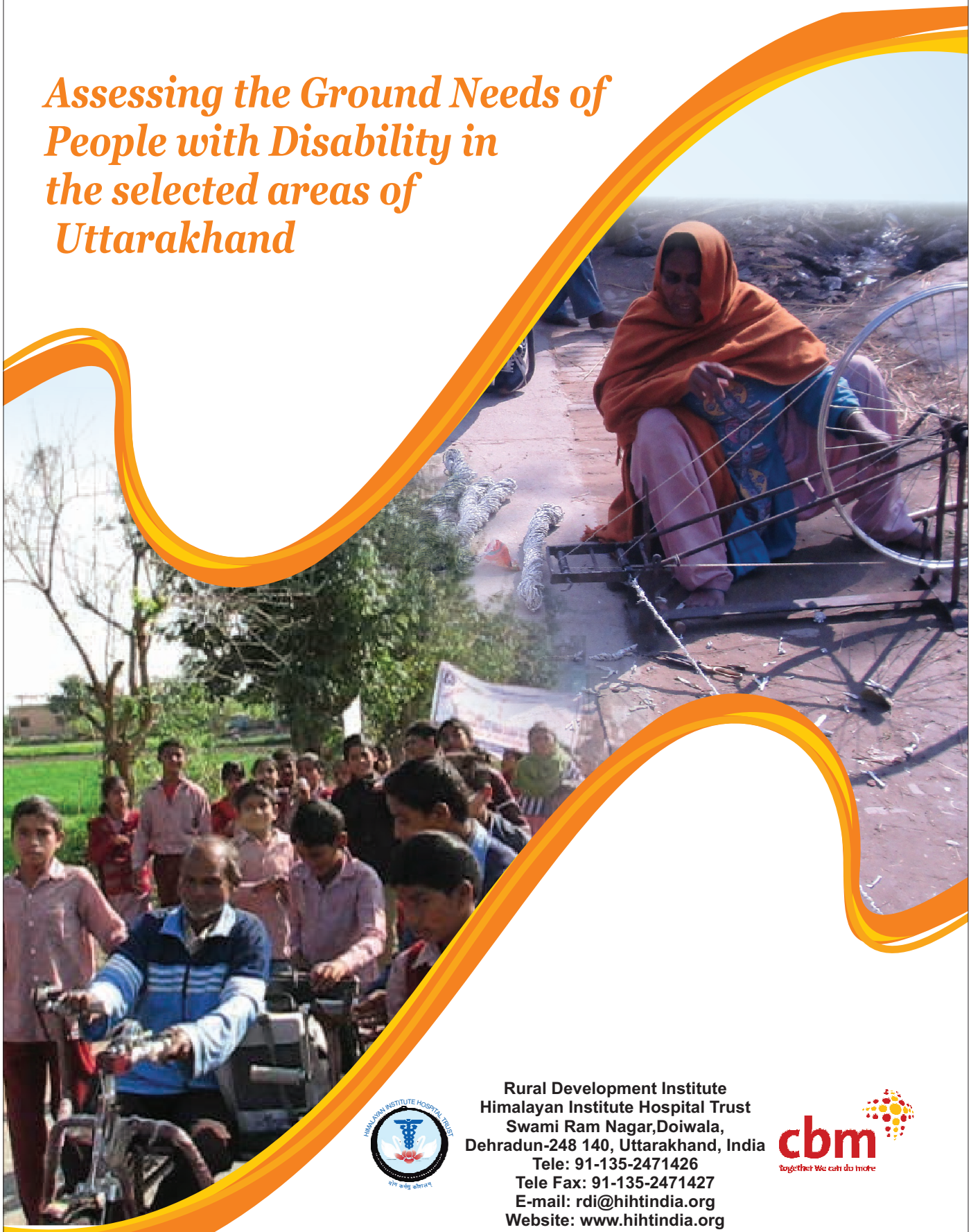
Assessing the Ground Needs of People with Disability in the selected areas of Uttarakhand



