



THE
ASSOCIATION
OF PEOPLE WITH
DISABILITY

SINCE 1959

APD Strategy

2025 - 2028



From Insight to Impact:
APD's Strategy for Disability Inclusion



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THE ASSOCIATION OF PEOPLE WITH DISABILITY

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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 by ensuring access to comprehensive rehabilitation services, rights, entitlements, equal opportunities and dignity through a life cycle approach.

Our Values



E3 Philosophy

Equip – Providing skills, therapies, assistive tech, and inclusive support systems.

Enable – Breaking barriers to access health, education, livelihood, and mobility.

Empower – Fostering independence, dignity, and self-confidence.

Strategy Implementation Journey: From Insight to Impact

We thank Sattva Consulting for their valuable support in shaping this strategy. Their insights and facilitation played a key role in helping us sharpen our focus and align on a bold vision for inclusion.

WHY WE ARE HERE

Despite decades of policy and progress, **persons with disability (PwDs) in India still face profound barriers** — from early identification and inclusive schooling to employment and participation in society. Inaccessible infrastructure, social stigma, economic exclusion, and lack of affordable services widen the gap. We exist to close this gap.



WHAT WE DO

We **serve people with disability across all age groups** through comprehensive interventions — from early childhood care and inclusive education to vocational training, assistive devices, and rehabilitation. We address disability as a social issue, not just a medical one.

HOW WE DO IT

We **collaborate with government, corporates, communities, and people with disability** to implement impactful programs at scale. Our approach integrates **community-based rehabilitation (CBR)**, capacity building, sensitization, and advocacy to ensure long-term, systemic change.

Over the last six decades, **APD has impacted over 10,00,000 lives** and continues to build an inclusive society where every Person with disabilities lives with dignity, purpose, and independence.



Strategy Implementation Journey: From Insight to Impact



Track 1: Reflection Workshop & Ecosystem Research

- Design and orient program teams on reflection process
- Facilitate a 2-day workshop where program teams present their reflections and aspirations
- Synthesize team reflections to identify common themes and strategic gaps
- Conduct ecosystem research on open thread and questions aligned upon



Track 2: Strategy Co-creation

- Conduct preparatory session for program teams on systems thinking
- Identify organisational pathways based on past work, ecosystem insights and systems thinkings
- Identify key strategic shifts for APD's programs in the next strategic cycle
- Define outputs and outcomes for programs and core functions for the next 3 years



Track 3: Operationalisation & Governance Support

- Create a template for operationalising the program and core function strategies
- Define key indicators for reviewing ongoing progress on new strategy
- Establish governance structures with clear roles and responsibilities
- Create templates for ongoing governance at various levels

Key Strategic Highlights| FY 25-28



Non-linear scale of programs

Expand operations of programs by **2.5-times** to serve the larger community and **build credibility** in the disability ecosystem



Expanding geographic footprint

Establishing regional centres in **Maharashtra and North** to strengthen **community-led development**



Supporting government machinery

Working with the **government across all three levels** (national, state and district) to **drive systemic change**



Strengthening the disability ecosystem

Enabling **200+ organisations** through strategic partnerships in addition to **establishments DPOs and CBOs** for **collective impact**



Strengthening Internal Systems

Investing in **leadership development, technology and quality assurance** systems

Outside in perspective Overview



Partner Survey

Conducted a partner survey with 41 past and present APD partners in Karnataka and Maharashtra across three programs



Expert Sessions

5 key discussions with experts from government, civil society, and market on

- Working with the government
- Managing growth
- Scaling with partners
- Corporate inclusion strategies



Ecosystem Research

Conducted secondary research on 11 PwD peer organisations and specific research for

- Community based rehab
- Inclusive education
- Livelihoods
- Policy research group
- IDRR



Funding Ecosystem

Facilitated a session with an in-house expert of Sattva on the funding ecosystem providing and overview of the landscape and strategies for retail fundraising

We are convinced that effective change...

... must be led by and centered on persons with disability.

That's why we co-create solutions, build community leadership, and place the voices of PwDs at the heart of everything we do.

... requires long-term commitment and systemic transformation.

That's why we go beyond individual service delivery to strengthen systems, influence policy, and ensure sustainability at scale.

... must address not only medical but also social, economic, and environmental barriers.

That's why our approach spans education, livelihoods, rehabilitation, mental health, accessibility, and inclusion.

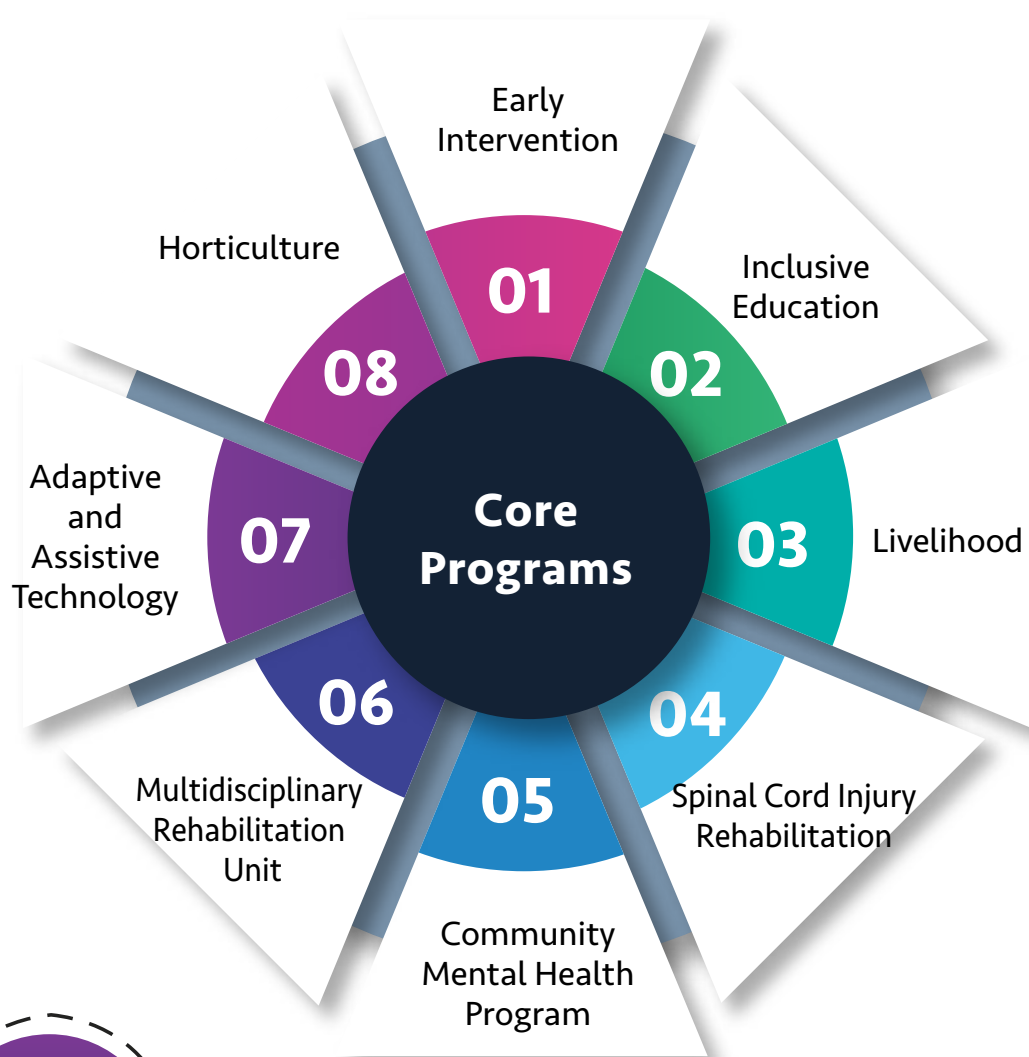
... is rooted in dignity, equity, and rights.

That's why we uphold the RPwD Act and UNCRPD, and ensure that our programs promote justice, participation, and respect.

... depends on learning, innovation, and collaboration.

That's why we invest in continuous improvement, adapt based on data and feedback, and partner with communities, government, and institutions

Organisation Structure



Cross-cutting Horizontals



Core Functions



What We Emphasize In This Strategy

1. Major Shifts: To deepen impact and scale inclusion, APD is undertaking key strategic shifts across programs, operations, and partnerships. These shifts reflect a system-thinking approach, positioning APD not just as a service provider—but as a sector leader and ecosystem enabler.

Flagship Program for Scalable Impact

- Shift :** From multiple equal-focus programs to one flagship program for national influence and scale.
- Why :** Builds APD's identity, demonstrates scalable impact, and attracts strategic partnerships and visibility.
- How :** Identify a high-potential program, assign dedicated leadership, and scale through direct, partner, market, and state-based models.

Government-Centric Systems Approach

- Shift :** From APD-led implementation to embedding models in public systems.
- Why :** Ensures sustainability, wider reach, and systemic transformation.
- How :** Create data-backed playbooks, engage with ministries, and work within government structures.

Geographic Expansion with Discipline

- Shift :** From opportunistic to criteria-based expansion.
- Why :** Prioritizes readiness, sustainability, and regional saturation before growth.
- How :** Apply a decision framework factoring need, operational capacity, and partner ecosystem.

Partnership Model Revamp

- Shift :** From funding-driven to ecosystem-strengthening partnerships.
- Why :** Builds a thriving network of aligned accountable implementers.
- How :** Define a partnership maturity model, clarify roles, and invest in partner.

Retail Fundraising Scale-Up

- Shift :** From limited donor segments to multi-channel, narrative-driven fundraising.
- Why :** Unlocks India's vast individual donor potential.
- How :** Use storytelling, tech systems, donor segmentation, and community campaigns.

