APD's Life Cycle Approach: A Case Study of Disability Empowerment in Rural Karnataka

(Based on APD Annual Report 2024–2025)

[1]Jay Pandya, [2]Jay Kumar Joshi
[1]Research scholar, [2]Associate Professor & HOD
School of Business and Management,
Institute of Advanced Research Gandhinagar, INDIA
Email: jaypaandya.phd2020@iar.ac.in

Abstract

This case study examines The Association of People with Disability (APD)'s Life Cycle Approach (LCA) as an integrated model for disability empowerment in rural Karnataka, with particular emphasis on the Kalyana Karnataka region. Drawing on APD's Annual Report 2024–25 and programme dashboards, we analyze how APD sequences interventions across life stages—from Early Intervention and Inclusive Education to Rehabilitation, Community Mental Health, Spinal Cord Injury Rehabilitation, and Livelihoods—while simultaneously strengthening systems through policy engagement, community-based rehabilitation (CBR), and mobile outreach (Rehab on Wheels). The analysis highlights notable outcomes in 2024–25: 506,693 people impacted in total (239,309 primary and 267,384 secondary beneficiaries); scalable last-mile delivery through Gram Panchayat-level camps and mobile therapy; strong employability outcomes from skilling (99.5% completion; average placement salary ₹13,662; 120+ inclusive employers engaged); and evidence of functional gains among children receiving therapy. The paper concludes with lessons for practitioners and policymakers on designing place-based, longitudinal disability services that can be adapted to low-resource rural contexts.

Keywords

disability inclusion; rural Karnataka; life cycle approach; early intervention; inclusive education; community-based rehabilitation; livelihoods; policy; India

1. Introduction & Context

Founded in 1959, APD operates one of India's longest running, multi-programme disability organizations. In 2024–25, APD articulated its Life Cycle Approach (LCA) as a commitment to "leave no person behind," saturating communities with integrated services and deputing persons with disabilities as catalysts of change. APD's footprint spans multiple districts in Karnataka—including Yadgir, Raichur, Kalaburagi, Koppal, Belagavi, Vijayapura, Chitradurga, Tumakuru, Mysuru and Bengaluru—with strategic partnerships across six Indian states. Rural districts in Kalyana Karnataka are a special focus, where APD combines direct services with systems-level work through Gram Panchayats, District Mental Health Programme teams, and Disabled People's Organizations (DPOs).

2. APD's Life Cycle Approach (LCA): Concept and Rationale

The LCA sequences interventions across life stages and the surrounding ecosystem:

- Early childhood (0–6 years): early detection, therapy, caregiver coaching, and home-based stimulation.
- School age (6–18 years): inclusive education—bridging learning gaps with physiotherapy, occupational and speech therapy, and clinical psychology integrated with classroom goals.
- Youth to working age (18–40 years): employability skilling, entrepreneurship, and job placement with rehabilitation support.

- Lifelong rehabilitation: spinal cord injury rehabilitation (SCIR), multi-disciplinary therapy, and community mental health.
- Systems strengthening community-based rehabilitation (CBR), policy engagement (e.g., accessibility budgets in ULBs), and mobile last-mile delivery through Rehab on Wheels (RoW).

This integrated framing addresses the interlocking challenges of impairment, poverty, access, and stigma in rural settings.

3. Methods

This academic case study uses documentary analysis of APD's Annual Report 2024–25, programme dashboards, and embedded case vignettes. Quantitative indicators (beneficiary counts, therapy outcomes, skilling outputs) are quoted as reported by APD for FY 2024–25. Qualitative analysis synthesis implementation features relevant to rural districts in Karnataka.

4. Programme in Action Across the Life Course

4.1 Early Intervention (0–6): Cradle-to-School

APD's Early Intervention services combine center-based therapy, home-based services, and CBR. Capacity building spans caregivers, Anganwadi/health workers, and community leaders. Outcome highlights from 2024–25 include functional gains among children receiving Speech and Language Therapy—with a majority improving in receptive (understanding) and expressive (speaking) language. Programme reach reported for 2024–25 lists 36,741 primary and 18,300 secondary beneficiaries under Early Intervention.