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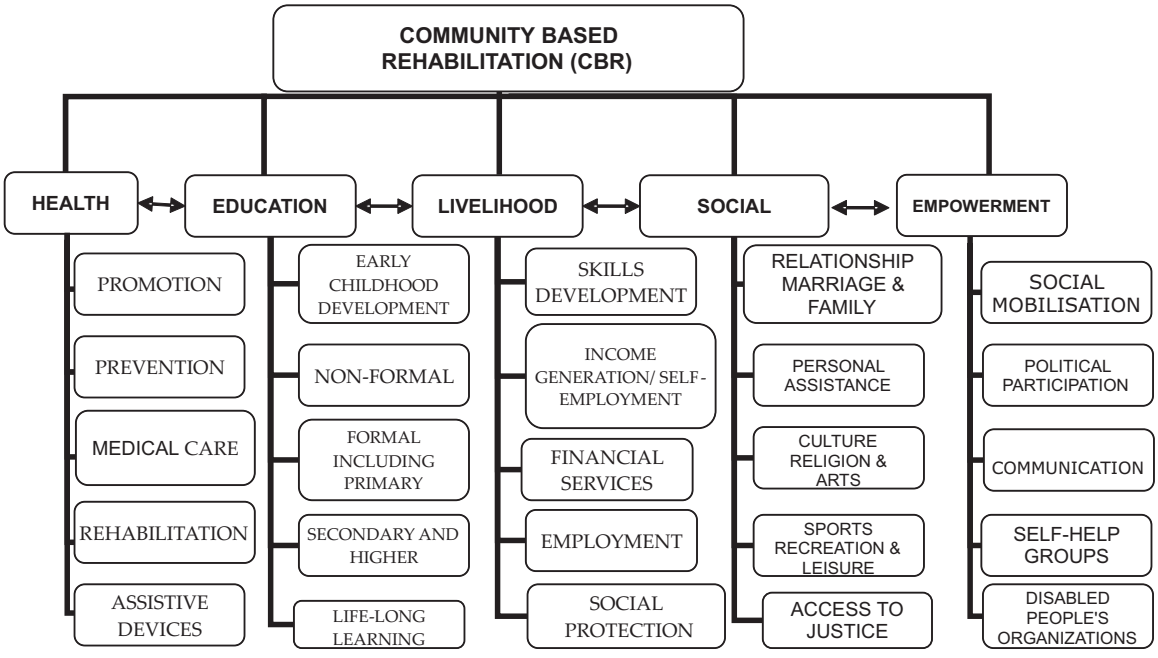
Having been worked in the rural community for the past 20 years, RDI strongly feels that the development of any community cannot happen without full participation of the community or its representatives.

The differently able people can contribute and should be allowed to participate in their overall development as well as of the community they are part of. There are various stakeholders involved in the development of the differently able. To start with the foremost are the differently able people themselves and their family, the community at large which includes the differently able as well, the civil society, various service providers and the government.

As part of its mandate, RDI has initiated activities to address the needs of adults and children with disabilities in the state of Uttarakhand and adjoining areas of the neighboring state of Uttar Pradesh. This is being carried out with a bottom-up approach, in an effort to make broad-based sustainable changes from the grassroots level.

The multi-pronged approach includes awareness generation about disability and its impact on people; sensitizing communities and various segments of society to the needs of, the barriers faced by, and other issues related to people with disabilities; surveying selected areas to assess the ground situation and generate reliable data about disability; capacity building of its own staff and of various stakeholders working in rural development; and incorporating inclusive development ideas into development projects. The ultimate objective is to empower local communities to develop into inclusive societal units



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Contents

Abbreviations

ANM	-	Auxiliary Nurse Midwife
APL	-	Above Poverty Line
ASHA	-	Accredited Social Health Activist
AWW	-	Aanganwadi Worker
BPL	-	Below Poverty Line
CBR	-	Community Based Rehabilitation
CHC	-	Community Health Center
CMO	-	Chief Medical Officer
GBD	-	Global Burden of Disease
HIHT	-	Himalayan Institute Hospital Trust
IBR	-	Institute Based Rehabilitation
ICF	-	International Classification of Functioning
NSSO	-	National Sample Survey Organization
PHC	-	Primary Health Center
RDI	-	Rural Development Institute
UN	-	United Nations
WHO	-	World Health Organization

Acknowledgement

Having pledged to contribute significantly towards the causes of disability and People with Disability, the Institute has been making steady progress in creating confluence of primary and secondary stakeholders.

At the onset, we wish to express our deep sense of gratitude to the community of Doiwala, Chakrata and Nazibabad who offered appropriate information as and when needed. We would like to make a special mention of all the People with Disability who were interviewed and their families.

We would also like to thank all the Government officials and ASHAs who made themselves available from time to time to help us develop a better understanding of the situation.

We wish to thank Ms. B. Maithili, Director-RDI and CBM-SARO who gave us this opportunity to present this document in the current form.

The enormous task of collecting, analyzing and compiling the data from the field would not have been possible without our Field Partners: Setu Foundation, Himalayan Jyoti Samiti and Astha Sewa Sansthan. Complimenting to this team was our dedicated team at Rural Development Institute who ensured that the information is most accurately and most convincingly put forth that is well understood by all sectors of people across.

Introduction

An estimated 10% of the world's population experiences some form of disability or impairment (WHO Action Plan 2006-2011). The term 'disability' has many different meanings; GBD however, uses the term disability to refer to loss of health, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility, cognition, hearing and vision (WHO 2004). The ICF distinguishes between body functions (physiological or psychological, e.g. vision) and body structures (anatomical parts, e.g. the eye and related structures) (WHO 2002). Impairment in bodily structure or function is defined as involving an anomaly, defect, loss or other significant deviation from certain generally accepted population standards, which may fluctuate over time (WHO 2002). The United Nations Disability Statistic's Compendium noted that disability rates are not comparable across the world because of differences in survey design, definitions, concepts and methods, as the proportion of People with Disability per national population varies between less than 1% in Peru and 21% in Austria (UN 1990). In 1981 UN/WHO studies estimated that on average 10% of all national populations were People with Disability. However in 1992, this estimate was modified to 4% for developing countries and 7% for industrialized countries (Metts 2000).