Policy Advocacy Integration

- Shift :** From ad-hoc advocacy to a layered national-state-local model.
- Why :** Positions APD as a policy influencer driving inclusive reform.
- How :** Ground advocacy in program data, build government champions, and co-create white papers.

Quality Assurance as a System

- Shift :** From program-level M&E to an organization-wide quality system.
- Why :** Ensures consistency, impact, and credibility at scale.
- How :** Embed MEAL, conduct audits, define standards, and create feedback loops.

Program Ownership & Embedded Expertise

- Shift :** From support-led execution → to full ownership by program teams
- Why :** To increase accountability, responsiveness, and cross-functional effectiveness
- How :** Embed quality, policy, and research staff within teams; make rehab responsibility of each unit

2. Thought Leadership

APD aims to position itself as a thought leader in the disability sector by documenting innovations, generating evidence-based insights, and actively participating in national-level dialogues. This includes leveraging success stories, publishing case studies, and contributing to sectoral knowledge through workshops, forums, and collaborative platforms.

3. People Development & Leadership Growth

APD prioritizes the development of its human capital through Individual Development Plans (IDPs), leadership pipelines, and mentorship. A structured framework will support second-line leadership, continuous skill enhancement, and succession planning, ensuring organizational resilience and long-term capability.

4. Sustainability – Financial & Ecosystem

To ensure financial and operational longevity, APD will diversify its fundraising streams while strengthening ecosystem linkages. Strategic collaborations with NGOs, corporates, and community institutions will drive programmatic sustainability and shared ownership.

What are New innovative Models

1. Ecosystem Building Initiative: For the People, By the People

APD has been committed to advancing health, education, livelihood, and advocacy for PwDs across India. Over decades of grassroots engagement, one of the key challenges we encountered is the sustainability of impact at the community level. While donor-supported projects drive significant change within defined timelines, many programs face difficulties in sustaining momentum once external funding ends. To address this, APD is launching a transformative initiative the Ecosystem Building Initiative aimed at creating community-owned, community-led, and community-sustained systems of support.

The Core Vision

Ecosystem Building is designed to ensure that beneficiaries, caregivers, and local stakeholders move beyond being participants in projects to becoming ambassadors and torchbearers of inclusion within their own communities.

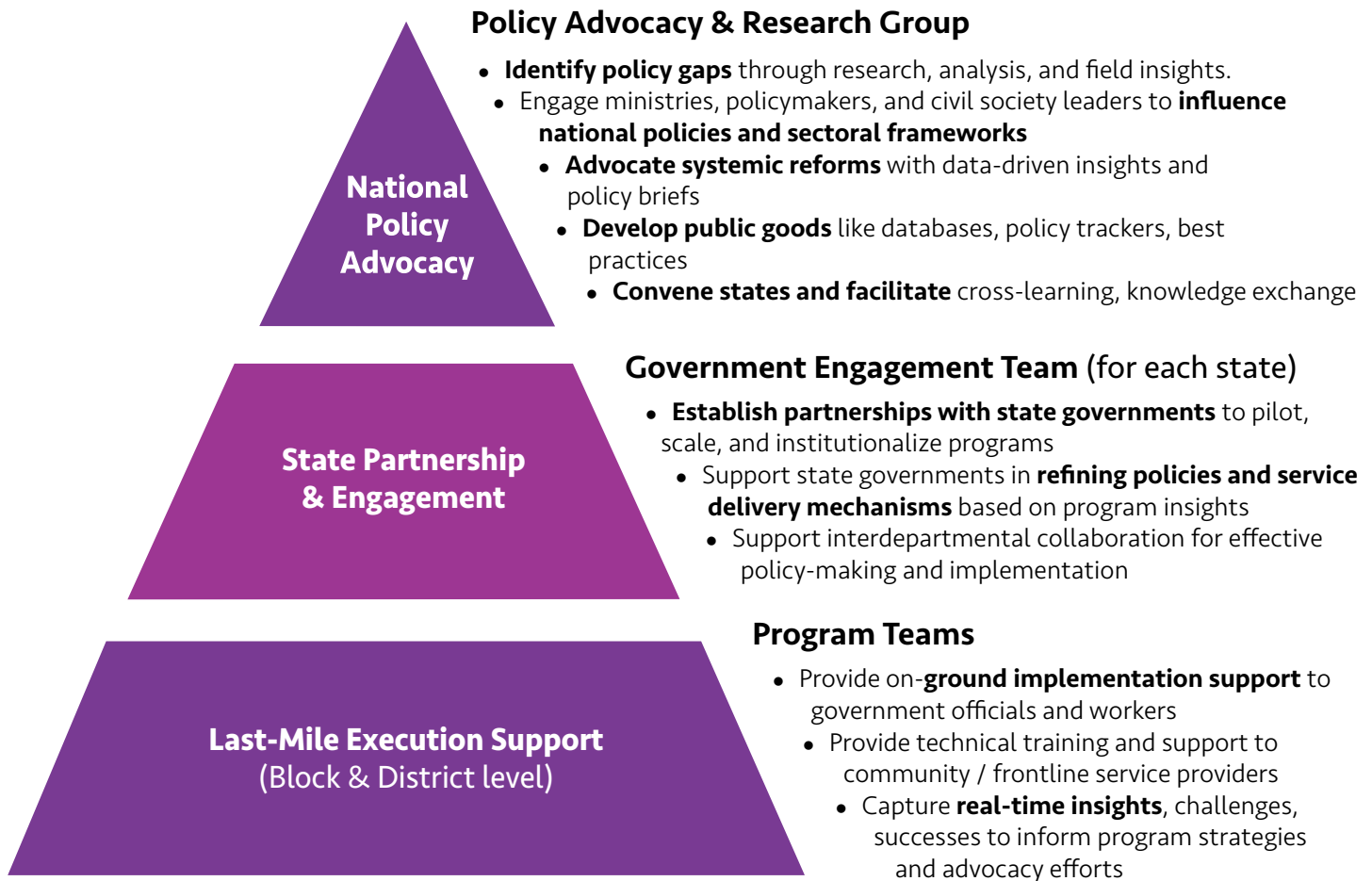
The initiative focuses on:

- Building grassroots structures such as Self-Help Groups (SHGs), Community-Based Organizations (CBOs), Parent Collectives, Caregiver Groups, and cross-disability Organizations of Persons with Disabilities (OPDs).
- Strengthening these groups to take ownership of programs beyond project cycles, ensuring that support and services for PwDs continue sustainably at the community level.
- Developing local champions and ambassadors who will lead advocacy, referrals, mobilization, and awareness generation within their villages, Gram Panchayats, and districts.

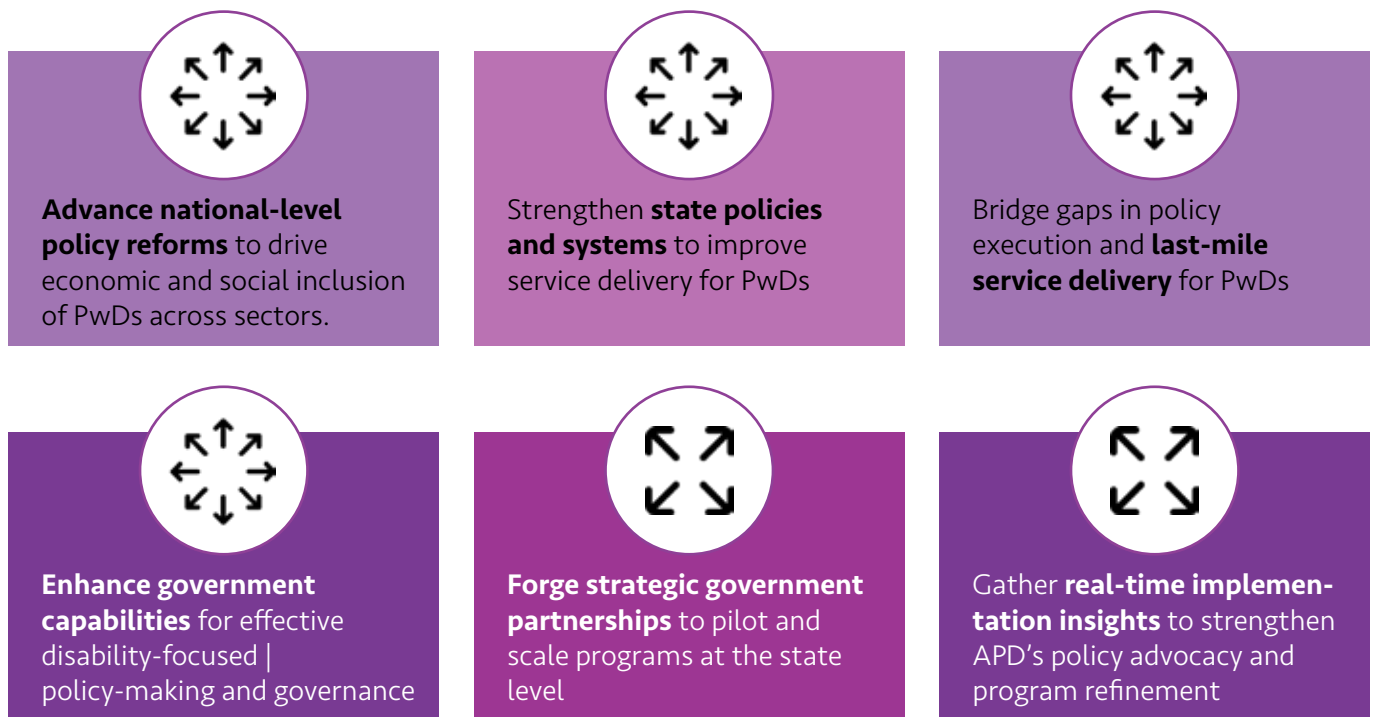
Strategic Approach

- **Capacity Building:** Equipping PwDs, caregivers, and families with knowledge on rights, entitlements (e.g., UDID cards, government schemes), and access pathways to essential services.
- **Leadership Development:** Cultivating local leaders and role models who will engage in Panchayat Raj Institutions, local standing committees, and district-level forums, ensuring disability inclusion in local governance and planning.
- **Federated Structures:** Linking village-level groups to Gram Panchayat, block, and district platforms, creating networks that enable collective voice and collective bargaining power.
- **Last-Mile Access:** Facilitating deeper engagement in health, education, and livelihood programs through community ambassadors who serve as continuous linkages between PwDs and service providers.
- **Sustainability & Ownership:** Transitioning from donor-driven timelines to community-driven continuity, where trained groups and leaders independently uphold inclusion and advocacy agendas.

