INDIA: Tamil Nadu Empowerment and Poverty Reduction Project

Addressing Disability among Rural Poor

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Tamil Nadu State and Project context

- 72 million population, 2.8% with disability
- Industrialized state, second largest economy, progressive public sector
- Rural poverty characterized by agricultural labor, high inequality, low skills, weak access to credit and markets

Project
- 26 districts, 120 blocks
- 4,174 villages (33% of state)
- 970,000 target households
- Total IDA: US$ 274 million
Project Development Objective

To empower the poor and enhance their livelihoods through:

• Development of community level institutions;

• Enhancement of skills and capacities of the poor (especially women, youth, differently-abled and the vulnerable); and

• Financing of demand-driven investments related to livelihoods for the target poor.
Addressing Disability – Context

Limited progress in addressing disability due to:

• Poorly staffed public health institutions, indifferent provider attitudes and limited capacity for identification and certification
• Entrenched societal attitudes and stigma, economic and social exclusion of People with Disability (PwD)
• Low awareness among providers, communities, care givers and PwD themselves
• Poor rural outreach and physical inaccessibility of health facilities/services and financial barriers to treatment
Addressing Disability – Mobilization

Targeting
• Awareness generation on causes, signs and symptoms, treatment and rehabilitation
• Information dissemination on vulnerability of PwD irrespective of social and economic status, especially women and girls
• Participatory Identification of Poor for increasing sensitivity of caregivers and community, and identification of people with physical and mental disability

Inclusion
• Membership in existing or special affinity groups to improve societal acceptance, exposure to treatment and rehabilitation options, and access to financial support
• Bridging the gap between PwDs, care givers and service providers
• Increasing access to existing public sector programs, informing and influencing their design and delivery
Awareness Raising
Cultural Teams
Addressing Disability – Interventions

Screening and certification

• Disability assessment camps with a team of Doctors organized by the project with support from Disability Resource Agencies
• Certification based on “Persons with Disability Act 1995” and “National Trust Act of 1999” – extent of 40% or more of specified disabilities as certified by a Recognized medical authority and issuance of Disability Identity Cards

Support

• Referrals to public, private and NGO sector hospitals for corrective surgeries, aids and appliances, treatment and rehabilitation
• Individual assistance for consumption, medical needs, and livelihood activities.
• Initiatives for skill training, employment opportunities, and productive economic activities
Medical Camp
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<tr>
<th>Organisation</th>
<th>Nature of Service extended</th>
<th>Outcome</th>
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| Primary Education                    | Technical and handholding support to integrate differently abled children into schools.  | • School Inclusion  
• Special educational services in Day Care Center  
• Aids and appliances  
• Teaching learning materials |
| District Differently abled Rehabilitation Office | The special rehabilitation programs implemented by the State and Central Government pertaining to differently abled persons. | • Nationalized disability ID cards  
• Maintenance Grants for severely disabled person  
• Educational assistance  
• Aids and Appliance  
• Social security measures - travelling concession, marriage assistance |
| District Rural Development Agency    | 3 % reservation in all poverty alleviation programs implemented by the department such as giving revolving fund to credit rated SHGs and financial assistance to initiate livelihood activities. | • Jobs fairs  
• NREGA Job Cards  
• Subsidiary funds allocation for developmental programs  
• Health insurance |
| TAHDCO                               | 3 % fund allocation to SC differently abled persons availing livelihood assistance and revolving fund for the groups. | • Housing allocation.  
• Skill training and livelihood programs.  
• Subsidiary loan for developmental activities |
| National Trust                       | Central Government program being implemented for the welfare of Severe disabled persons. | • Guardianship certificate  
• Nirmaya Health Insurance scheme |
| Service providing organizations      | Skills training, rehabilitation supports such as medical, education etc.                    | • Ensuring appropriate entitlements and assistances as needed |
Implementation Arrangements

**Project**
- 1 Specialist
- 2 Junior Specialist
- 1 DPM
- 1 APM
- 1 Facilitator (SM)
- 1 CDF per VPRC

**Community Institution**
- District CBO Federation
- Block CBO Federation
- VPRC Community Professional

**External Agency**
- Regional Resource Agency/Block Disability Facilitating Agency
- Block Mental Health professional/Physiotherapist

- State Level
- District Level
- Cluster Level
- Village Level
Addressing Disability - Achievements

• Community level disability professionals for ongoing support - 3,974
• Identification of differently abled persons - 159,453
• Issuance of Disability ID cards - 148,402

Social Safety Nets

• 47,441 Physical handicap Pensions
• 15,849 Maintenance Grants
• 71,936 MNREGA job cards
• 75,846 Old Age pensions
• 42,440 Aids and Appliances

Inclusion into CBOs – 13,285 Special groups

Linkages to Financial Institutions – 9,001 Special groups

Individual financial assistance to 1,01,910 PwDs
PHRD Mental Disability Project

Development Objective - “To improve the participation of persons with mental disability in community activities including access to livelihoods”

Key features

• Exclusive focus on persons with mental disabilities including mental illness and intellectual disability building on TNEPRP’s successful disability strategy

• Implementation in 578 Village Panchayat of 15 Blocks in 15 Phase-I districts in 44 clusters harnessing the trust and confidence in community institutions.

• Partnership with reputable Regional Resource Agencies (RRAs)) and Block level Mental Health professionals (BMHPs) for Technical

• Creating and demonstrating community support system for subsequent follow up, convergence and linkages
Progress

- NREGA Job Cards for MI: 635
- MI disability ID cards: 475
- Inclusion into groups: 848
- Counseling support: 4051
- Hospitalization support: 5516
- Psychiatric medicine support: 3716
- MR identified: 3643
- MI identified: 1797
- CDFs appointed: 562
- Camps organized: 61
Addressing Disability - Challenges

• Expanding project outreach to the more reticent families with counseling and confidence building

• Facilitating shared understanding - sensitivity, empathy - among families and communities for recovery and rehabilitation

• Integrating Primary Health Centre functioning with the project to ensure early detection, prevention and management.

• Livelihoods support, Vocational skills and Rehabilitation Services

• Partnerships with public, private and Voluntary sectors for access to psychiatric drugs, health services, entitlements, livelihoods, legal support, long term care

• Proofing families against shock and risk to disability incidence and secondary mental health issues
Thank You!!!