



**India**



**MANDATE**

In India, HI aims to ensure disability issues are systematically taken into consideration in development actions especially in remote areas as well as in emergency response (floods and cyclones, mostly).

**SITUATION**

Located in South Asia, India is an emerging world power with a flourishing economy. However, 30% of its population still lives below the poverty line and major economic and social disparities exist between its different states.<sup>1</sup> Some states are particularly strongly affected by situations of internal conflict and natural disasters.

The official estimates of people with disabilities in India, put the figure around 2.21% of the population at the beginning of the new millennium.<sup>2</sup>

However estimates vary, the World Bank Report mentioned that the population of people living with disabilities is between 5 and 8 % (around 55 to 90 million individuals) of the Indian population.<sup>3</sup> The poorest segments of the population are the worst affected due to their limited access to care, education and employment. They are victims of discrimination and exclusion of care systems. For these populations, disability only serves to fuel poverty and social exclusion. The key factors contributing to the rise in the number of people with disabilities in India are mainly a poor diet<sup>4</sup>, disadvantaged living and working conditions, limited access to health care, a lack of sanitation and hygiene, a restricted access to information, and the presence of internal conflicts in some areas. The risk of early forms of disability and do not have access to adequate health care is enhanced in the communities, especially in rural areas of central and eastern states. In addition, there is, in India, many forms of discrimination and social exclusion, particularly with regard to people from lower castes, tribal areas and/or rural remote. People with disabilities are victims of double discrimination' and are not informed about available social support systems. Moreover, women, little valued, are facing of injustice situation in services and employment access. Natural disasters such as drought, hurricanes, flooding and landslides are a constant and acute threat in India, with the poorest states worst affected. The most vulnerable populations are the worst affected by natural disasters, especially people with disabilities

**INITIAL ACTIONS**

HI launched its first operation in India in 1988, providing technical support to a community-based rehabilitation centre in Pondicherry, southern India. After launching an emergency response to the Gujarat earthquake in 2001, the organisation developed a more permanent structure in India and has gone on to develop public health services and disability-related projects in the region.

**KEY DATA**

Human development index (HDI)**	131/188 classified countries HDI value: 0.624
Gross National Income per capita ** (PPA\$)	5,663 \$
Surface area**	3,287,260 sq.km
Population*	1.311.050.527
Life expectancy***	68 years
Sex ratio****	940 females /1000 males

<b>Convention on the Rights of Person with Disabilities (CRPD)</b>	Ratified 01/10/2007
<b>Convention on cluster munitions (Oslo)</b>	Not joined
<b>Mine ban treaty (Ottawa)</b>	Not joined

\*\*\* UNSD 2015

\*\*\*\* <http://censusindia.gov.in/>

**STAFF**

- National staff: 9
- Expatriate staff: 1

<sup>1</sup> Report of the expert group to review the methodology for measurement of poverty, Government of India Planning Commission (June, 2014)

[http://planningcommission.nic.in/reports/genrep/pov\\_rep0707.pdf](http://planningcommission.nic.in/reports/genrep/pov_rep0707.pdf)

<sup>2</sup> C-Series, Table C-20, Census of India 2001 and 2011 <http://censusindia.gov.in/>

<sup>3</sup> People with Disabilities in India: From Commitments to Outcomes, World Bank (July 2009)

<sup>4</sup> Reduce the number of malnourished children is a real challenge in India. According to the source UN Millennium Development Goals Report 2014, the situation of malnourished children has evolved from 53.5% of children in 1990 to 46% in 2005. It is estimated that malnutrition could decline by 2015, reaching 40% percentage that remains far from the expected outcome (28.6%)



## Improving post-crisis access to physical and rehabilitation

### GOAL

The project will provide rehabilitation services to persons with impairments and disabilities, including persons with disabling impairments resulting from injuries sustained during the 2016 conflict.