Different prevalence rates for disability are available in India. According to the Census 2001, there are 2.19 thousand people with disabilities in India who constitute 2.13% of the total population (Census 2001). Out of the 21,906,769 people with disabilities, 12,605,635 are males and 9,301,134 females and this include persons with visual, hearing, speech, locomotors and mental disabilities (Census 2001). In contrast, the National Sample Survey Organization estimated that the number of Persons with Disabilities in India is 1.8% (49-90 million) of the Indian population (NSSO 2002), of which 75% of Persons with Disabilities live in rural areas, 49% of the People with Disability population is literate and only 34% are employed (NSSO 2002). About 10.63 per cent of the People with Disability suffer from more than one type of disability. Prevalence rates have shown declining trends during 1991-2002 for all disability types except loco motor disability. Significant decline was registered for visually impaired persons during 1991-2002 (NSSO 2002). In Uttarakhand census 2001 and 2011 pointed out that disability prevalence rate were below 3 %. However, it became clear that there are very few studies specifically focused on Uttarakhand. State is also conducting household survey across the state, which might complete within next few months. The current prevalence rate of state is 2.29 in which highest percentage is visual disability (1.2 %) and lowest is speech disability (0.891%).

Executive Summary

An estimated 10% of the world's population experiences some form of disability or impairment (WHO Action Plan 2006-2011). Different prevalence rates for disability are available in India. According to the Census 2001, there are 2.19 thousand people with disabilities in India who constitute 2.13 % of the total population (Census 2001). In Uttarakhand, Census 2001 and 2011 pointed out that disability prevalence rate was below 3 %.

Key Objectives-

1. To understand the prevalence of disability and its relationship with various socio-demographic indicators.
2. To know the status of coverage of the Social Welfare Schemes implemented by Center and State government at community level.

Study Design- Household survey covering 100% households of People with Disability in two phases at community and individual level

S. No.	Phase	Survey	Focus	Sample Size (No. of PWDs)
1	First	Baseline Survey	Intersectoral Aspects in Community	1519
2	Second	Individual Need Matrix	Individual Needs	365

Study Area-

State	District	Block	Region Profile
Uttarakhand	Dehradun	Chakrata	Rural
		Doiwala	Urban
Uttar Pradesh	Bijnor	Nazibabad	Semi-Urban

In baseline survey, all the disabled people have been covered in the selected three blocks.

Individual need assessment has been done in the selected 30 villages, in which 10 villages from each block are selected.

Study findings-

Prevalence of Disability is maximum amongst the youth i.e. 48% and 62% out of them are at home. The age profile of disability onset varies sharply by the category of disability.

Onset of intellectual impairments is concentrated in childhood and between 20s-30s, resulting in the lowest average age of onset. Intellectual Impairment is focused more in the earliest years. In contrast, visual impairments are much more associated with ageing, and have the oldest mean age of onset. Whilst hearing impairments exhibit a more pronounced dual peak, they are also on average subject to later average onset. Both locomotors and speech impairments are more concentrated in younger ages also, with the highest onset in the early years of life.

Immediate needs recorded	Male	Female
Health Counseling	58.6%	52%
Problems faced in Current Education system	33.2%	70.1%
Availability of Disabled friendly study material	3%	5%
Job assistance	71%	41%
Skill enhancement training	72%	40%

Recommendations- To enhance the affordability and accessibility of service delivery and ensure sustainability.

Conclusion- A dynamic and multi-pronged approach is needed to cater to the needs of the People with Disability. Government needs to address its policies and programs in a more inclusive manner so as to engage more and more People with Disability and their caretakers in mainstream development. The study area, inhibition of female respondents and unfamiliarity on social issues were a few limitations of the study.

Summary of base line survey

Research Approach

The study was conducted in three blocks; Doiwala and Chakrata blocks from Dehradun in Uttarakhand and Nazibabad block in Bijnor district of Uttar Pradesh. In the selected blocks, Chakarata was selected from rural mountain area and Doiwala and Nazibabad were selected from semi-urban plain area.

General Information				
District	**Block**	**Total Population**	**Total Number of villages**	**Total people with disability**
Dehradun	Doiwala	192546	146	524
	Chakrata	67543	89	320
Nazibabad	Bijnor	80976	76	675

