

# **RURAL LIVELIHOOD**

#### SOCIO ECONOMIC EMPOWERMENT FOR PERSONS WITH DISABILITIES

September 2022 - May 2023



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# **Table of Contents**

Abbreviations	 01
About Sol's ARC	 02
The Problem	 03
Need	 04
Solution	 05
Project Jivanan	 07

# **ABBREVIATIONS**

- ATMA = Agricultural Technology Management Agency
- **BPL = Below Poverty Line**
- PWD = Persons with Disability
- NDDB= National Dairy Development Board
- NRLM= National Rural Livelihood Mission
- SRLM= State Rural Livelihood Mission
- UDID = Unique Disability Identification card

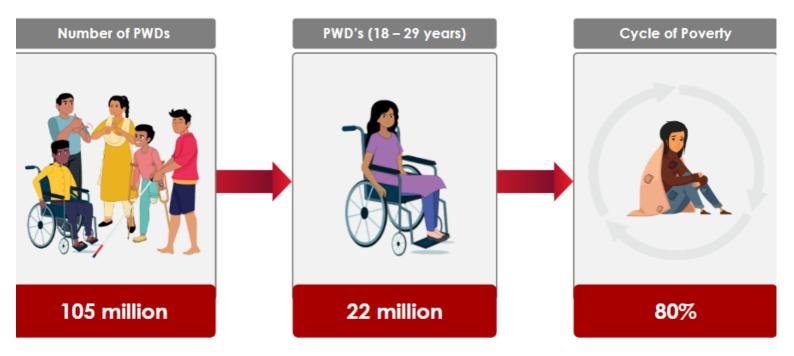
# About Sol's ARC

Sol's ARC is a registered non-profit organization established in 2003, under the Charitable Trust Act of Mumbai. Sol's ARC adopts a lifespan approach works in the space of inclusive education and livelihood solutions to ensure Every child Learns, Every Adult Earns. Our pedagogy and tech-based tools enable systemic change to achieve better learning outcomes, which are scalable and deployed through partnerships with governments, NGOs, and multilateral and bilateral agencies. Our urban employment and rural livelihood model ensures socio economic empowerment of people with disabilities through access to social security schemes, aids and appliances and livelihood opportunities.

Our interventions are implemented through various critical partnerships with some of India's leading NGOs like Educate Girls, Teach for India, Akanksha to name a few. We work through a systemic transformation model with three state Governments, Madhya Pradesh, Nagaland and Tamil Nadu and reach to over 4 million children and young adults through our programs.

# Problem

As per Census 2011, 69% of the PWDs reside in rural India i.e. 105 million PWD's live in rural India today. Disability limits access to education and employment, and leads to economic and social exclusion. Current research indicates that it is not the impairment of disabled people but inequitable access to education, employment, health care, social and legal systems that push them into extreme poverty (UN, 2011). The current interventions for rural employment for PWD's are mostly migrant based and while there are instances of some successful non-migrant livelihood models, none of them so far have been replicable, scalable or systemic in nature.



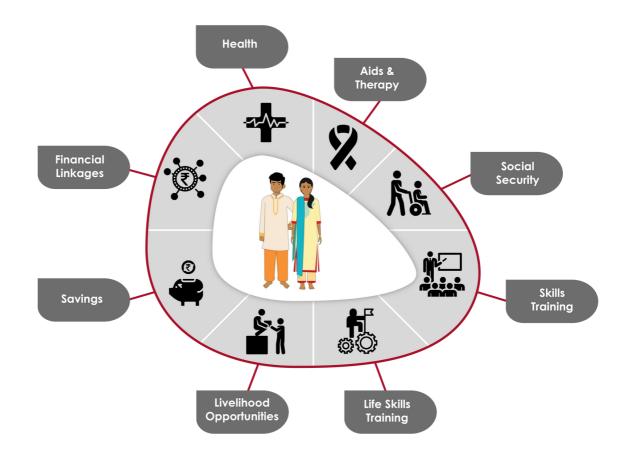
# NEED

people with disabilities can and want All to be productive members of society. Promoting more inclusive societies and livelihood opportunities for people with disabilities requires improved access to basic education, vocational training relevant to labor needs. interests, and abilities, market with adaptations as needed, access to support services, and access to social entitlements. There are several livelihood schemes and programs by the run Government in rural areas however, Persons with Disabilities remain excluded from With most. currently no solutions due to very limited integration of this population in the rural development programs 90% of them remain unproductive and dependent all their lives.

There is an urgent need to create a mainstream systemic solution that addresses rural livelihood for Persons with Disabilities and enables them to break the cycle of poverty.