4.2 Inclusive Education (6–18): Nurturing Inclusion, Empowering Learning

Inclusive Education blends classroom support with physiotherapy, occupational and speech therapy, and psychology. APD's outreach programme supports children in government schools alongside its own inclusive learning spaces. In 2024–25, 1,427 children were supported under Inclusive Education, with 26,425 primary and 5,708 secondary beneficiaries reported under the reach dashboard.

4.3 Rehabilitation & Rehab on Wheels: Reaching the Unreached

APD's multidisciplinary Rehabilitation unit provided 102,038 therapy sessions to 2,001 beneficiaries in 2024–25 (including 282 children from Shradhanjali Integrated School), supporting both Livelihood and Inclusive Education pipelines. To close last-mile gaps—especially acute in rural and peri-urban areas—APD deploys Rehab on Wheels (RoW), a mobile unit equipped for physiotherapy/occupational therapy, sensory stimulation and pain management. In 2024–25, RoW covered 13,723 kilometers, organized 25 rehabilitation camps (20 at Gram Panchayat level), partnered with 10 government/private stakeholders, and extended services to 20 villages/Gram Panchayats/sub-health centers. Since inception in December 2022, RoW has reached 5,547 beneficiaries, bringing therapy to communities that otherwise lack access.

4.4 Spinal Cord Injury Rehabilitation (SCIR): 'Cot to Community'

APD's SCIR model integrates inpatient rehabilitation (with round-the-clock care), home-based services for those unable to travel, and three-day camp-based interventions in rural areas. In 2024–25, SCIR supported 2,234 individuals (1,827 with paraplegia; 407 with quadriplegia), demonstrating significant functional independence gains in self-care, mobility, and bladder/bowel management.

4.5 Community Mental Health: From Stigma to Support

Operating with District Mental Health Programme teams and NIMHANS linkages, APD's Community Mental Health Programme (CMHP) facilitates referrals, medication access, counselling, and psychiatric rehabilitation, while forming

family-led DPOs. CMHP's 2024–25 dashboard reports large-scale sensitization and capacity building alongside service delivery, with 24,576 primary and 24,064 secondary beneficiaries reported under the reach dashboard.

4.6 Livelihoods (18–40): Crafting Careers, Changing Lives

Targeting school dropouts and unemployed rural youth with disabilities, APD blends market-aligned skilling, rehabilitation, personal development, and post-placement support. Training spans IT/ITeS, BPO, retail, hospitality, horticulture and entrepreneurship. In 2024–25, 2,652 youth completed training with a 99.5% completion rate; the average placement salary reported was ₹13,662, and 120+ inclusive employers were onboarded and sensitized. The Livelihoods programme reached 15,953 primary and 10,608 secondary beneficiaries.

5. Systems Strengthening in Rural Karnataka

APD complements direct services with ecosystem work that enables rural inclusion at scale:

- Community-Based Rehabilitation (CBR) and federations: capacity building of caregivers and community leaders; formation of DPOs.
- Policy and governance interface: in six districts, budget tracking across seven Urban Local Bodies identified ₹69.09 lakhs reserved for accessibility upgrades across 23 public spaces (ramps, lifts, accessible toilets, community buildings); a statewide GAAD declaration and polling-booth accessibility circulars illustrate policy traction.
- Strategic partnerships: APD's model engages 36 partner organizations across six Indian states, strengthening local delivery capacity through technical assistance, training and joint monitoring.
- Digital programme management: The Goonjan MIS supports real-time data capture, quality assurance and evidence use.
- Place-based last-mile designs: Gram Panchayat-level rehabilitation camps and RoW deployments link rural families to services.

