURE

Conceived in 1987 by our founder NS Hema, to train moderate and severely disabled candidates from rural agrarian backgrounds, APD's Horticulture program is one of the few centers where trainees are taught scientific and organic gardening techniques. Graduates of the APD program can be found in a wide variety of horticulture, landscaping and facilities management companies.

The plants and other items nurtured by our trainees were initially gifted to well wishers (and remains an APD tradition today). Over time, these plants and other produce were sold to visitors to our Jeevan Bhima Nagar campus. The income from these sales were put back into the training program. The Horticulture program became the most visible public face of APD – with over 50,000 visitors, annually, to three centers at Jeevan Bhima Nagar, Kylasenhalli and Lingarajpuram.

Supported by a dedicated set of volunteers, the Horticulture team has now expanded its offerings to include a variety of service offerings and garden inputs, all prepared and serviced by a team of disabled employees. The annual garden fairs and a variety of other symposia and workshops are now keenly awaited by APD supporters. Outreach through events at various housing societies and corporate parks are also used to spread awareness and generate sales. The Horticulture program has become an important source of raising funds for needs that are often not covered by CSR donors but are critical for the functioning of APD. Despite a difficult year due to COVID related restrictions, the team rallied in the second half of the year to generate a significant surplus for APD.



Donor



ADMINISTRATION

Major Projects

- Reconstruction of the compound wall at Lingarajapuram with the support of Northern Trust
- Purchased ambulance for Spinal Cord Injury Center at Jeevan Bhīma Nagara with the support of Silicon Valley Bank
- Purchased Rehab Van for home based rehabilitation with the support of ABB
- Construction of Girls' Hostel at Kyalasanahalli with the support of Titan
- Installed Solar grid at Kyalasanahalli with the support of Selco and Kondrai Foundation
- Constructed Special court for the Persons with Spinal Cord Injury with the support of CAF
- Renovation of ITC hostel with the support of Northern Trust
- Network and server upgradation done with technical support from Titan
- Technical support for construction of first accessible park for children by MindTree



Donors



HUMAN RESOURCES

The Human Resources (HR) team had many challenges in managing the hybrid work environment resulting from the pandemic. During the year, we added 61 new employees and managed our attrition well below the annual target. We exceeded our target gender diversity goals with an increase of 47% women employees in our total pool. We were marginally below our disabled employees goal target with 29% being persons with disability.

Our investment in training and development continued at an accelerated pace during the year. Nearly 8600 hours of training and development inputs were provided to staff at all levels. The HR team organized several employee engagement activities, celebrating Women's Day, Teacher's Day, IDPD Day, Christmas, Ayudha Puja, monthly staff birthdays and farewell programs. After a gap and the constraints of Covid, the employees enjoyed the annual staff picnic. A women's interest group called Lakshya was constituted to specifically understand the issues faced by our female employees.

Due to COVID, there was a greater focus on the health of our employees and the HR team anchored the following interventions:

5 sessions of RTPCR camp conducted during the year 21-22, across APD

150 staff utilized the health check-up benefits

28 staff availed of a special COVID benefit scheme during the year

212 staff vaccinated across APD in 5 camps

52 staff utilized the PwD allowances benefits of Rs. 5000/- each



Induction



Women's day

The annual appraisal and promotion cycle was completed along with the changes necessitated by the Minimum Wages Act.

- 28 staff were promoted
- 46 received special awards
- 96 staff received service awards.



Christmas Celebration

GOVERNANCE (MIS and M&E)

The Governance team provided frequent reviews of projects as well as detailed and timely MIS reports for various levels of the organization. They also managed the Goonjan data base which stored all the core beneficiary details.