Methodology

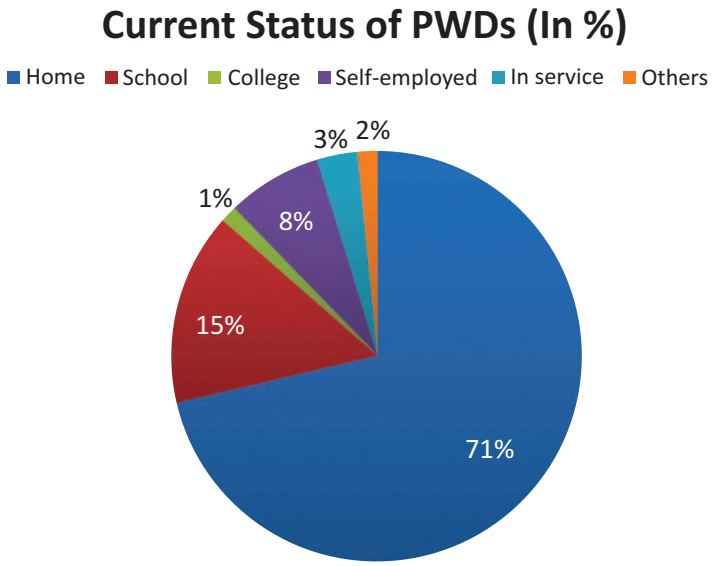
A group of professionals (medical, health, social)developed the questionnaire based on WHO guidelines. However, experts added a few questions to meet the area specific requirements.

Pre – testing was conducted in Doiwala block of Dehradun district and 20 cases were pre –tested by investigators in close observation of expert panel members. The questionnaire schedule was finalized in consultation with expert panel members based on the feedback of the pre – testing. The final questionnaire was developed in Hindi; the investigators had the flexibility to use local dialect and words at the time of interviews.

Data Collection and Analysis

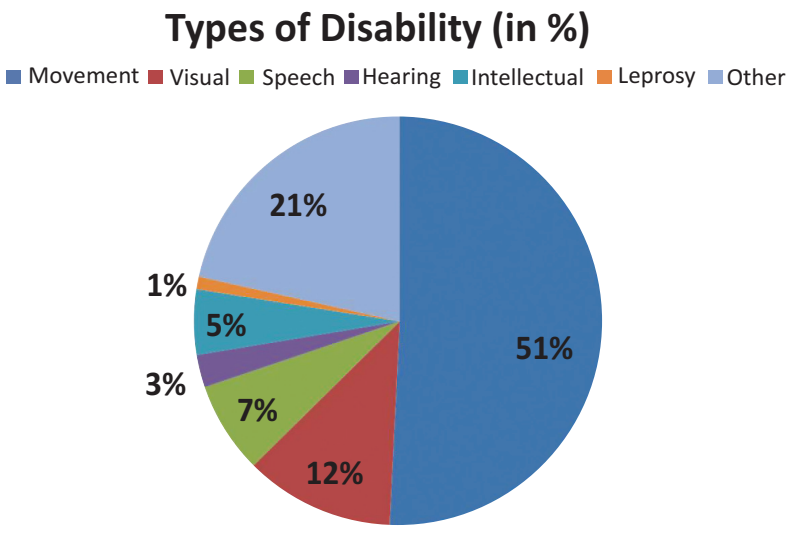
The data was collected by Accredited Social Health Activist (ASHAs) under the supervision of trained health supervisors. Both qualitative (interviews and community meetings) as well as quantitative tools were used for the data collection. For quantitative data collection, ASHAs interviewed all Individuals with disability through home visits in all the villages in the selected blocks. For the qualitative data, the community meetings were conducted through a pre designed and pre tested semi-structured questionnaire. Four community meetings were organized, two in each block. The meetings were attended by community level health providers (ASHAs, ANMs and AWWs), panchayat members and beneficiaries. Pre designed checklist was used for the discussion during the community meeting.

Socio-Demographic Conditions of people with Disability – Block wise (N=1519)			
SN	**Criteria**	**Description**	**Percentage**
1	Gender Distribution	Female	38.7%
		Male	61.3%
2	Religion	Hindu	79.9%
		Muslim	16.1%
		Others	4.8%
3	Caste	General	16.6%
		OBC	23.3%
		SC	14.4
		ST	27.3%
4	Economic Status	APL	55.4%
		BPL	44.6%
5	Literacy status of father	Illiterate	46.2%
		Literate	40.7%
		High School Pass	13.1%
6	Literacy status of mother	Illiterate	70.9%
		Literate	13.5%
		High School Pass	5.6%



Disability Profile

The type of disability is not equally distributed across the globe; it is based on the Cause-Relationship theory in which cause is directly related to geographical access, demographic location, socioeconomic condition, availability of services and facilities and its coverage.