2. APD's multi-layer framework for policy and government engagement



GOALS



National / State policy advocacy

Defining core priorities for the strategic cycle

Given the **complexity of policy change efforts**, APD should strategically define its **agenda with 2-3 core priorities**, selected based on:



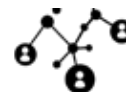
Evidence from Implementation

Availability of data, field insights, and proven impact to support policy recommendations



Political Will

Government interest, policy window availability, and alignment with national/state priorities



Access to Policy Networks

Strength of alliances, advocacy groups, and institutional stakeholders engaged in the issue

3. Network mobilizer model to scale programs

Overview

- **A closed network of selected nonprofits** to implement codified solutions/toolkits of APD. Strategically selected network of NGOs working across diverse geographical regions at a scale
- APD facilitates peer learning and training of the NGOs; and engages in strategic discussions
- APD acts as a **'network anchor'**

Benefits

- **Increased reach** both in terms of geography and number
- **Decentralized execution** reducing dependency on APD staff
- **Building a robust ecosystem** of organizations on-ground driving impact for PwD
- Ability to **gather data and insights across the country** without direct intervention
- Ability to scale it as a 'Platform' for future interventions

Disruption factor

- **Less control** over quality of implementation and outcomes of programs
- Challenge in **identifying and retaining the right partners orgs** aligned to APD's priorities
- Risk of partner perpetually **relying on APD for financial sustainability**
- **Sustainability of impact** once the support to partners is withdrawn

Partnership model | Identified gaps

Challenges identified in the current partnership model by APD



Identification
of right partners



Retention of existing
partners



Funding Constraints



Adherence to
processes



Defined exit strategy



Monitoring of quality

APD adopts a network mobilizer model to scale its programs

At APD, we believe that lasting change is never built in isolation it is forged through the strength of shared vision and collective action. Our Strategic Partnerships function exists to activate a dynamic ecosystem of NGOs, technical experts, government institutions, and community leaders all united by a common purpose: to make disability inclusion a non-negotiable reality across India.

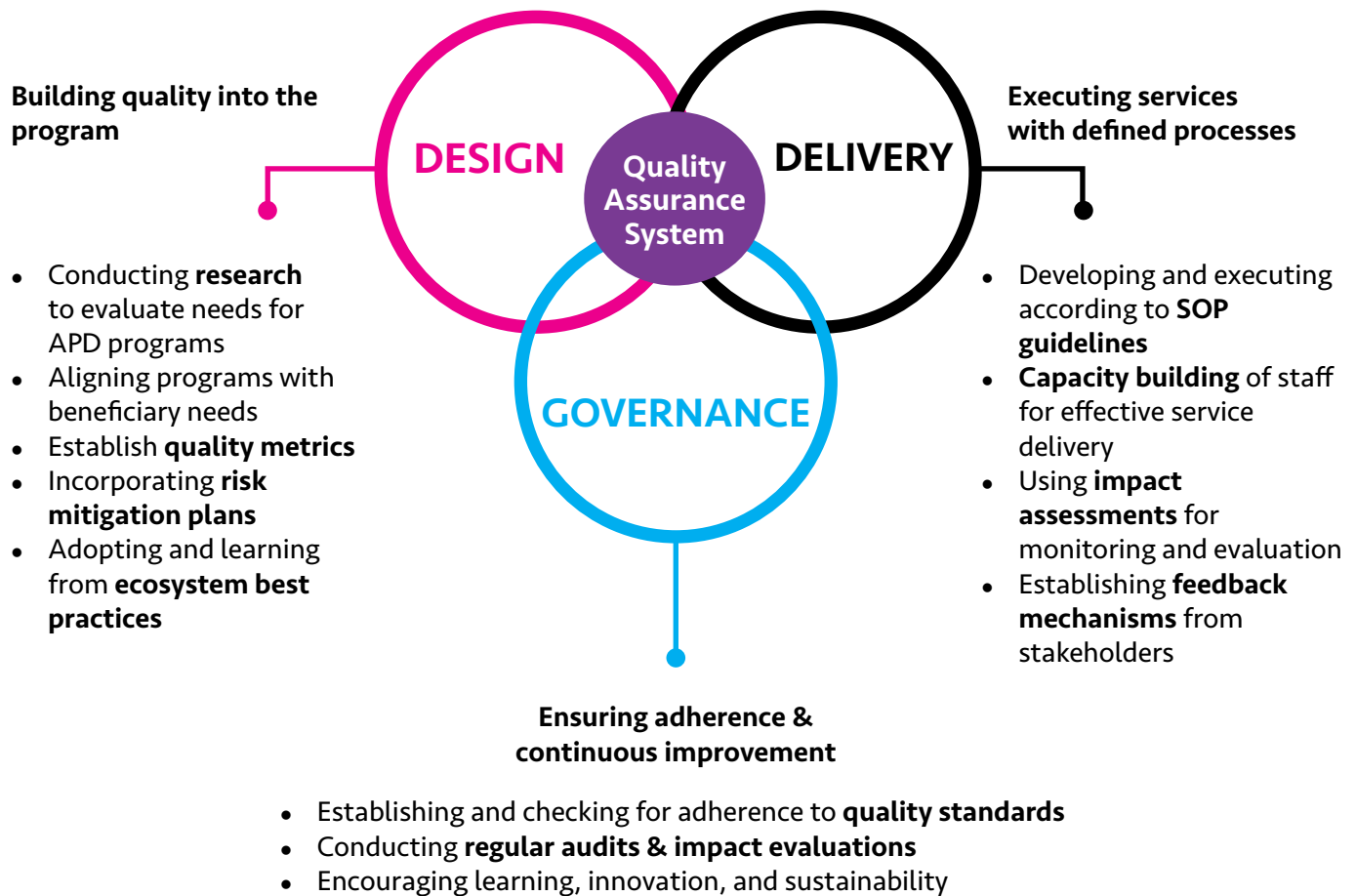
Over the next three years, we will strengthen and equip 200 NGOs across 7 states, enabling them to become champions of inclusion in their regions. Through deep capacity-building, contextual technical support, and co-designed programs, these organizations will drive transformation across critical domains early intervention, rehabilitation, mental health, livelihoods, and policy advocacy.

Together, we will co-create and scale models that are rooted in local wisdom and global best practices. This growing network will serve as a backbone for cross-sectoral learning, amplify the voice of the disability sector, and ensure that no person with a disability is left behind, no matter how remote the village or how complex the challenge.

This is more than a partnership model. It is a movement—to reimagine development through the lens of inclusion, dignity, and justice.”

4. Quality assurance system

An effective quality system ensures the **design, delivery, and governance** of its programs and services are well performed to create the intended impact for its target beneficiaries.



HOW WE ENSURE QUALITY

At the Association of People with Disability (APD), quality is embedded into every layer of our strategy and operations. We ensure this through a robust **Monitoring, Evaluation, Accountability, and Learning (MEAL)** framework, strategic planning, and data-driven decision-making. MEAL is central to how we stay transparent, adapt quickly, and demonstrate impact in the lives of people with disabilities. Our approach includes:

- **Defined Outcomes and Targets:** Each program and core function has clear yearly targets, enabling focused implementation and measurable results.

- **Results-Based Management:** We adopt a results-based management approach to ensure that planning, implementation, and evaluation are all driven by clearly defined outcomes and measurable indicators, fostering accountability and learning.

- **Operational Plans:** A detailed one-year operationalization template guides every team, ensuring alignment with long-term strategy.
- **Regular Monitoring & Evaluation:** We implement structured M&E processes to track program performance, assess impact, and identify course corrections.
- **Capacity Building:** We invest in training teams on data collection, analysis, and adaptive learning to sustain quality improvements.
- **Audit, Governance & Accountability:** Program and process audits are regularly conducted, and findings are translated into actionable recommendations. Governance roles and data use protocols are clearly defined to strengthen accountability.
- **Stakeholder engagement:** Engage with beneficiaries and stakeholders through structured feedback mechanisms, to ensure their voices directly inform service quality, accountability, and program improvements.
- **Risk Management:** Anticipated risks are mitigated through proactive strategies, ensuring uninterrupted and quality service delivery.
- **Impact Assessment, Program Evaluations and Longitudinal Studies:** To deepen learning and validate impact, we will conduct Internal Evaluation studies, commission third-party evaluations across major programs and conduct longitudinal studies to understand sustained change.
- **Standard Operating Procedures (SOPs) and Codification:** All processes are documented and codified into clear SOPs to ensure consistency, efficiency, and ease of replication across programs and functions.
- **Advisory Committee Engagement:** Programmatic and governance quality is further strengthened through inputs and guidance from expert advisory committees.
- **Monthly Reviews and RAG Analysis:** Structured monthly reviews, supported by Red-Amber-Green (RAG) analysis, provide timely insights on progress, risks, and areas requiring urgent attention.