### METHOD

HI has been working in Jammu and Kashmir since 2009 with She Hope Society. Our collaboration has centred on improving access to physical rehabilitation services, through the development of rehabilitation services in remote localities, building technical rehabilitation capacities, including for the provision of prosthetics and orthotics, and on-going efforts to improve service delivery quality. In 2015, HI and She Hope Society have been working with the organisation Human Effort for Love and Peace (HELP) Foundation on community-based risk reduction education related to conventional weapons in conflict-affected areas. In response to the escalation of violence in July 2016, HI and HDC supported tertiary and district hospitals by deploying physical rehabilitation teams and providing mobility aids, as well as materials for eye care and wound care.

The project centres on various types of intervention:

- Support the delivery of physical and functional rehabilitation services with therapists, prosthetic and orthotic materials, assistive devices and therapeutic equipment.
- Support the creation of mobility and activities of daily living training unit for persons with visual impairments.
- Organise identification, assessment, treatment and follow-up sessions with persons with disabilities or with physical and visual impairments.
- Provide support to extremely vulnerable persons with disabilities for access to welfare entitlements, health services, schooling, individual or family counselling and home modifications or other social services or support as required.
- Prepare a situation analysis of services and referral systems for physical and vision rehabilitation in the Kashmir Division and organise workshop with service providers, NGOs and state actors and policy makers, to review the findings.
- Training and support to few local development non-governmental organisations, their local staff, frontline health workers and teachers to develop capacities as a disability and vulnerability focal points.

### TYPE OF INTERVENTION

Directly with populations:	
Service or care: No	Distribution: No

Through partners:		
Technical support: Yes (technical training program and institutional support)	Donation of equipment: Yes (donation of orthopaedic devices and mobility aids)	Financial support: Yes (direct financial support to the HR structure of the partner)

### BENEFICIARIES

#### Direct beneficiaries

- 470 persons with physical impairments or disabilities
- 60 persons with vision impairment
- 50 staff of four local development NGOs

#### Indirect beneficiaries

- Approximately 2500 members of households of 530 users of rehabilitation services

### PARTNERS

- She Hope Society (SHS)
- Voluntary Medicare Society (VMS)

### LOCATION

This project is implementing in the State of Jammu and Kashmir, in three districts of Kashmir region (Srinagar, Kupwara and Baramulla)

### FINANCING

Financing secured until :	31/12/2017
Extension (subject to funding) for another year at least :	yes



## Advocating for change for persons with disabilities in South East Asia – Phase II

### GOAL

Enhance and support the effective participation of persons with disabilities in governance mechanisms at national and community level. The project aims to strengthen disabled people’s organization to promote the rights of persons with disabilities through evidence-based advocacy, by improving access to rights for persons with disabilities as per the Convention on the right on persons with disabilities.

### METHOD

HI proposed to work with existing DPOs at local and district level as well as working with state level actors for inclusion of persons with disabilities:

- Workshops and trainings for DPOs to build capacities on simple problem analysis tools, organizational development and pragmatic needs;
- Set up methodology for collection of good practices and train DPOs on this method
- Development of modules and production of materials for advocacy and awareness raising messages;
- Develop organizational skills and fostering the capacity of DPOs to conduct awareness-raising and advocacy activities;

### INTERVENTION TYPE

Directly with populations	
Service or care : no	Distribution : no

Through partners		
Technical support : yes	Donation of equipment : no	Financial support : yes

### BENEFICIARIES

- Approximately 54 450 people with disabilities and 217 800 family members and care givers;
- 10 representatives of the local NGO EKTA;
- 30 representatives of 10 DPOs;
- 60 government stakeholders, public/private service providers;
- The general population will also be aware of the enhanced accessibility to social services;

### PARTNERS

- EKTA Koraput

### LOCATION

Odisha State: Koraput district; Rayagda district; Khordha district

### FINANCING

Financing secured until :	30/09/2017
Extension (subject to funding) for another year at least :	Yes

## MAIN FUNDING BODIES

 <p>THE GOVERNMENT OF THE GRAND DUCHY OF LUXEMBOURG <i>Ministry of Foreign and European Affairs</i></p> <p>Directorate for Development Cooperation and Humanitarian Affairs</p>	 <p>BMZ Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung</p>
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