240

Project reviews conducted

10

Field visits

8

Outcome and Impact tools revised and implemented

332

APD and Partner staff trained in Goonjan MIS software

30

Reviews - Senior leadership, board reviews, and town-halls

DONORS

| Name of donor | Amount of donation (Indian rupees) |
|---|------------------------------------|
| Mindtree Foundation | 31976000 |
| IndusInd Bank | 30098709 |
| ABB India Foundation | 17633230 |
| Azim Premji Philanthropic Initiatives Private Limited | 13646000 |
| Give Foundation | 13167765 |
| Titan Company Limited | 11500000 |
| M J Aravind | 10000000 |
| H T Parekh Foundation | 8500000 |
| Shailesh Lakhani | 5000000 |
| Tech Mahindra Foundation | 4327068 |
| SBI Foundation | 3500000 |
| Jacob Kurian | 3065500 |
| Northern Operating Services Private Limited | 3050000 |
| ANZ Operation And Technology Private Limited | 3000000 |
| V S Tiruvengadaswamy Mudaliar Memorial Trust | 3000000 |
| Rural India Supporting Trust (RIST) | 2767762 |
| Robert Bosch Engineering and Business Solutions Private Limited | 2649544 |
| Juniper Networks Solution India Private Limited | 2617650 |
| Bengaluru Urban Treasury | 2601813 |
| NetApp India Marketing And Services Private Ltd | 2100000 |
| Shriram Seva Sankalp Foundation | 2018987 |
| Mercer Consulting India Pvt Ltd | 1988200 |
| Weir Minerals (India) Private Limited | 1900000 |
| General Motors Technical Centre India Private Limited (GMTCI) | 1899586 |
| NTT Data Global Delivery Service Private Limited | 1816426 |
| State Bank of India | 1639677 |
| Kotak Mahindra Investments Limited | 1600000 |
| Serve Ireland | 1513976 |
| Deloitte Foundation | 1500000 |
| Weiwo Communication Private Limited | 1494000 |
| H & M Hennes & Mauritz India Pvt Ltd | 1380000 |

| Name of donor | Amount of donation (Indian rupees) |
|---|---|
| The Live Love Laugh Foundation | 1359564 |
| St Aidan's High School | 1096040 |
| K.R. Enterprises | 1047162 |
| MCKS Trust Fund | 1008750 |
| Amritha Ward | 1000600 |
| Ambiga Subramanian | 921947 |
| US Technology International Private Limited | 901424 |
| AIWEFA Award | 800000 |
| Charities Aid Foundation India | 764795 |
| L&W Building Solution Private Limited | 750000 |
| Silicon Valley Bank | 700000 |
| Cognizant Foundation | 682084 |
| Arcadas Consulting India Private Limited | 663434 |
| National Centre For Promotion of Employment For Disabled People | 655408 |
| Kondrai Foundation | 650000 |
| UK Online Giving Foundation | 620063 |
| New Space India Limited | 607900 |
| E I Design Private Limited | 500000 |
| Mitraa Legal | 500000 |
| V T Velu Investment Private Limited | 500000 |
| Trinity High School | 494515 |
| National Trust | 393520 |
| Kintetsu World Express (India) Private Limited | 390000 |
| IDPD Coupon Online | 367717 |
| Disability NGOs Alliance DNA | 351000 |
| Miblou | 326000 |
| Recaero India Private Limited | 300000 |
| Sasken Foundation | 300000 |
| Muralikrishnan S | 270000 |
| Arti Hegde | 250000 |
| ITC Ladies Social Welfare | 200000 |
| Pradeep Kumar Panja | 200000 |
| Preetha Kannadath | 200000 |
| Sudhakar V S | 200000 |
| President/ PDO Sumbad | 171459 |
| Dr. Raman R | 150000 |
| Suprem Pharmaceutical Mysore Pvt Ltd | 150000 |
| Pay TM | 127414 |
| Anita Bhat | 122650 |

| Name of donor | Amount of donation (Indian rupees) |
|--|---|
| Prayas Trust | 112455 |
| Aftab Ahmed | 105000 |
| Ashish Dikshit | 100000 |
| Atul Vora | 100000 |
| Auditivo Hearing Services Private Limited | 100000 |
| Bhaskar Bhat | 100000 |
| Deepa Ranjit Rau | 100000 |
| Kurien T K | 100000 |
| Mukul Madhav Foundation | 100000 |
| Shilpa Vora | 100000 |
| Sri Balaji Charitable Trust | 100000 |
| S Mohan Rao | 96000 |
| Karnataka State Council For Child Welfare | 84000 |
| Nasdaq Corporate Solutions India Private Limited | 74000 |
| Kongovi Private Limited | 71000 |
| Varadarajan Raghuram | 69000 |
| Mary | 65359 |
| The Timbaktu Collective Org | 64320 |
| Geetha Mohan Rao | 60000 |
| Jayaram Sarma R | 55000 |
| Ramchandra Shenai | 55000 |
| Ishwar B Hemrajani | 54000 |
| Ramanathan Jawahar | 50050 |
| Anuradha Kataria | 50000 |
| Ashutosh Vaidya | 50000 |
| P K Gopalakrishnan | 50000 |
| Preethi Thoppil | 50000 |
| Vijay Kumar Sood | 50000 |
| Sanjeevini Navadgi | 49900 |
| Ishita Bhatia | 49000 |
| Hareesh Shamdasani | 40000 |
| Jasjit Kahlon | 38000 |
| Nishit Garg | 38000 |
| Your Cause | 36019 |
| Sharada Peetham | 36000 |
| Ajay Mathur | 35000 |
| Shivanand Patil | 35000 |
| Ganesh K | 34000 |
| Nasscom Foundation | 33405 |