How We Create Impact

APD drives lasting change for persons with disability through a **comprehensive and systemic approach** that combines program implementation, technical expertise, capacity building, and policy advocacy.

Our Four Interconnected Impact Pathways:



Program Implementation

We deliver holistic services across the disability life cycle — early intervention, education, rehabilitation, mental health, assistive devices, and livelihoods — reaching communities through both institutional and community-based models.



Knowledge & Capacity Building

We equip families, caregivers, government workers, and disability professionals with the skills and tools needed to deliver inclusive services — from grass-roots training to institutional capacity development.



Policy Advocacy & Government Engagement

We work with local, state, and national governments to embed disability inclusion into main-stream programs, influence policy, and scale proven models through systemic partnerships.



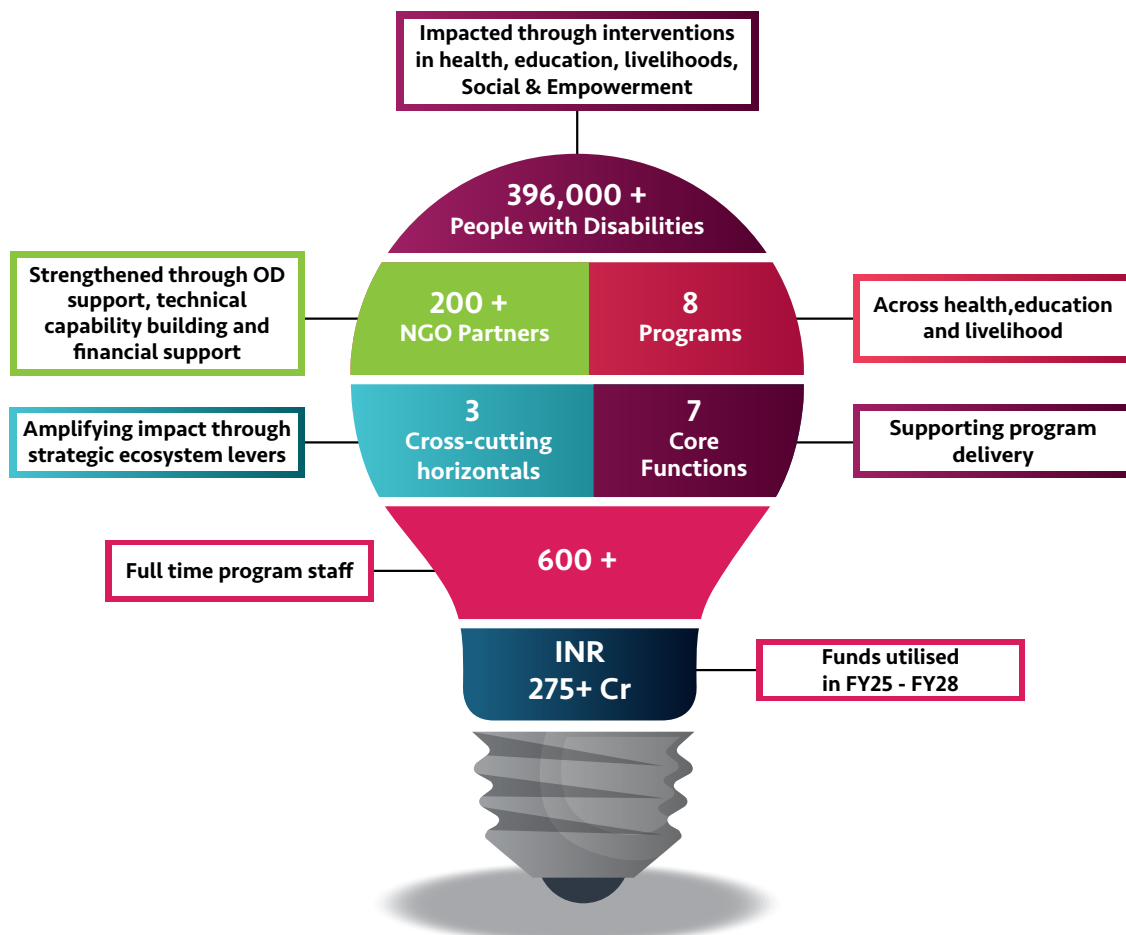
Research, Innovation & Data-Driven Decision Making

Through strong MEAL systems, we monitor outcomes, generate insights, and adapt our work for continuous improvement. We also innovate with inclusive technology and user-centered design.

Together, these pathways enable us to address root causes, build inclusive systems, and improve the quality of life for persons with disability — at scale and with sustainability.



Projected Organisation Overview Strategy Cycle 2025-2028



Planned Growth Strategy (2025–2028)

1. Geographic & Programmatic Scale

- 7+ states and underserved districts
- Life Cycle Approach in 25 blocks across 7 districts
- Target: Reach over 1.8 million People by 2028

2. Human Resource Expansion

- HR strength to grow from 423 (2024–25) to 620 (2027–28) — 47% increase (Full time)
- Leadership pipeline and second-line capacity building emphasized