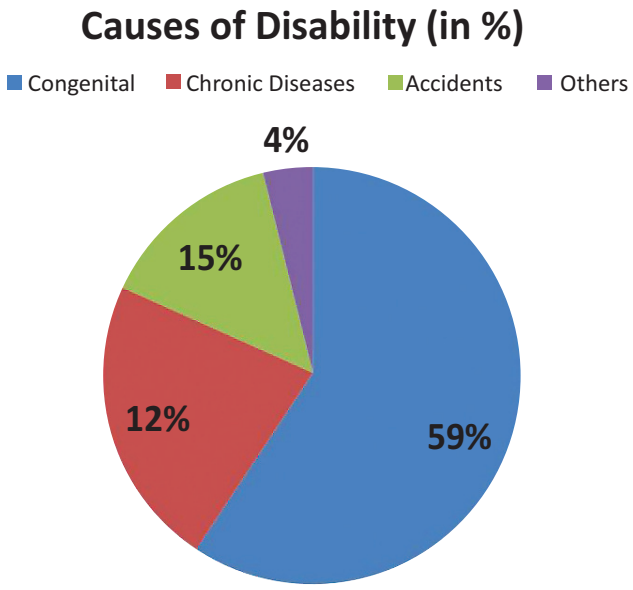
In the selected area, the locomotion (orthopedic) contributed highest (51.5 %), visual impairment (12%), speech impairment (7.3%), hearing impairment (2.6%) and others (28%) (Intellectual Impairment, Cerebral Palsy, leprosy etc.). Furthermore, it shows that Urban and semi urban areas (Doiwala) have more cases of locomotion disability in comparison to rural areas (Chakrata) which have maximum number of visual impairment cases.

The cause of disability is also not uniform everywhere. It has become clear from the various literatures that there is no direct relationship between maternal health services and disability but it also true that poor maternal health services can affect the severity of disability.

The age profile of impairments or disability onset varies sharply by category of disability. Onset of Intellectual Impairment is concentrated in childhood and 20-30 years resulting in the lowest average age of onset. It is more focused on the earliest years. In contrast, visual impairments are much more associated with ageing and have the oldest mean age of onset. Whilst hearing disabilities exhibit a more pronounced dual peak, they are also on average subject to later average onset. Both locomotor and speech impairments are more concentrated in younger ages also, with the highest onset in the early years of life in both cases.

The main causes of visual impairments are primarily age-related, with cataract and other age-related issues. The major share of visual impairments is thus preventable and occurs due to lack of treatment. The study also indicates that 92% of people with visual impairment are above 60 years. The major cause for both speech and hearing impairments are illness and disease. In addition, over 20 % of all hearing impairments are due to old age. The importance of non-specific causes in these categories highlights that disability is

intrinsically related to other public health issues and that increasing access to better quality care is an important step towards reducing disabilities. This has implications not only for prevention but for diagnostic facilities and technology, referral and rehabilitation services.



The study shows that rural areas (Chakarata) are more prone to accidents while urban areas (Doiwala) are more prone to congenital and chronic disordered causes. The severity and type of disabilities also has implications on the present settlement of People with Disability. The data indicates that majority of People with Disability are presently staying at home. (71.4%) only (15.1%) of people with disability are school going between the age group of 6-22 years. Majority (54.6%) of People with Disability who are staying at home need assistance during their regular activities such as food, drinking water and sanitation services.

The study has also revealed that orthopedic impairment category is undergoing the most rapid change in causal profile. For the current group of People with locomotors impairments, polio remains the highest single cause, accounting for almost a third of all locomotors impairment. However, accidents and injuries are also common.

Estimates of mental impairments in Uttarakhand remain particularly problematic. This is driven by various challenges, including identification skills of health providers, families, surveyors and stronger social stigma attached to such conditions. A large proportion of intellectual impairments are preventable; including disabilities raised from prenatal incidents, maternal ill health, malnutrition, traffic accidents or workplace injuries. The many causes of disability, and the unclear genesis of some disabilities, make it difficult to define comprehensively the scope of interventions and public policies that impact the level and nature of disability in India.

Table 1: Block wise % of Specific Characteristics of Disabled in selected areas (N=1519)

SN	Description	Total	Chakrata	Doiwala	Nazibabad
Reasons for disability					
1	Congenital	59.3	52.4	64	58.8
2	Disease	22.4	23.3	16.6	26.4
3	Accident	14.4	19.6	15.2	11.5
4	Others	3.9	4.7	4.2	3.3
Age wise distribution of people with disability					
5	<5	4.4	3.2	3.1	5.9
6	6_12	12.4	10.8	12.5	13.1
7	13-21	25.5	19.1	18.4	33.9
8	22-35	31	22.3	39.6	28.5
9	36_55	18.6	31.2	19.4	12.2
10	>56	8	13.4	6.9	6.4
Status of education					
11	Illiterate	50.7	47.3	34.9	52.9
12	Literate	38.1	43.2	48.7	39
13	Passed 10^{th} class	11.2	9.2	16.4	8.1
Status of school going disable					
14	General	89.2	96.4	92.5	82.9
15	Special	10.8	3.5	7.5	17.1

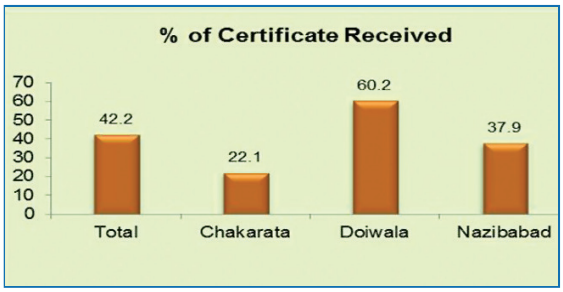
Literacy among People With Disability

The education has multidimensional reflection on an individual's life and overall society. Poor status of education in any segment of society has significant negative implication on everyone's life. The study reveals that approximately half of the people with disability were illiterate, 38.1% were literate and only 11.2% passed the high school examination. It also shows that more than two third of People with Disability were studying in general school and only 10.8 % were studying in special school below the age group of 18 years. Highest literacy rate is in Doiwala (48.7%) while lowest is in Chakrata (38.1%). The maximum percentage of people attending special school is in Nazibabad (17.1%) and lowest in Chakrata (3.5%).