| Name of donor | Amount of donation (Indian rupees) |
|--------------------------------------|---|
| Aiza Fatima Raza | 32000 |
| The Zenith Foundation | 31500 |
| Vijayalakshmi.B | 31000 |
| Mithesh | 30483 |
| Naveen Kumar Kalyankar | 30000 |
| Nitin Khabiya | 30000 |
| Paul George Chandy | 30000 |
| Ramakrishnappa K R | 30000 |
| Varun Nayyar | 30000 |
| Nalini Sagar | 28120 |
| Gauri Raghuraman | 26000 |
| Shree Eshwarlinga Traders | 26000 |
| Bangalore Indiranagar Rotary Trust | 25300 |
| Krishna A | 25001 |
| Ravi V Char | 25001 |
| Indira Krishnaswami | 25000 |
| Kalyani Vijay | 25000 |
| Bapavani Gali | 25000 |
| Chandar N | 25000 |
| Chandna J K | 25000 |
| Divya D | 25000 |
| Dor Education Foundation | 25000 |
| George Zacharias | 25000 |
| Karthik Ramanathan | 25000 |
| Krishnamoorthy Vaidyanath | 25000 |
| Malini Saran | 25000 |
| Manoj Agarwal | 25000 |
| Nitika Goel | 25000 |
| Seth Dhanji K V O Kelvani Foundation | 25000 |
| T V Venkataraman | 25000 |
| Venkatram S K | 25000 |

Only Donors above Rs. 25,000 are listed here due to paucity of space. APD acknowledges, with gratitude, all donors big and small, who have supported our work.

FINANCIAL STATEMENTS

THE ASSOCIATION OF PEOPLE WITH DISABILITY: BENGALURU BALANCE SHEET

| | Sch | As at 31/3/2022 ₹ | As at 31/3/2021 ₹ |
|---|-----|-------------------------|-------------------------|
| <u>SOURCES OF FUNDS</u> | | | |
| Capital Fund | 1 | 5,94,83,638 | 4,46,05,126 |
| General Funds | 2 | 7,88,34,143 | 4,46,48,377 |
| Endowment and Other Funds | 3 | 6,29,71,772 | 6,28,21,772 |
| Current Liabilities and Provisions | 4 | 7,07,81,537 | 7,93,87,306 |
| | | 27,20,71,090 | 23,14,62,582 |
| <u>APPLICATION OF FUNDS</u> | | | |
| Fixed Assets | 5 | 5,94,83,637 | 4,46,05,126 |
| Investments | 6 | 8,15,77,524 | 7,31,02,317 |
| Current Assets, Loans and Advances | | | |
| Stock on Hand | 7 | 16,38,483 | 15,02,110 |
| Sundry Debtors | 8 | 1,88,840 | 4,74,344 |
| Grants Receivable | 9 | 36,00,010 | 98,81,050 |
| Loans and Advances | 10 | 39,61,226 | 36,07,530 |
| Cash and Bank Balances | 11 | 12,16,21,371 | 9,82,90,106 |
| | | 27,20,71,090 | 23,14,62,582 |

for and on behalf of The Association of People
with Disability - Bengaluru

Honorary President
Mr Subir Hari Singh

Honorary Secretary
Jacob Kurian

Honorary Treasurer
Pradeep Kumar Panja

As per our Report of Even Date

for V D S R & Co., LLP
Chartered Accountants
F.R.No. 001626S/S200085

Venkatesh Kamath S V
Partner - M. No. 202626

Place : Bengaluru

THE ASSOCIATION OF PEOPLE WITH DISABILITY: BENGALURU

INCOME AND EXPENDITURE ACCOUNT

| | Sch | For the year ended 31/3/2022 ₹ | For the year ended 31/3/2021 ₹ |
|---|-----|--------------------------------------|--------------------------------------|
| INCOME | | | |
| Grants and Donations | 12 | 21,72,80,855 | 14,73,42,164 |
| Other Resources | 13 | 6,08,25,836 | 3,64,06,303 |
| Interest Received | 14 | 98,72,567 | 53,63,516 |
| Depreciation - Withdrawn from Capital Fund | 5 | 68,39,274 | 56,28,094 |
| | | 29,48,18,532 | 19,47,40,077 |
| EXPENDITURE | | | |
| Salaries and Benefits | 15 | 7,99,16,734 | 7,80,79,042 |
| Program Expenses | 16 | 14,94,55,017 | 6,91,31,509 |
| Administrative and General Expenses | 17 | 2,43,72,339 | 1,83,58,965 |
| Depreciation | 5 | 68,39,274 | 56,28,094 |
| | | 26,05,83,365 | 17,11,97,610 |
| Excess of Income over Expenditure Transferred to General Fund | | 3,42,35,167 | 2,35,42,467 |