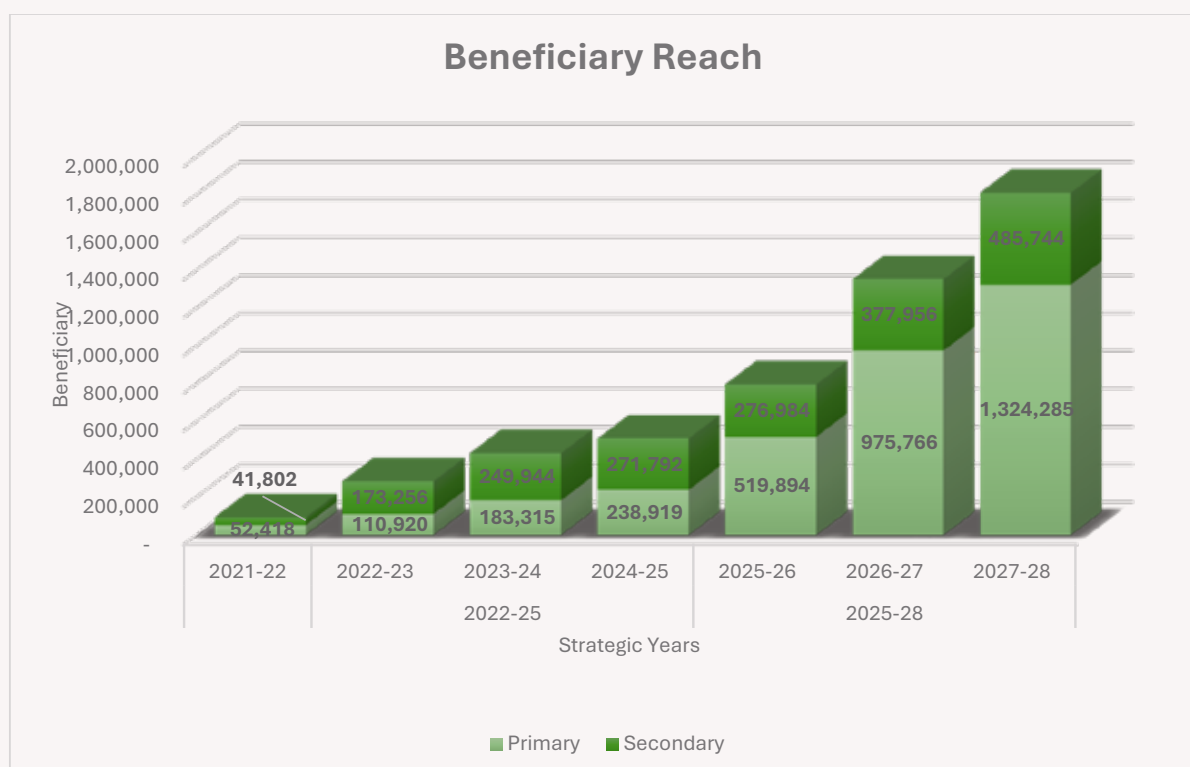
3. Partnerships

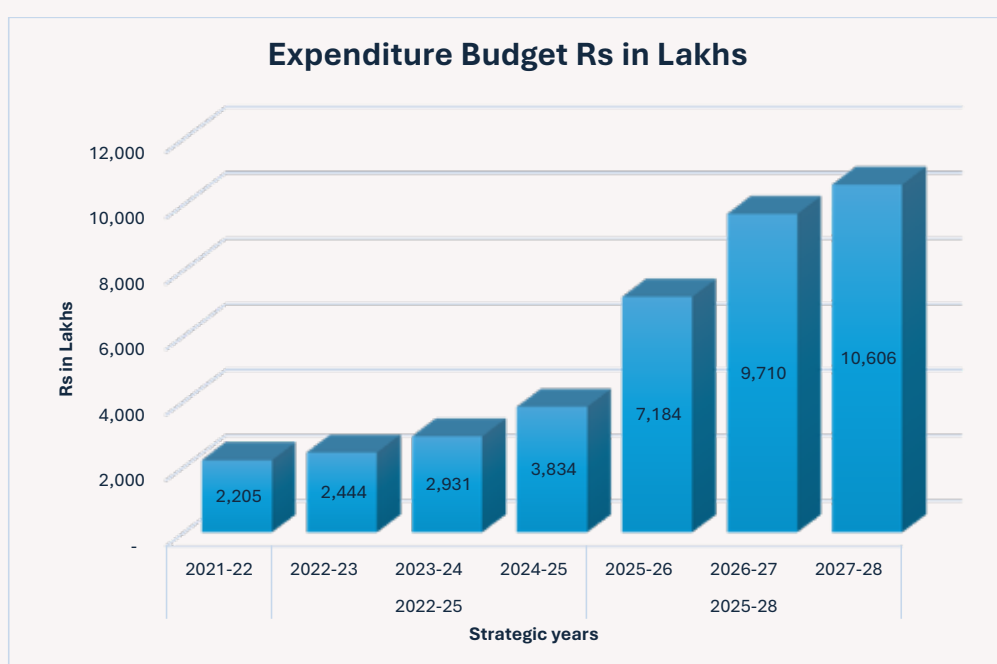
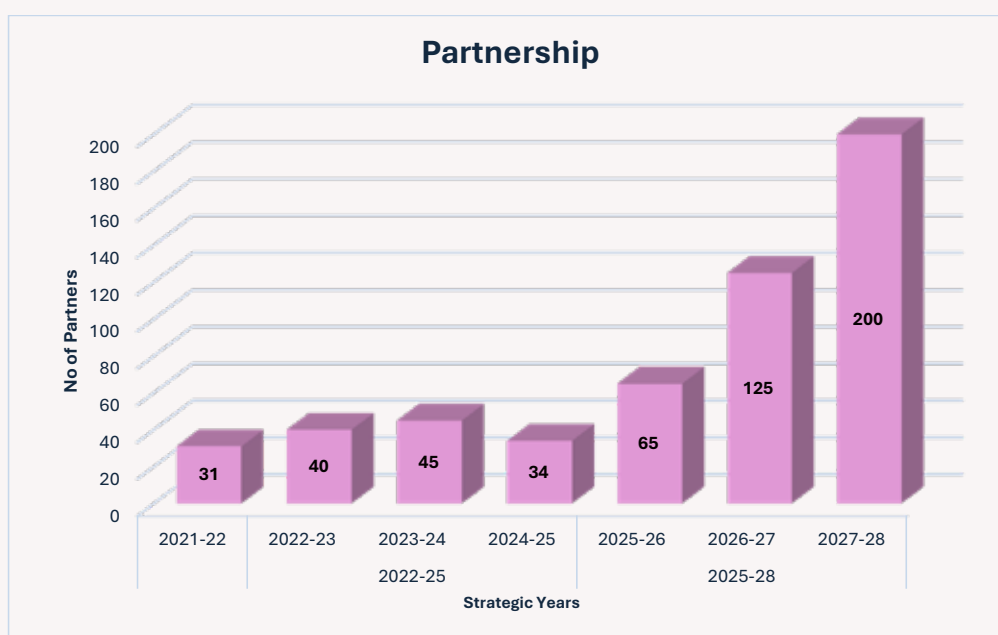
- Grow from 34 partners in 2024–25 to 200+ NGOs in 7 states by 2027–28
- Focus on technical partnerships, capacity building, and co-delivery

4. Sector Leadership

- Flagship program for national impact
- Increased third-party evaluations, policy advocacy, and thought leadership outputs

Growth Trends Overview (2022–2028)





Early Intervention (EI)

Cradle To School



OUR GOAL

Children (0–8 years) with developmental delays from socioeconomically disadvantaged backgrounds attain improved developmental outcomes through timely, accessible, and affordable early identification, intervention, education & community inclusion.

HOW WE CREATE IMPACT

NEW INITIATIVES

Social Registry-Based Targeting - (State Based Model)

Impact is enhanced through the creation and use of a Social Registry that enables early identification of at-risk children by leveraging community data and health worker inputs. This ensures that children with developmental delays are not missed and allows for timely, targeted interventions.

Digital Rehabilitation Platform – (Market based Model)

Through digital tools and applications, caregivers and frontline workers are guided in real-time on Milestone development, play based interventions, and referrals. This ensures early identification & Expert guidance, especially in rural or remote settings, and enables monitoring of child progress.

Residential Care Support (Direct Model)

For children with severe disabilities or in crisis situations, short-term residential care is provided. This supports intensive intervention, social protection, and transitional planning, ensuring no child is left behind due to family or community constraints.

SCALE

APD uses a transdisciplinary delivery model: (Direct model)

EI services (assessment, therapy, parental guidance) are provided by APD's own staff at centres and community-based locations.

Mother As A Therapist Approach (MAATA) (Direct model)

Mothers and primary caregivers are trained to deliver therapy at home, making rehabilitation continuous and contextual. This builds sustainability, empowers families, and ensures that therapy is not limited to centre visits.

Partner model:

APD builds capacity of NGOs, schools, and health centres to replicate EI interventions across geographies, multiplying reach and embedding the model within local systems.





OUR MILESTONE FOR 2025-28

8.1 lakh individuals sensitized through awareness and advocacy campaigns, promoting early identification and inclusion of children with developmental delays.

5 lakh children screened across Karnataka and Maharashtra to ensure timely detection of developmental delays.

25,000+ children with developmental delays receive comprehensive early intervention services, resulting in improved cognitive, motor, and social-emotional development.

50,000+ caregivers and frontline workers (including Anganwadi, ASHA, and healthcare staff) trained to deliver and support early intervention at the grassroots level.

Partnerships established with government departments (WCD, Health, Education) and NGOs to embed early intervention into existing health and education systems.

Active policy advocacy driving systemic change for early identification, inclusive rehabilitation, and increased public sector accountability.

Inclusive Education (IE)

Nurturing Inclusion, Empowering Learning and Living



OUR GOAL

To enable children with special needs (CwSNs) in Karnataka to access and stay in inclusive education systems, with a focus on functional independence, learning enhancement, and long-term inclusion through collaborative engagement with government and school systems.

HOW WE CREATE IMPACT

NEW INITIATIVES

Policy Research & Evaluation (State Based Model)

Informs systemic improvements and policy advocacy through evidence.

Toll-Free Helpline: (Market Based Model)

Provides real-time guidance to stakeholders for inclusive teaching challenges.

Teacher Training Institutes (Market Based Model)

Mainstreams inclusive education into teacher preparation programs.

SCALE

SIS Model School (Direct Model)

Demonstrates best practices in inclusive education to replicate across government schools.

Strengthening (School Readiness Centers) SRC (Direct Model)

Builds School readiness centers for sustainable support to children and teachers.

Capacity Building of BIERT(Direct Model)

Empowers block-level inclusive education resource teachers for grassroots support.

Supporting NIOS Enrollment (Direct Model)

Offers alternative academic pathways for children unable to cope with mainstream curriculum.

Enabling Inclusivity in Government Schools (Direct Model)

Facilitates accessible infrastructure and inclusive pedagogy.





OUR MILESTONE FOR 2025-28

21,000+ children with disabilities supported in accessing inclusive education.

6,300 school professionals (teachers, HMs, etc.) trained in inclusive teaching methodologies.

1,500+ schools are supported with physical and pedagogical accessibility.

95% retention rate aimed at CwSNs enrolled through the program. Expansion to 7 new districts, in addition to existing geographies.

Livelihood

Dignity Begins with an Opportunity Crafting Careers,
Changing Lives



OUR GOAL

To build an inclusive employment ecosystem where persons with disabilities (PwDs) achieve economic independence, dignity, and sustainable livelihoods.

HOW WE CREATE IMPACT

NEW INITIATIVES

Day Scholar Employment Led Trainings (ELT) – Partners (Market based model)

Collaborate with local and national training partners to deliver market-aligned skill training for day scholars, increasing reach and cost-efficiency.

Day Scholar ELT –(Direct Model)

APD conducts in-house skill development programs for PwDs commuting daily, ensuring tailored support, accessibility, and alignment to industry needs.

Dedicated Placement Cell – (Direct Model)

A focused unit that ensures job matching, employer engagement, pre-placement training, and post-placement support for sustainable employment outcomes.

SCALE

Residential ELT – (Partner Model)

Leverage residential skilling partnerships for youth from remote/rural regions, offering immersive, inclusive training environments with boarding.

Residential ELT – (Direct Model)

Operate APD's own residential training centers to provide structured and holistic skill development with personal growth, discipline, and readiness for employment.

Entrepreneurship Development Program –(Direct Model)

Train and mentor PwDs to become micro-entrepreneurs with support in ideation, financial literacy, market access, and linking to credit or grants.





OUR MILESTONE FOR 2025-28

19,000 youth with disabilities skilled and placed/self-employed.

80%+ placement rate across all market-relevant training tracks.

Expansion to 4 new states and rural belts.

100+ inclusive employer partnerships established.

30% enrolment in female youth with disabilities accessing livelihood programs

Spinal Cord Injury Rehabilitation (SCIR)

Cot To Community



OUR GOAL

To enhance the quality of life for people with spinal cord injuries (PwSCI) by ensuring timely, affordable, and holistic rehabilitation services, promoting their physical independence, mental well-being, and socioeconomic reintegration through both institutional and community models.

HOW WE CREATE IMPACT

NEW INITIATIVES

Policy – SCI Database (State Based Model)

Build a central database for persons with SCI to strengthen tracking, referrals, and policy advocacy.

SCI Network (Market based model)

Establish DPOs at the district level, paving the way for a unified state-level federation.

SCALE

Community-Based Rehab – (Direct Model)

Deliver rehab services at home for rural PwSCI through APD field teams, reducing the need for institutional visits.