6. Case Vignette: Early Intervention in Yadgir (Kalyana Karnataka)

At 1.5 years, Shaida from Yadgir exhibited severe developmental delays limited head/trunk control and absent milestones. Identified through APD's LCA programme, she received intensive physiotherapy, mobility aids, nutrition support and parental coaching. Within months, she achieved supported sitting, showed early standing readiness, and maintained a crawling posture—illustrating how early, holistic intervention can reset developmental trajectories in low-resource rural settings while empowering caregivers.

7. Evidence of Outcomes (FY 2024–25)

Selected organization-wide indicators:

- Total impacted: 506,693 people (239,309 primary; 267,384 secondary).
- Early Intervention: 36,741 primary; 18,300 secondary beneficiaries; majority of assessed children improved in receptive/expressive language.
- Inclusive Education: 26,425 primary; 5,708 secondary beneficiaries.
- Rehabilitation (center-based): 2,001 beneficiaries served; 102,038 therapy sessions.
- Rehab on Wheels: 13,723 km covered in 2024–25; 25 camps (20 at Gram Panchayat level); services taken to 20 villages/GPs/sub-centers; cumulative reach since Dec 2022—5,547 beneficiaries.
- Spinal Cord Injury Rehabilitation: 2,234 beneficiaries (1,827 paraplegia; 407 quadriplegia); strong functional independence gains.
- Community Mental Health: 24,576 primary; 24,064 secondary beneficiaries; large-scale medication access and psychosocial improvements reported.

- Livelihoods: 2,652 youth trained; 99.5% completion; average salary ₹13,662; 120+ inclusive employers engaged; 15,953 primary and 10,608 secondary beneficiaries reached.

8. Discussion: What Works in Rural Contexts—and Why

The LCA's strength in rural Karnataka lies in continuity (one organization spanning life stages), proximity (RoW and GP-level camps), and partnerships (DMHP teams, Gram Panchayats, employers, and grassroots NGOs). Combining clinical rehabilitation with skilling improves both employability and therapy adherence. Budget tracking and DPO-led advocacy convert rights into public works a crucial lever in historically under-served districts.

Remaining challenges include recruiting/retaining allied-health staff in rural taluks, maintaining assistive devices post-distribution, weak demand for certain skills in local labor markets, and the compounded effects of poverty on adherence (travel, nutrition, time off work). Expanding tele-rehab, anchor-firm partnerships in Agri-value chains, and device maintenance micro-services could further strengthen outcomes.

9. Recommendations

- For Government of Karnataka: institutionalize GP-level rehab days; integrate RoW with PHC/HWC schedules; embed disability budgets in District/Taluk plans; expand DMHP linkages for psychiatric rehabilitation; align skilling with district skill committees and local industry demand.
- For NGOs/CBOs: adopt LCA-aligned sequencing; invest in caregiver coaching; use simple progress dashboards (e.g., weekly functional goals) to sustain adherence; build DPOs with advocacy toolkits (e.g., budget tracking templates).
- For Employers: co-design short, stackable modules; designate inclusion champions; extend assistive-tech and job-coach support in the first 90 days.
- For Donors: fund last-mile enablers (transport, devices, tele-rehab kits), multi-year staff capacity, and outcome-linked grants tied to rural inclusion.
- For APD: continue to deepen rural anchors in Kalyana Karnataka; expand horticulture and other green livelihoods; formalize device-aftercare; and publish disaggregated rural/urban outcomes each year.

10. Conclusion

APD's Life Cycle Approach demonstrates how a longitudinal, systems-aware model can deliver measurable gains for persons with disabilities in rural Karnataka. By coping clinical and social interventions with employer and governance partnerships, the approach converts proximity and continuity into durable inclusion. The practice lessons documented here are relevant to states seeking to expand rural disability services without fragmenting care across life stages.

References

The Association of People with Disability (APD). (2025). From Roots to Wings: Annual Report 2024–25. Bengaluru: APD.
Rights of Persons with Disabilities Act, 2016 (RPwD Act). Government of India.