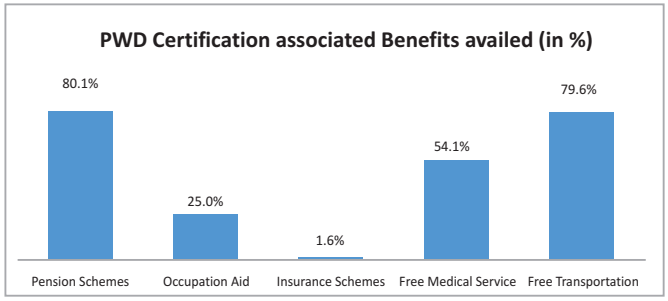
People With Disability Identification and Certification

The identification of People with Disability across the country is done under the requirements of the Person with Disability Act 1995 which provides Equal Opportunities, Protection of Rights, Benefits and Full Participation in any public and private institution.

People with disability face a number of challenges to get the disability certificate from public health system across the state. Among the 1519 identified cases only 42.2 % have received it from Government Authority. Highest percentage of individuals with disability Certificate were from Doiwala (60.2%) while lowest from Chakarata (22.1%).

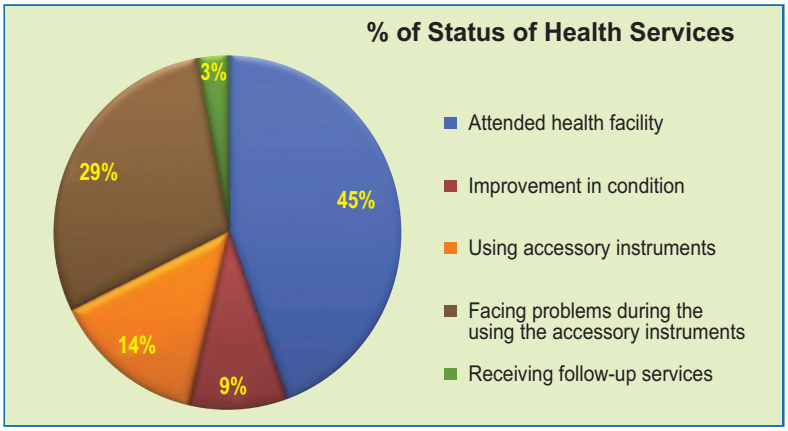


The study pointed out that majority of People with Disability received the certificate from Chief Medical Officer's Office (District Head Quarter) while only less than 20% received it from PHCs and CHCs. In case of types of disability, movement (orthopedic) cases received maximum number (52.4%) of certificates as well as benefits (62.4%) from the state across the selected areas. Out of 42.2% who have already received the certificate, 80.1% with have been benefited by pension schemes, 25% occupation aid, 1.6% by insurance schemes, 54.1 % free medical services and 79.6 % with free transportation services.



Status of Health Services

The study has found that only 61.7 % People with Disability reach the health service providers and only 10% get appropriate and adequate treatment.



Employment Opportunities for PWDs

Employment is a critical element of independent living, and many researchers have found that it is a primary aspiration of people with disabilities across the globe. The large majority of People with Disabilities are capable of productive work, in majority of the cases without the need for aids or appliances.

All categories of People with Disabilities have employment rates below the general population average. Employment rates vary sharply by type of disability. Intellectual Impairment and Visual Impairment have very low employment rates at one extreme and those with Hearing Impairments have employment rates around 92% of the general working population rate, those with Speech and Locomotors Impairments have employment rates above the average level for people with disability. In addition, those with more severe disabilities have an employment rate of around 22%, which is about 10% points below those with moderate impairments, or around 45% below the rate of the general population.

The Social and Cultural discrimination is also one of the key components which affect People with Disabilities. People with Disabilities face discrimination within as well as outside the family. It affects their food, health, education, employment shelter and livelihood at all stages of life. Exploitation of People with Disabilities at home and workplace also makes their life more complex and difficult for survival.

Study reveals that there is a need of multidimensional programme which will provide an opportunity to people with disability to use their potential positively and make significant contribution to achieve the Millennium Development Goals at community, block, district and state level.

Summary of Individual Need Matrix

The individuals included in this phase were identified in the Base line survey and now another interaction was held to identify their requirements and needs in terms of Health, Education, Livelihood, Community Based Rights and Social Inclusion.

Purpose of Study

1. To understand individual needs of identified people and their association to their physical, social and environmental characteristics.
2. To ascertain individual needs as opposed to assumed needs of a community irrespective of their living conditions.
3. To identify correlations, if any among people with Disability from all the three selected areas.