Community-Based Rehab – (Partner Model)

Deliver rehab services at community level through home visit, camps for rural PwSCI through APD field teams, reducing the need for institutional visits.

Digital Rehab – SCIR App, Tele rehab (Market Based Model)

Leverage technology for remote follow-ups, therapy sessions, education, and progress tracking through an app-based platform.

Para Sports Centre –(Direct Model)

Promote physical well-being, confidence, and inclusion through adaptive sports and fitness training.

Peer Trainer Model – (Direct Model)

Train SCI alumni as community-based mentors and trainers to provide motivation, basic rehab, and peer support.

Institution-Based Rehab – (Direct Model)

Operate APD's in-house residential rehab center offering intensive multi-disciplinary care.

Institution-Based Rehab – (Partner Model)

Support and standardize partner institutions to deliver quality SCI rehab across regions.





OUR MILESTONES FOR 2025-28 – SCIR

| | | | |
|--|--|---|---|
| <p>15,000+ PwSCI to be reached with comprehensive rehabilitation services (residential, outpatient, and community-based).</p> | <p>95% functional independence targeted for those completing residential rehabilitation.</p> | <p>12,000+ caregivers trained in essential SCI care and home management practices.</p> | <p>300+ mobility aids and assistive devices customized and distributed.</p> |
| <p>70% of rehabilitated individuals linked to livelihood or vocational pathways.</p> | <p>Expansion of community-based rehab to 5+ new districts, of Maharashtra, through Partners in Tamil Nadu, Andhra Pradesh</p> | <p>Integration with 10+ public hospitals or government health facilities for early referral and follow-up systems.</p> | <p>Establish 1 national-level model SCI unit showcasing APD's holistic rehab approach.</p> |

Community Mental Health (CMHP)

Supporting Minds, Strengthening Communities.



OUR GOAL

To build community-based, inclusive, and sustainable mental health systems that enable early identification, accessible psychosocial support, and dignified reintegration of persons with mental illness (PwMI) through direct and partner-led interventions.

HOW WE CREATE IMPACT – CMHP Approaches

NEW INITIATIVES

Policy Advocacy at the State Level (State Based Model)

Influence mental health policy by showcasing grassroots models, engaging state departments, and pushing for inclusion of mental health in public health delivery systems.

Community Driven Care Model (Market Based Model)

A community-driven care model that trains and empowers local volunteers to identify, support, and refer PwMI, reducing stigma and increasing early access.

SCALE

CMHP (Direct Model)

APD-led implementation offering field-level screening, counseling, rehabilitation, family support, and reintegration services across identified geographies.

CMHP (Partner Model)

Strengthen NGOs and CBOs through capacity-building, knowledge transfer, and joint implementation to scale CMHP across rural and urban areas.

OUR MILESTONE FOR 2025–28

| | | |
|--|---|--|
| 50,000+ PwMI supported through direct and partner models across Karnataka. | 1,500 community volunteers trained under Atmiyata and other peer models. | 80% of identified PwMI show improvement in psychosocial functioning through continuous follow-up and rehab. |
| 4+ districts onboarded under the state-level CMHP partnership framework. | 2 policy briefs and 1 model replication guide submitted to state health authorities. | Partner with 6+ grass- roots NGOs to expand the CMHP footprint in low-resource areas. |

Institute of Disability, Rehabilitation & Research (IDRR)

Building Competence, Bridging Gaps in
Disability and Rehabilitation



OUR GOAL

To address the critical shortage of skilled rehabilitation professionals and promote evidence-based, inclusive rehabilitation practices by developing a robust ecosystem for training, research, and systemic capacity building across India.

HOW WE CREATE IMPACT – IDRR Approaches

SCALE

Sensitisation (Market Based Model)

Conduct awareness and advocacy initiatives for medical and non-medical professionals, caregivers, and institutions to build inclusive mindsets and remove stigma.

Centre of Excellence (CoE) and Knowledge (Market Based Model)

Establish a Centre of Excellence for Disability and Rehabilitation offering applied research, data systems, documentation, and policy guidance to improve sector knowledge.

Strengthening HR Capacity (Direct Model)

Train and certify rehabilitation professionals (PTs, OTs, CBR workers) with practical, community-aligned skills in early intervention, SCI, mental health, and more.

Skill Resource Enhancement (Direct Model)

Develop and standardize training modules and toolkits, integrate with academic institutions, and create a cadre of master trainers across thematic areas.







OUR MILESTONE FOR 2025–28

22,000+ rehabilitation professionals trained across disability verticals.

10+ training modules developed and deployed in collaboration with academic partners.

1 Centre of Excellence established as a hub for knowledge, research, and resource dissemination.

30+ sensitization events/workshops conducted across states.

Partnerships with 15+ institutions (colleges, NGOs, hospitals) to mainstream rehab education.

Publication of 2–3 sector whitepapers/ research briefs to influence policy and practice.

Multidisciplinary Rehabilitation

Accessible Rehabilitation, Limitless Possibilities



OUR GOAL

To enhance inclusive rehabilitation access, improve service reach, and influence systemic change through evidence-led policy engagement, decentralized service delivery, and mobile rehabilitation.

HOW WE CREATE IMPACT

NEW INITIATIVES

Policy Research – “Rehab for ALL” Vision: (State based model)

Shape disability-inclusive rehabilitation policy through research and intersectoral advocacy.

SCALE

Expand OPDs Reach through Outreach & Digital Tools (Market Based & Direct Model)

Increase community-level access to rehab services through partnerships and hybrid models.

Rehab on Wheels (Market Based & Direct Model)

Provide doorstep multidisciplinary rehab services to underserved and immobile populations.

OUR MILESTONE FOR 2025–28

Operational expansion to underserved areas via
Rehab on Wheels &
satellite OPDs

32,100 individuals with disabilities and painful conditions will receive comprehensive rehabilitation services

Partnerships with
10+ hospitals, PHCs,
and local NGOs for shared service delivery



Policy Advocacy

Driving policy change to ensure rights



OUR GOAL

Build strong networks and collaborations with government to improve state policies and systems, ensuring better services for people with disabilities and scaling effective programs across the state.

HOW WE CREATE IMPACT

NEW INITIATIVES

National Representation (Direct Model)

Establish APD’s presence in New Delhi to participate in national-level dialogues and influence disability and rehabilitation policies through collaboration with central ministries and Urban Development.

SCALE

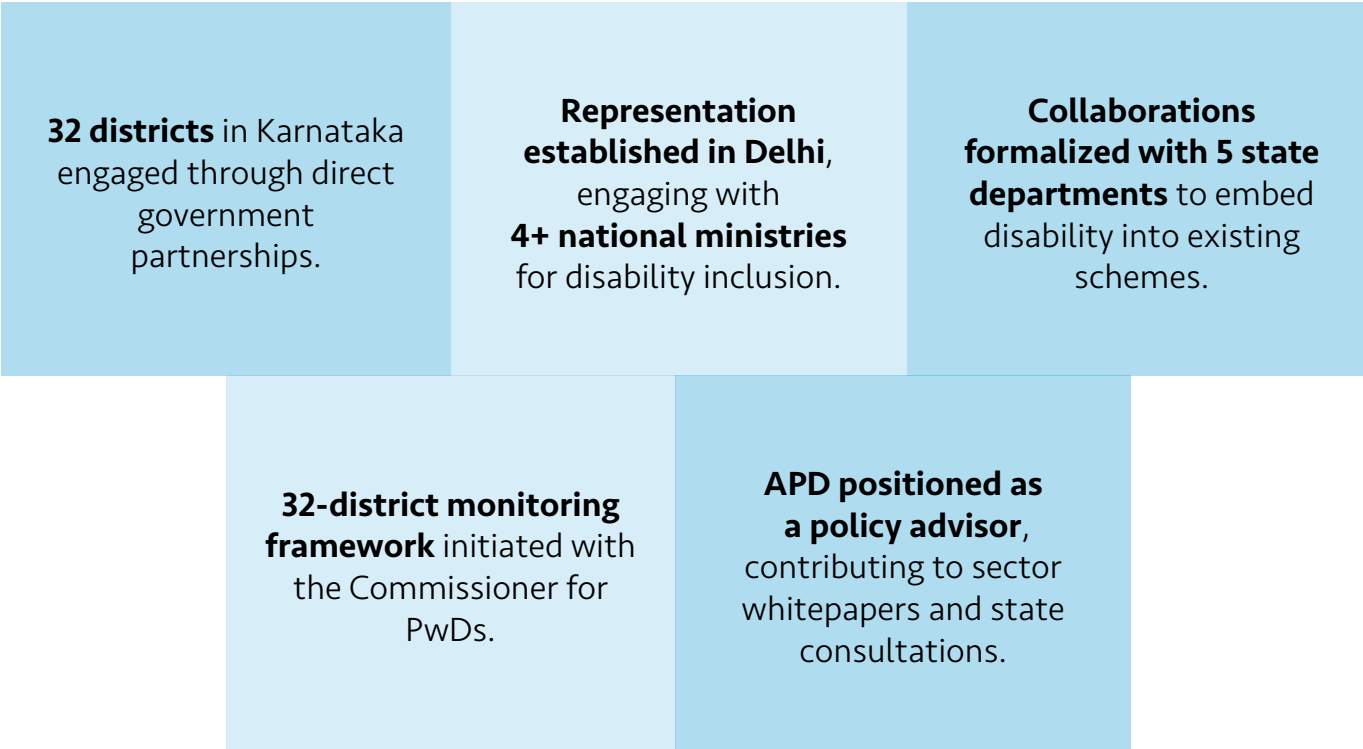
Government Collaboration: (Direct Model)

Engage with key government departments (Health, Women & Child Development, Urban Development, Rural Development and Panchayat Raj and Education) across Karnataka to influence & integrate disability-inclusive practices and policies into mainstream programs and services.