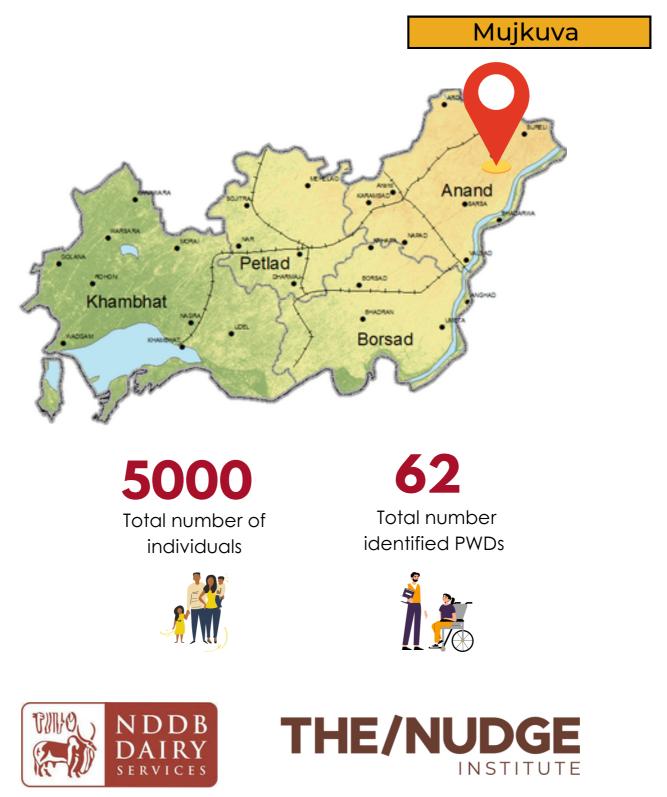
# Solution

Based on extensive secondary research, visits to poverty elevation programs, consultation with multiple experts, technical assistance from National Dairy Development Board (NDDB) and support from The Nudge incubation program, Sol's ARC designed a model for rural livelihood targeted at poverty elevation to enable Socio Economic empowerment for Persons with Disabilities.



# PROJECT OVERVIEW

The pilot project for rural livelihood was designed in partnership with National Dairy Development Board (NDDB) in their model village Mujkuva in Anand, Gujarat.



#### **Technical partners**

# **MUJKUVA PROJECT**

#### **Project Objectives-**

The objective of this pilot was to build and test the rural livelihood model to and take the learnings from them to start building a replicable and systemic model that can be scaled from a village to district to state.

#### **Expected Project Outcomes**

**50%** PWD with receive disability certificate and identity documents

eligible PWD will have access to any 2 Government Scheme

50%

50% **PWD** households mobilized into Self help groups

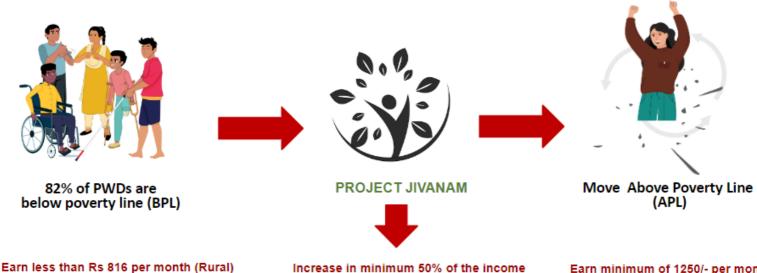
## 50%

PWDs will receive access to funds through SHG (revolving fund, bank loans etc.)

## 40%

PWD with improved income level by minimum Rs 15000 annually

#### Expected change in Beneficiary's life (BPL)



Increase in minimum 50% of the income

Earn minimum of 1250/- per month

\*Please note this amount is only for PWDs in BPL ; for others the target will be to double the current income

# MUJKUVA PROJECT

**Our Model-** Our project is currently directly implemented in Mujkuva village in Anand district with 60 identified PWDs which focuses on increasing access to identity documents, schemes, health services ,aids and appliances livelihood opportunities leading to social and economic empowerment.

#### Key activities-

1. **Survey and Identification of PWDs-** This activity focused on identification of PWD's through survey of 1200 households in Mujkawa village.

2. Access to Identity documents: This activity consisted of enabling opening bank accounts, Aadhar Cards, BPL card.

3. Access to Disability Certificates & UDID- This consisted of updating disability certificates through camps or hospital visits and UDID (Unique Disability ID).