for and on behalf of The Association of People
with Disability - Bengaluru

Honorary President
Mr Subir Hari Singh

Honorary Secretary
Jacob Kurian

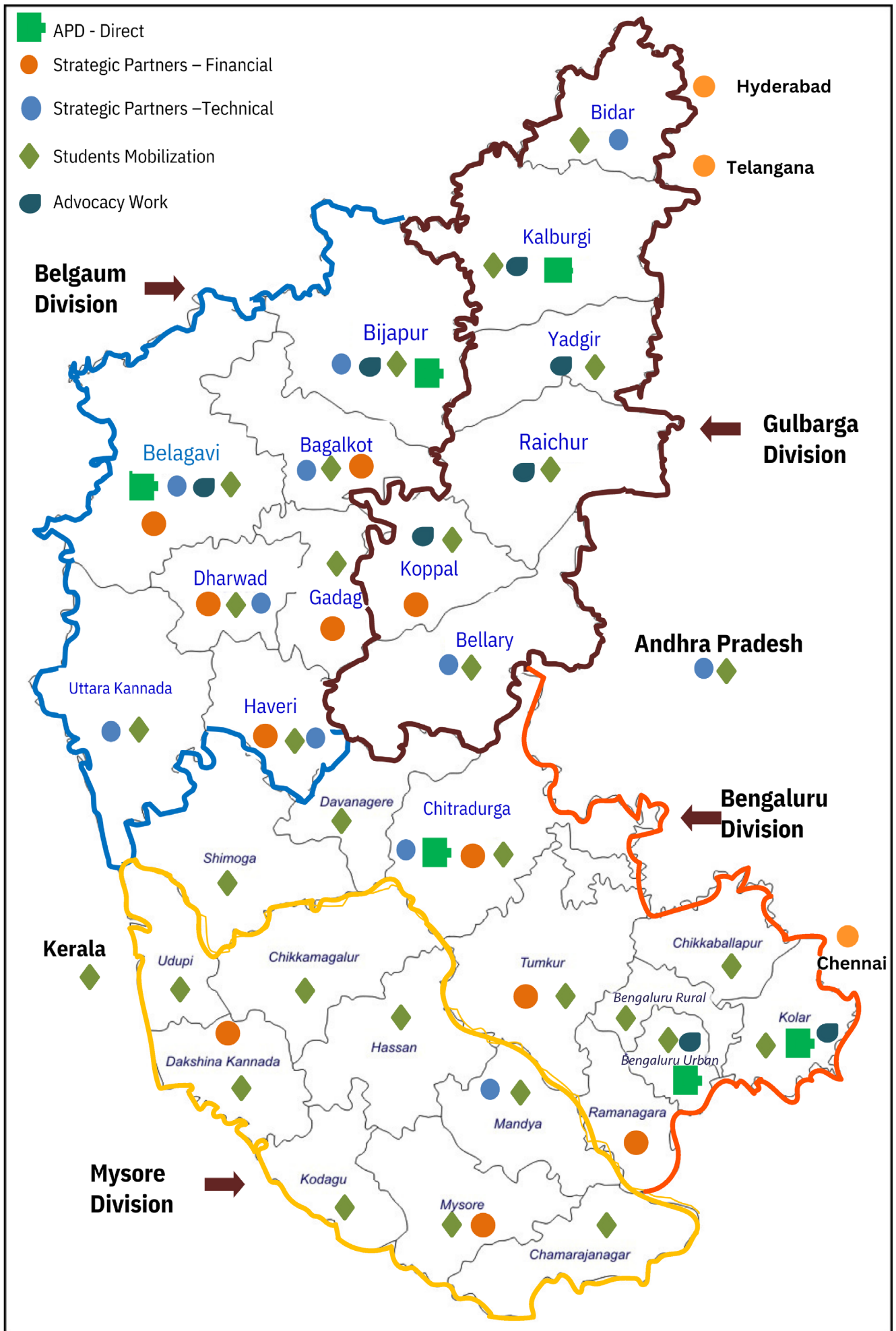
Honorary Treasurer
Pradeep Kumar Panja

As per our Report of Even Date

for V D S R & Co., LLP
Chartered Accountants
F.R.No. 001626S/S200085

Venkatesh Kamath S V
Partner - M. No. 202626

Place : Bengaluru





THE ASSOCIATION OF PEOPLE WITH DISABILITY
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