Engagement with Disability Commissioners: (Direct Model)

Partner with the State Commissioner for Persons with Disabilities to co-monitor implementation of the RPWD Act, ensuring policy compliance, grievance redressal, and systemic accountability across all 32 districts.

OUR MILESTONE FOR 2025–28



Life Cycle Approach (LCA)

Inclusion at Every Stage of Life Pilots Moving to Scale



OUR GOAL

The Life Cycle Approach (LCA) is APD's integrated model designed to support persons with disabilities from early childhood through adulthood. It brings together health, education, livelihoods, and social support systems to ensure continuous, age-appropriate care and inclusion.

WHERE WE WORK

Between 2025–28, APD will implement LCA in 7 districts across Karnataka—Yadgir, Belagavi, Raichur, Kalaburagi, and Bengaluru Urban—covering 25 blocks. These include large-scale models in Yadgir and Belagavi and mini pilots in other districts.

HOW WE WORK

LCA engages not just individuals with disabilities, but also parents, caregivers, schools, anganwadis, PHCs, and local governance—creating a strong, community-driven ecosystem of inclusion.

OUR MILESTONE FOR 2025–28

25 blocks across 7 districts engaged with structured LCA implementation.

Comprehensive government and community convergence, including anganwadis, schools, taluk hospitals, PHCs, and local leadership.

A replicable, field-tested model that informs **APD's larger ambition** for systems change in disability services.



Yes to Access (YTA)

Accessible Today, Inclusive Tomorrow



OUR GOAL

To create an inclusive, barrier-free environment where the built infrastructure, transportation systems, and digital platforms fully address and respond to the diverse needs of persons with disabilities

HOW WE CREATE IMPACT – YTA APPROACHES

Technology for Inclusion

We continuously evolve YTA's digital platforms—including the accessibility app and resource portal—to support engagement, audits, and action. By iterating app versions and launching a centralized YTA website, we make accessibility data and tools easily available to stakeholders and citizens alike.

Digital Accessibility Advocacy

Through audits and curriculum development, YTA promotes digital inclusion by ensuring that public websites meet accessibility standards. Our approach combines technical evaluations with awareness campaigns and educational content to influence institutional digital practices.

Barrier-Free Built Environments

We create a growing repository of accessibility data through large-scale, crowd-sourced audits. This feeds into design recommendations and policy advocacy to improve access in public buildings and infrastructure across cities and districts.

Accessible Transport Systems

YTA partners with transport authorities to conduct accessibility audits at transit terminals and build government capacity for inclusive transport design. By combining data, dialogue, and systems engagement, we shape more inclusive mobility for all.





OUR MILESTONE FOR 2025-28

2,500 transport hubs like bus and metro stations audited for accessibility.

600+ websites reviewed to make digital platforms more user-friendly for persons with disabilities.

90,000+ public space audits completed with community support.

Upgraded **YTA app** and new website launched to report and track accessibility issues.

Annual government consultations to promote inclusive planning.

A **growing volunteer network** to drive access awareness and change

How we progress

1. Fundraising

Fundraising is a strategic pillar for APD, essential to driving transformative programs and policy change for people with disabilities. Over the next three years, APD aims to mobilize ₹275 crores by expanding its national footprint through three regional hubs and cultivating a diverse portfolio of funding streams—including CSR, institutional donors, individual giving, events, and innovative channels like crowdfunding and the Social Stock Exchange.

This growth will be underpinned by:

- **Flagship campaigns** with compelling, evidence-based narratives tailored to donors' motivation, community, urgency, convenience, and passion.
- **Retail fundraising at scale**, enabled by robust digital systems, hyperlocal outreach, and an upgraded donor experience through platforms like Salesforce.
- **Data-driven storytelling**, offering clear linkages between donor contributions and tangible outcomes.
- **Sustainable systems and talent**, with investments in skilled personnel, marketing strategies, and donor engagement infrastructure to build long-term financial resilience.

APD's fundraising approach is not just about revenue—it's about unlocking empathy, enabling partnerships, and fueling a nationwide movement for disability inclusion.

2. Communications

APD's communication and marketing strategy is focused on strengthening the organization's visibility and engagement through impactful storytelling, robust branding, and targeted outreach. Over the next three years, the strategy aims to enhance brand recognition within the disability sector, increase engagement among donors, volunteers, and stakeholders, and improve both internal and external communications. Key initiatives include implementing a structured communication plan, expanding digital engagement through optimized social media and personalized content, and leveraging AI-driven insights to boost reach and accessibility. The approach also emphasizes establishing APD as a thought leader in disability inclusion via large-scale advocacy campaigns, strategic media partnerships, and community-driven storytelling. Outputs will include regular impact stories, high-quality videos, creative campaigns, and branded materials, all designed to build trust, inspire action, and position APD at the forefront of disability advocacy in India.

3. Administration & Operations

APD's administration strategy is dedicated to creating and sustaining an inclusive, accessible, and safe environment for all individuals, ensuring that every aspect of operations aligns with the needs of people with disabilities and stakeholders. Over the next three years, the focus will be on achieving 100% inclusivity and accessibility across all campuses, implementing standardized operating procedures (SOPs), and ensuring full compliance with local, state, and national regulations, including fire and safety standards. Key initiatives include infrastructure expansion, such as the

construction of a sewage treatment plant, acquisition of new land for growth, and ongoing renovations. The strategy also emphasizes robust procurement practices, digitization of administrative processes, and the adoption of new technologies like procurement tools and CCTV security systems. By prioritizing compliance, safety, and operational excellence, APD's administration will enable the organization's mission and support its growth and impact nationwide.

4. Information Technology (IT)

APD IT department is dedicated to spearheading a comprehensive digital transformation across all program initiatives, harnessing technology to amplify operational efficiency, decision-making, and service delivery. This transformation encompasses the development of program-level applications, integration of siloed systems into a unified platform with single sign-on capabilities, and implementation of a robust communication platform. Additionally, we will deploy an AI-infused clinical management solution, a donor management system, a beneficiary management system, and a volunteer management system to enhance relationships, engagement, and program effectiveness. A School ERP system will be implemented for our disabled children school, incorporating Student Information Systems and other relevant modules. Furthermore, we will establish a Business Intelligence framework to provide data-driven insights, enabling informed decision-making and strategic planning. To ensure seamless support, an effective helpdesk and helpline will be implemented. Underpinning these initiatives will be a comprehensive infrastructure modernization, ensuring scalability, security, and reliability. By achieving these objectives, we aim to transform our organization into a state-of-the-art, technology-driven entity that leverages digital innovation to deliver exceptional services and outcomes for people with disabilities, driving measurable impact and supporting our strategic goals within the allocated budget.