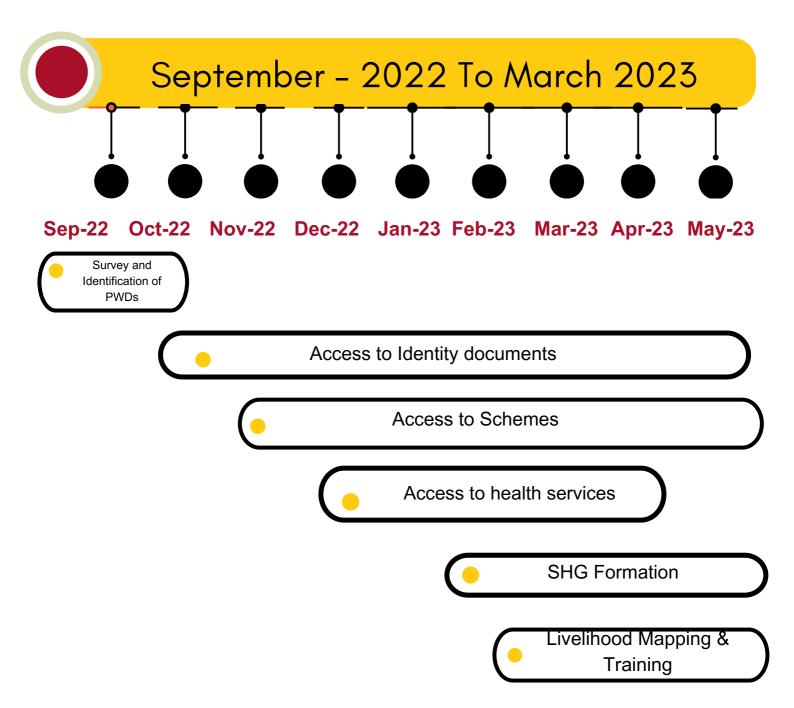
3. **Access to schemes** - This consisted of mapping and enabling Government schemes for eligible PWDs.

4. Access to health services - This activity consisted of arranging and facilitating health checkups for PWDs.

5. **SHG Formation**: Formation of Self-help groups(SHG) for women under SRLM and men under ATMA for increasing savings and loan facilitation through these groups.

6. Access to Livelihood: This activity includes extensive livelihood mapping at village level, PWD mapping to appropriate opportunities and livelihood training and support.

# **Timeline of the Project**



## SURVEY AND IDENTIFICATION OF PWDS

# **Key activities**



Meetings with Panchayat Pramukh & Asha Workers



Mapping of households



Door to door survey



Compilation of data



Data analysis



TESTIMONIAL

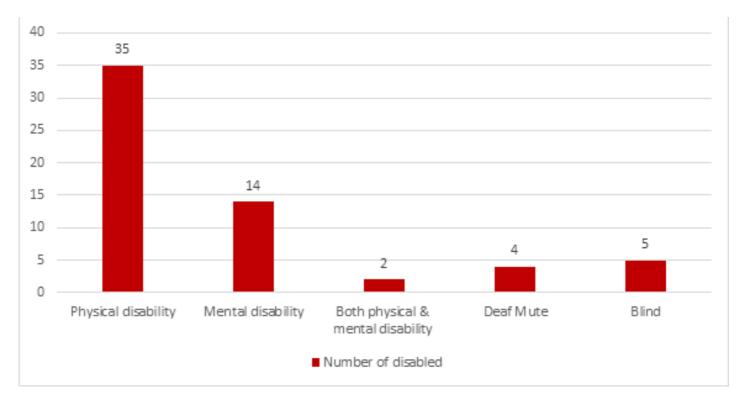
No one ever came to our village for enquiry or to even ask about our children who have a disability till today. Parent of Vipul Bhai ,an 18 year PWD

