Disability Inclusive Development (DID) promotes self-reliance of persons with disabilities by empowering and institutionalising the affected.

the best practice was implemented since June 2016-December 2023. I**t** belongs to the **category of s**ocio-economic empowerment. The services of DID are at community level in rural areas for perosns with disabilities and their family members and the general community.

Which problem did this best practice address?

According to the Census 2011 the population of the Aurangabad is approx. 26 Lac. Around 71750 are persons with disabilities including those affected by leprosy. Our best practice address the challenges faced by the persons with disabities and their families. Persons affected by leprosy and disabilities were most impacted by the problem.

How did the problem impact the target population?

Leprosy and disabilities have impacted the target population (all age groups) in dfferent ways including the following:

- Socioeconomic rehabilitation issues of the leprosy disabled persons.
- Stigma -self, social and family
- Discrimination, and exclusion from family, community; and government services
- Physical and mental health related issues
- Loss of employment, and poverty

While there are about 71750 PWDs including the persons disabled by leprosy, NLR India has been working with more than 4500 such affected persons. According to DPMR guidelines 2012 these problems impacted the life of Persons with disabilities.

summary of the best practice

NLR India promoted self-reliance of persons with disabilities by creating peoples' institutions like self help groups (SHGs), village and block level committees, and federations of the organizations of persons with disabilities (OPDs). It not only empowered and institutionalised the persons affected by leprosy and disabilities, but also focussed on different aspects of development including income generation of the families of persons with disabilities due to leprosy & other conditions. The project equipped the affected individuals and their instituions with information for accessing services related to health, education, livelihood and mental wellbeing.

The goal of the best practice is to achieve the goal of zero exclusion. Objectives (primary & specific) of best practice -

- Promote self-reliance of persons with disabilities by creating peoples institutions like self help groups (SHGs), village and block level committees, and federations of the organizations of persons with disabilities (OPDs).
- Increase income of families of persons with disabilities due to leprosy & other conditions.
- Equip them with information for accessing services related to health, education, livelihood and mental wellbeing

Main activities of best practice

District Aurangabad in Bihar was selected for this project because of the large number of disability cases in Aurangabad as per 2011 Census – 71,743. Approximately 700 persons were leprosy affected. Social and economic condition of the disabled people in the district needed to be enhanced. Persons with disabilities are one of the most vulnerable groups due to physical and mental challenges, stigma, discrimination, poverty, and gender related issues.

We partnered with the disability rights organization - Vihar Viklang Adhikar Manch (VVAM). This has led to good practices and achievements, and in becoming a model. MOU was signed with Vihar Viklang Adhikar Manch (VVAM) in 2016. VVAM is an organisation of persons with disabilities (OPD). The organisation is directed by a person with disability (PWD).

A team of 11 Block DID Coordinators (all are PWDs) are engaged, one person for each of the 11 total blocks of Aurangabad district. The team was trained by NLR India on community based development activities (needs assessment, awareness, plan for availing services, formation of CBOs etc).

We helped the affected persons to build their community based organisations of different forms, including their federations. There were trainings on organisational development, partnerships, community engagement and livelihood promotion, and also how to access government services to which they are entitled to. NLR played the role of facilitator with the affected in the drivers' seat.

the activities carried out from June 2016 onwards. It was carried out at District Aurangabad Bihar.

What factors were considered while designing / implementing this practice? (endemicity, local norms, culture, etc.,)"

The issues, needs and challenges were the driving factors. Lack of awareness among the people was another issue that helped us to design the DID project as need accordingly. The desire for change, and the willingness of the affected to come forward and together was a guiding factor to institutionalise them.

NLR India, VVAM , and Bihar Govt Who were the key implementers & collaborators. The tentative cost of implementing the best practice was Rs 75,84,289 for year 2023

The benefits that the best practice had on the target population

Benefits	Numbers (between June 2016-December 2023)
Government (duty bearer) staff trained on leprosy or issues related to leprosy	169
Places made accessible (by improving infrastructure) for person with disabilities:	79 Toilets 24 Water Taps 22 Ramps 33
No. of Divyang SHGs	231
Total members	3695
Total Savings of SHGs	Rs.69,28,645/-
Monthly saving and deposit by each member	Rs.50/-
Number of DPOs formed	13
Trained on organization development, advocacy, Right to information (RTI), Rights and entitlements, Rights of Persons With Disabilities (RPWD) Act, and leprosy	4016
Disability Certificate	3040

Disability Pension	2272
Grade - 2 Certificate	631
Grade - 2 Pension	503
UDID Card	2636
Ration Card	526
MNREGA Job Card	723
Railway Pass	406
Bus Pass	478
Assistive Devices	2468
SHG members doing business or other livelihood activities	1302
PWDs got temporary work in local govt activities for income generation	723
Women & adolescent girls trained in NLR mobile tailoring center	408
Persons earning form tailoring training	85
PWDs linked with vocational trainings	48

The assessment is being currently done under the guidance of technical committee chaired by the DDG, Central Leprosy Department, GoI.

What worked well? What facilitated this?

Collectivization of the PWDs, formation of SHGs, village committees, block committees etc; empowerment of the PWDs; giving voice to them; PWD friendly villagers; linkage with government schemes & services

Facilitating factors:

The plan that was formulated with involvement of the intended beneficiaries, community leaders and PRI members. The willingness of the people, support from the community leaders partnership with the government, highlights from the media, empowerment of the affected leading to their initiatives and ownership.

What did not work?

- Complete removal of myth e.g. linking disability to past sins affected their participation in DID project
- Achieving zero stigma and discrimination
- Adequate livelihood for all
- Comfortable access of services by all
- Good roads for wheel chairs and PWD access friendly government offices

Why?

- Poverty – the PWDs are very poor, many a time they are unable to access services as they don't have resources for mobility
- Adequate and timely decision, resource allocation and implementation by government departments

Districts/ blocks having high load of disability cases should replicate this model. Programmes on Lymphatic Filariasis and other diseases/ causing physical disabilities can consider replicating your best practice.

What recommendations can be made for those intending to adopt this best practice?

- Generate resources for scaling-up the operations; the need is large
- Advocacy with government, donors and other stakeholders for replication
- Work on the formation, strengthening and sustainability of the organisations of the persons with disabilities (OPDs)
- Undertake major livelihood generating initiatives
- Socila welfare, rights, gender equity and basic survival and mental health and wellbeing needs to be the drivers

Figure 1 Advocacy meeting for promoting DID

Advocacy meeting with district social welfare officer