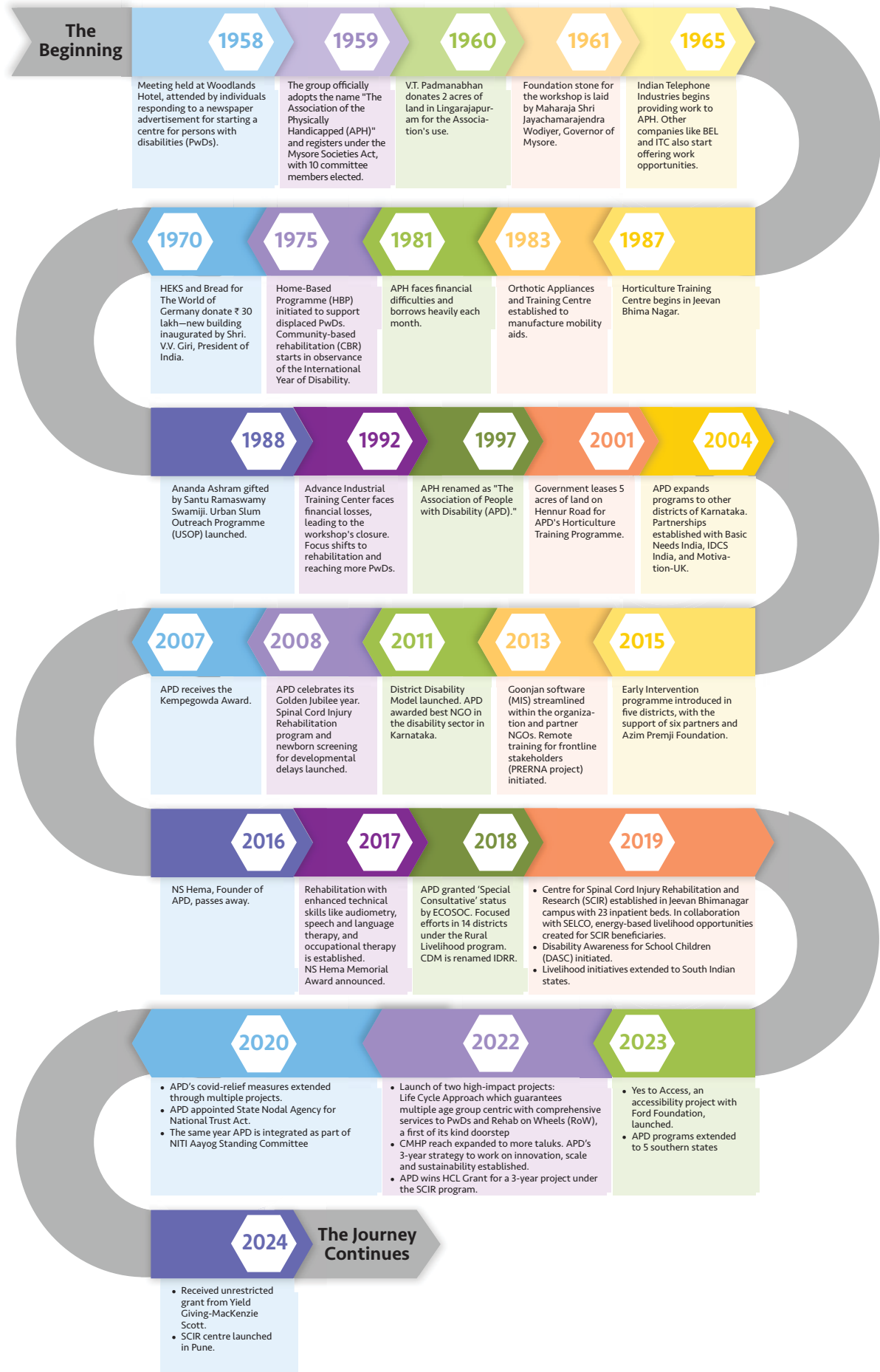
5. Finance & Compliance

APD is committed to ensuring that all financial decisions are strategically aligned with its vision, mission, and programmatic priorities. We maintain a strong oversight of investment plans and ensure expenditure remains within approved budgets. Robust systems are in place to uphold FCRA, tax, and regulatory compliance, reinforcing APD's commitment to legal and ethical standards. Transparency and accountability remain central to our operations, with timely, detailed reporting that builds and sustains donor trust. Continued investments in staff capacity, financial systems, and internal controls ensure effective governance, sound documentation, and rigorous audit practices.

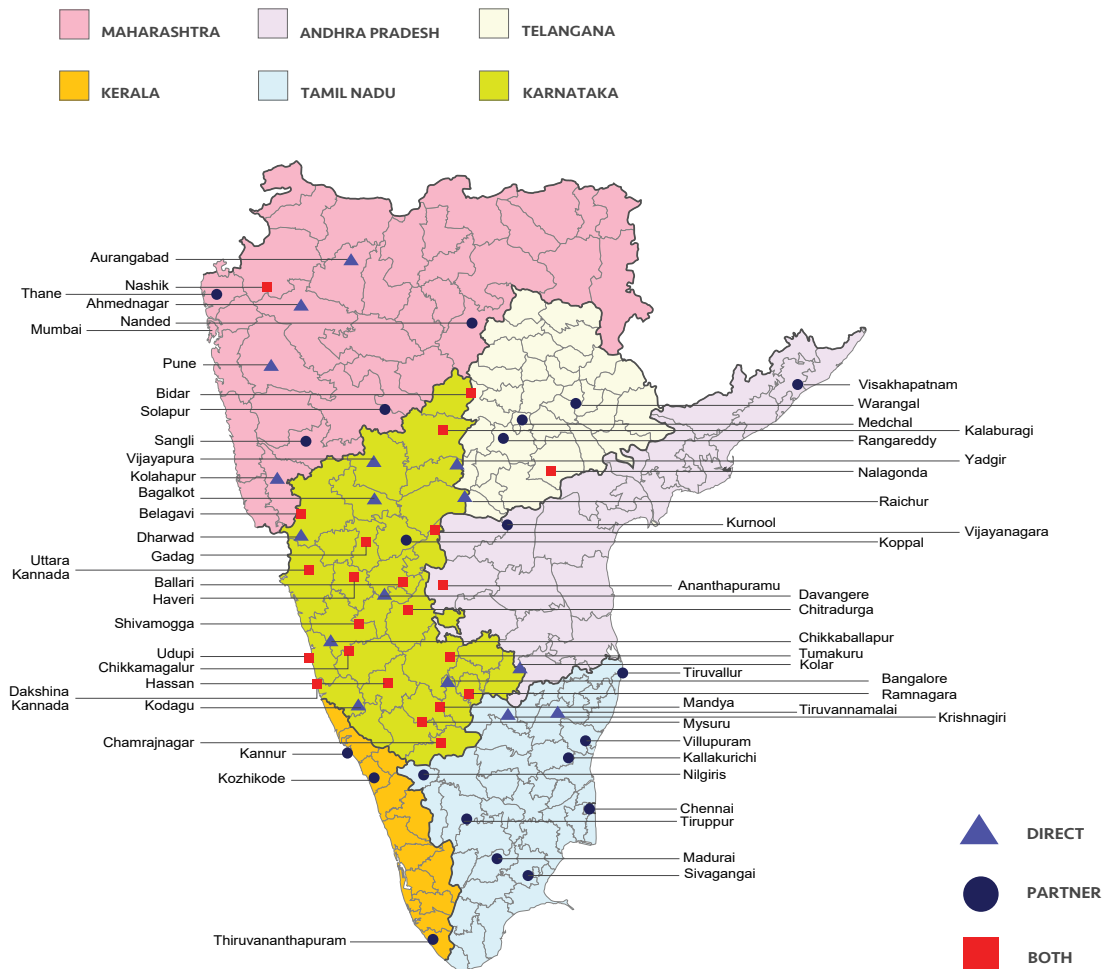
6. Human Resources

The Human Resource (HR) department is focused on building a skilled, motivated, and high-performing workforce to drive the organization's strategic objectives. Over the next year, HR will implement targeted initiatives to enhance talent acquisition, development, and retention, as outlined in the detailed core function plans. Key priorities include streamlining recruitment processes, fostering employee growth through training programs, and strengthening workplace engagement. These efforts aim to create a supportive and dynamic organizational culture that aligns with the mission and long-term vision, ensuring sustainable success.

APD Journey



APD Program Locations



APD - Horticulture Training Centre
LIC Colony, HAL, 9th B Main Road,
HAL 3rd Stage, Jeevan Bima Nagar,
9th A Main Rd, Bengaluru – 560 075.
Karnataka
Phone: 080-2528 8672

APD - Haveri
Near Kadli Hospital and Beside Sanje
Dange Hospital, Ashwini Nagara,
2nd Cross, Haveri – 581 110. Karnataka
Mobile: 7026639537 / 9964966046

APD - Raichur
Opposite Siddarth School, Near
Muneer Mazed Ashapur Road,
Raichur – 584 140.
Mobile: 99013 65004

APD - Kyalasanahalli
Doddagubbi Road, Kothanur Post,
Kyalasanahalli, Near Dattatreya
Temple, Bengaluru – 560 049.
Karnataka
Phone: 080-2547 5165, 2548 9594

APD - Rannebennur
Om Hospital, Medleri Road, Ashok
Nagara, 3rd Cross,
Rannebennur – 581 115. Karnataka
Phone: 99804 45405

APD - Chitradurga
BRC Office Behind, BEO Office Old
Middle School Ground,
Chitradurga – 577 001. Karnataka
Mobile: 90667 43163

APD - Belagavi
House No- 1598, 1st Main, Sectors-08
Anjaneya Nagar, Landmark Near Indira
Canteen Dairy Road, Belagavi – 590 016.
Karnataka
Mobile: 95357 34456

APD - Mysore
House # 8, 1st Stage 4th Main Road,
5th Cross Near Mahaveer School,
Brindavana Badavane, Mysore – 570 020.
Karnataka
Mobile: 97402 76775

APD - Anand Ashrama, Srinivaspur
Kamathampalli-Village
Thadigol -Post, Srinivaspur-Taluk
Kolar – 563 135. Karnataka
Mobile: 81971 70594

APD - Yadgir
#5-1-231/21-8-B
Near Kadlur Petrol Pump, Laxmi
Nagar, Yadgir – 585 202. Karnataka
Mobile: 99454 13020

APD - Kalaburgi
KHB Plot No-34, Shivashakti Nilaya,
Near KSRTC depot-4, Shantinagar,
Kalaburgi – 585 103. Karnataka
Mobile: 95358 51671

APD - Pune, Maharashtra
Centre for Spinal Cord Injury
Rehabilitation & Research
No. 1/0029, Manjari Wagholi Road,
Malwadi, Manjari Khurd, Revenue
limits of Tehsil Haveli, Pune,
Maharashtra – 412 307.
Mobile: 87922 59639

Statutory Information

Organization GST number 29AAATT1921H1Z1

Registered under the Mysore Societies Act
No. III of 1904 vide number S 2179/59-60
Dated 20/05/1959

Office of Registrar of Companies,
Ministry of Corporate Affairs,
CSR number - CSR00001544

NGO PAN Number - AAATT1921H

Registered with Ministry of Home Affairs,
Govt. of India, under FCRA 1976,
vide number 94420100

Registered under Section 80G of The
Income Tax Act 1961 vide number
AAATT1921HF20214

Registered under Section 12A of The
Income Tax Act 1961 vide number
AAATT1921HE20214

NGO Darpan number -
KA/2015/0087359

Our Auditor
R.K. Khanna & Associates
Chartered Accountants
1305, Brigade Towers,
135, Brigade Road,
Bangalore - 560 025



CHAMPIONS OF DISABILITY LEADERSHIP

in www.linkedin.com/company/apd-india | www.instagram.com/apd_india

www.x.com/APD_India | www.facebook.com/APDIndia.org | www.apd-india.org

THE ASSOCIATION OF PEOPLE WITH DISABILITY

6th Cross, Hutchins Road, Off. Hennur Road, Lingarajapuram, St. Thomas Town Post,
Bangalore - 560 084. Tel: +91 80 2547 5165 | 2548 9594 | Email: contact@apd-india.org



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