A team of trained in-house field workers was instrumental in collecting the data from the field.

Methodology

A group of professionals prepared the Questionnaire based on CBR Matrix. The Developers were pre-oriented on CBR Matrix and were aware of how to associate the matrix with real time scenarios from the community. However, a few questions were added from the base line survey to develop an association between the two Study reports. Pre – testing was conducted in Doiwala and Chakrata block of Dehradun district and 30 cases were pre –tested by investigators in close observation of expert panel members. A qualitative and quantitative analysis was conducted at the community level.

The Need Matrix Analysis was conducted among 30 selected villages of 3 blocks-Chakrata and Doiwala (Dehradun District), Uttarakhand and Nazibabad (Bijnor District), Uttar Pradesh. These villages were shortlisted based on region specific guidelines representing maximum number of People with Disability.

Findings

Among the 365 People with Disability surveyed, Male respondents were more (63%) than female respondents (37%) and across all the three blocks.

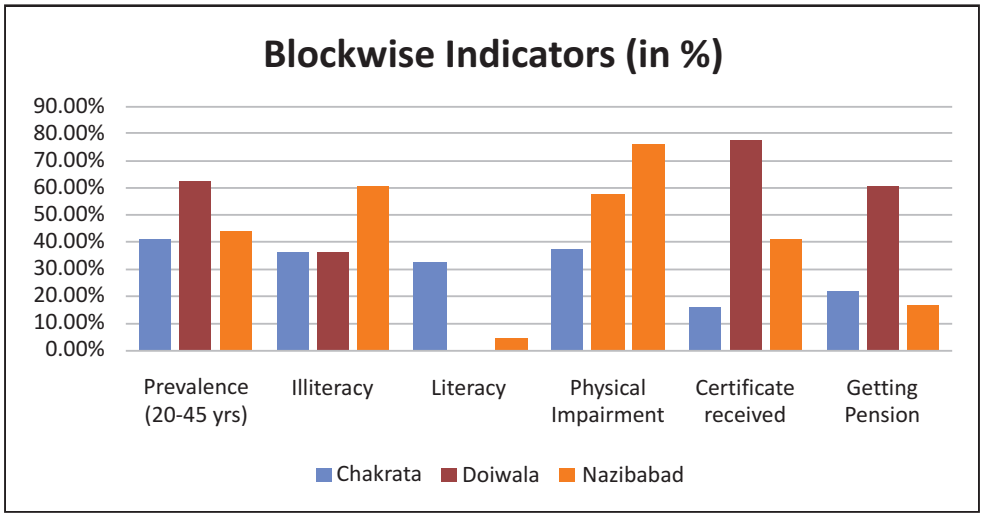
Caste wise distribution was spread out and different for all three blocks. Chakrata has 56.5% of Scheduled Tribe, Doiwala has 56.9 of General Category and Nazibabad has 50.9% of Other Backward Classes.

Chakrata has more married respondents i.e. 50.8% as opposed to 28.1% of Doiwala and 23.5% of Nazibabad. The unmarried individuals are comparatively higher in Nazibabad (74.8%), followed closely by Doiwala (71.9%) and then Chakrata (47.5%).

The family structure of Chakrata (61.7%) and Nazibabad (47.4%) reflects a similarity with family members being more than 7 and Doiwala (54.7%) has 4-6 people per family. Nazibabad (94.3%) and Doiwala

(53.7%) have APL families and Chakrata has (77.2%) of BPL families. In fact Doiwala has a very negligible difference in its statistics of APL and BPL families.

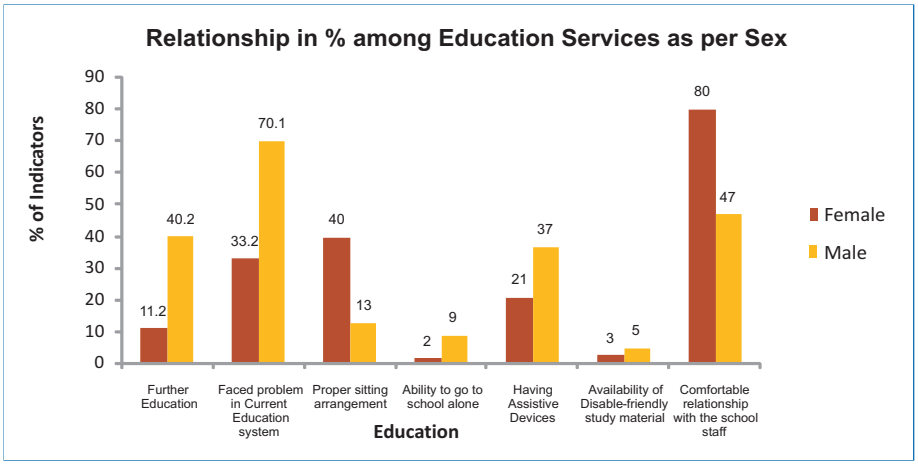
	Blockwise Indicators (in %)				
SN	Description of Indicators		Chakrata	Doiwala	Nazibabad
1	Disability prevalence in 20-45 years age group		40.8	62.3	43.5
2	Literacy rate	Illiteracy	36	35.8	60
		Literacy	32.5	11.4	4.3
3	Disability Type	Physical Impairment	37.1	57.7	76.1
4	Certification and Benefits	Certificate received	15.3	77.2	40.5
		Getting Pension	21.8	60.2	16.5
5	PWDs At Home		72.8	70.7	51.8