1200 Number of households

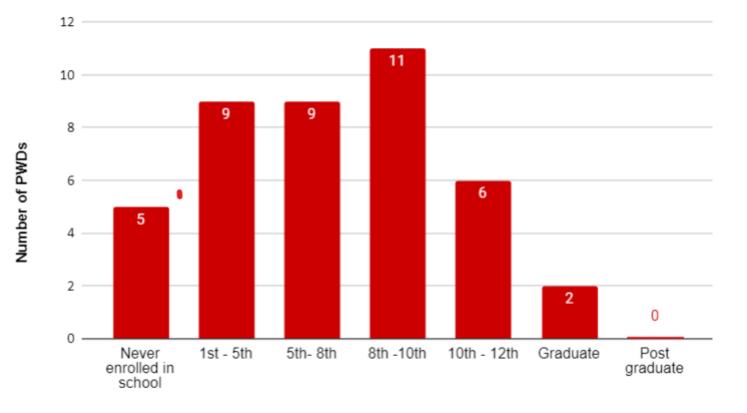
62 Number of PWDs identified

55 Number of PWD households

### SURVEY AND IDENTIFICATION OF PWDS- DATA

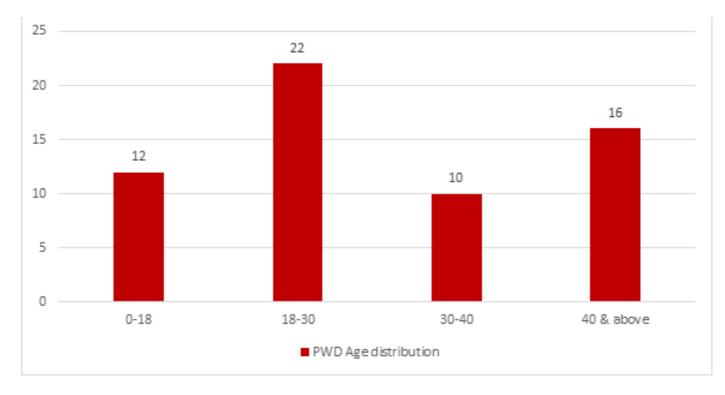


#### **Disability wise Distribution**

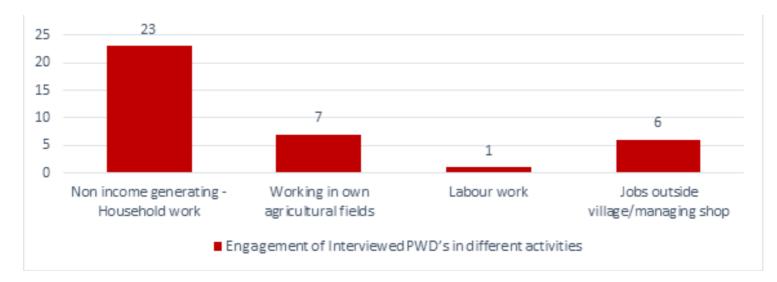


#### **Education wise Distribution**

### SURVEY AND IDENTIFICATION OF PWDS- DATA



#### Age wise Distribution



Engagement of PWDs in Livelihood activities

## ACCESS TO IDENTITY DOCUMENTS

# **Key activities**



Identification and orientation of Bank Sakhi



Identification of available documents for each PWD



Collection of documents from each household



Biometric verification of identified PWDs



Application process facilitation with Bank Sakhi



Follow up with Bank Sakhi

100%

PWDs got BPL scorecard **72%** 

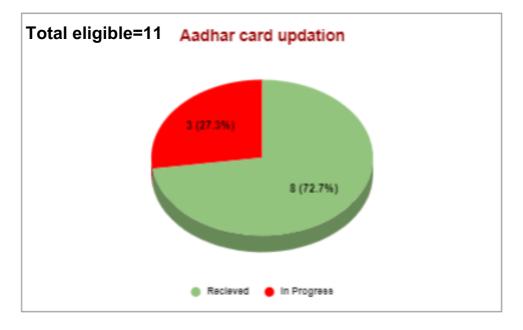
Aadhar card updation of eligible PWDs **57%** 

Bank account opening of Eligible PWDs

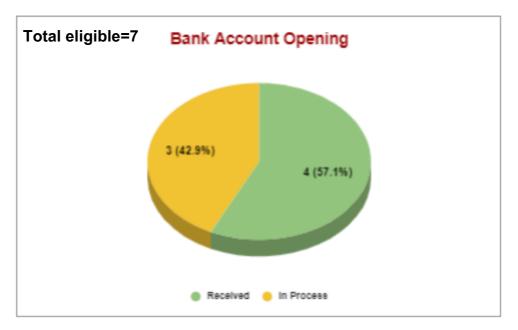
#### TESTIMONIAL

Shailesh is an orphan and lost both his parents by suicide, the scheme will help him and his brother to get some financial help for their future. -Shailesh's uncle who is now taking care of him

### **ACCESS TO IDENTITY DOCUMENTS**







### **ACCESS TO DISABILITY CERTIFICATE & UDID CARD**

### Key activities



Data collection of Disability certification and UDID Status- Not present, outdated, current



Visit to Government Hospital to arrange for disability certification



**Registration on UDID** portal



Facilitation of disability assessment through group camps to hospital



Follow ups on completion of assessments



Follow up on **Disability certificate** and UDID card

42%

of eligible PWDs **Certificate** 



#### **TESTIMONIAL**

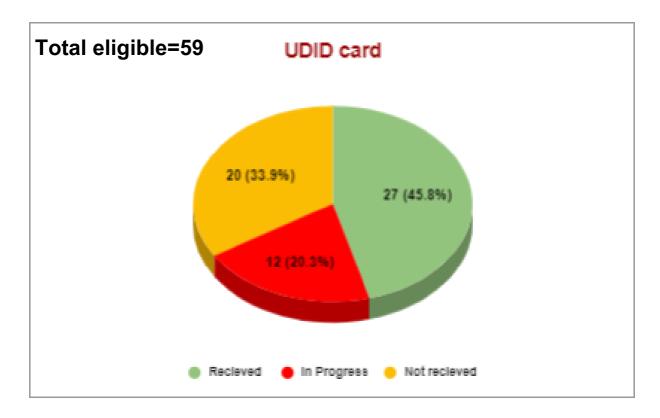
" I am thankful that I have got both my renewed disability certificate as well as UDID card " -Vikram Bhai Padiyar, a PWD



of eligible got Disability PWDs got UDID card

### ACCESS TO DISABILITY CERTIFICATE & UDID CARD





## **ACCESS TO SCHEMES**

# Key activities



Visit to respective departments to understand process for scheme access



Identification of existing available schemes



Mapping of schemes to **PWDs** 



Collection of documents form eligible PWDs



Application to schemes



Follow up for scheme access

30

for Schemes

PWDs Applied PWDs received Schemes in Bus Pass

16



" Bus pass will help me in grocery business as well as travelling for panchayat and village level meetings as part of FPO. J -Jayant Bhai, A PWD

**Process** 

16

4

## **ACCESS TO HEALTH SERVICES**

# **Key activities**



Meetings with village health centre for health checkup



Meeting with NGO's to support disability assessments



Permissions from panchayat for organising health camp



Mobilisation of PWDs for heath camps



Support in conducting health camp

#### **TESTIMONIAL**

"

These are necessary interventions and will help them to know about medical health progress of Hemoglobin, Blood pressure and take necessary steps with regards to health -NDDB Chairperson during the health camp

# 30

**PWDs who** attended health camp

8

**Nutrition** supplements provided



Recommended further **evaluations** 

### **SHG FORMATION & FACILITATION**

# **Key activities**



Meetings with SRLM & ATMA for facilitation of SHGs



Visits to PWDs for enrolling them in SHGs



Creation of SHG groups based on gender and location



Completion of enrolment in SHGs



Facilitation of SHG Group meetings



Orientation & Training in Panchsutra Principles TESTIMONIAL

SHG meetings will act as a window for Kokila to go outside, she will interact will people and it will boost her confidence . Sister of Kokilaben, an identified PWD who has no social interaction outside home

5

SHGs formed **40** 

PWDs who are part of SHG **Rs 900** 

Savings in the 1st month of SHG formation

## **ACCESS TO LIVELIHOOD**

# Key activities



Baseline of PWD livelihood activities



Preliminary livelihood mapping through PWD interviews



Identification & mapping of livelihood opportunities at village level



Selection of PWDs for Organic Kitchen Garden for increased consumption & savings



Seed Procurement & OKG trainings facilitation



Creation of livelihood modules with experts

#### **TESTIMONIAL**

" I am very interested in plantation and the OKG training will help in achieving my dream of opening my own nursery in future -Hitesh Solanki ,a PWD

mapped

**4**() Livelihood PWD & Families opportunities counselled for livelihood

28

**PWDs mobilised** for OKG farming

### KEY LEARNINGS

# **PWD Level**



PWD data of adults is not recorded institutionally nor available or represented at Panchayat level .



PWDs in rural areas have higher proportion of acquired disability due to accidents, non access health and nutrition.



Most PWDs do not possess basic identity documents or bank accounts.



Many PWDs have do not have disability certificates or used for any benefits. Most do not have UDIDs nor are aware of them.



Most PWDs do not have awareness or avail eligible Government schemes, benefits and aids appliances.



Many PWDs face health challenges due to non access to health services and nutrition intervention.

## **KEY LEARNINGS**

# **Systemic Level**



While SRLM programs have a mandate to include 5% of their beneficiaries as PWDs , the implementation on ground is completely absent.



SRLM activities on ground do not focus on forming disability specific or disability inclusive SHGs.



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### WAY FORWARD



While the NRLM policies are inclusive on paper there is a complete lack of inclusion of PWDs in on-ground implementation. These issues are systemic and cannot be solved at an individual level and needs a systemic transformation model which will create a sustainable solution.

Sol's ARC will thus work parallel with both PWDs at individual level and with Government at systemic level to build a holistic and sustainable model that can be replicated from individual level to village level to district level which will finally lead to state transformation.

With the lives of over **2.2 crore young adults with disabilities** at stake an urgent solution that can be scaled across the country is the need of the hour.