Block wise % of types of disability in PWD (people with disability) (N= 365)Types of disability							
SN	Description of indicators	Chakrata		Doiwala		Nazibabad	
		No.	%	No.	%	No.	%
1.	Mobility	46	37.1	71	57.7	89	76.1
2.	Blindness	35	28.2	15	12.2	3	2.6
3.	Speech Impairment	12	9.7	11	8.9	15	12.9
4.	Deafness	18	14.5	15	12.2	8	6.9
5.	Mental retardation	3	2.4	29	23.6	24	21.1
6.	Cerebral palsy	0	0	6	4.9	7	6.0
7.	Leprosy	5	4.0	1	0.8	0	0
8.	Multi disability	17	13.7	12	9.8	0	0
9.	Epilepsy	4	3.2	5	4.1	1	0.9
10.	Others	9	7.3	1	0.8	2	1.7

Gender-wise People With Disability Status (in %)

S N	Indicator	Male	Female
1	Physical Impairment	63.6	36.4
2	Visual Impairment	67.9	32.1
3	Speech Impairment	52.6	47.4
4	Health Checkup	38.2	42.5
5	Employment Needs	60	34
6	Supportive Education System	70.1	33.2
7	Ration Card as Social Welfare Identity Proof	75	79
8	Voter ID as Social Welfare Identity Proof	64	54



Conclusion

As opposed to the National Census figure (2001), wherein Visual Impairment has maximum prevalence, the current study reflects that Physical Impairment (56%) has maximum prevalence in the area of study, followed by Intellectual Impairment (15.3%) and Visual Impairment (14.5%). These figures could be attributed to Topography, Living conditions and Lifestyle, as the incidences of accidents are very high in the mountains and also eating habits, as the usage of iodized salt is still low on higher altitudes.

The State of Uttarakhand manages the affairs of People with Disability through the Department of Social Welfare. Any benefits that have to be availed by the individual would require the Certificate of Disability reflecting minimum 40% Disability. At this point, it becomes important to understand that 37% still need the Certificate of Disability in the survey area and 68% need to be enrolled for Disability Pension. This could be a possible reason for the 62.1% of the surveyed population to stay at home and only 10.4% to attend school.

The prevalence of social injustice to different pockets of the community cannot be ignored; more so towards People with Disability. The study reveals statistically that exploitation exists and is more mental than physical.

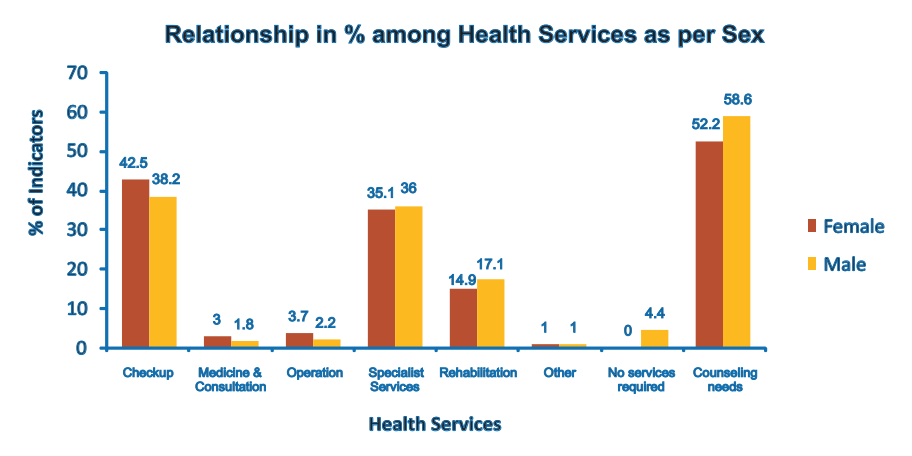
There has long been a demand for an inclusive infrastructure that ensures physical accessibility and inclusion in the work environment. There are forums and platforms that have long been raising their voices for accessibility, affordability and inclusive development but disparities still exist and there is lack of inclusive infrastructure at schools and work places.

There is a comparative advantage of People with Physical Impairment over other forms of Disability. On account of availing benefits, participating in group activity, having bank accounts, being members of village committees, People with Physical Impairment reflect maximum presence and other types of disability remain visibly out of the picture. Distribution of aids, appliances and services is low, only People with Physical Impairment are able to receive benefits whatsoever than people with other forms of impairments. A large composition of People with Disability does not cast its vote; the only significant contribution comes from People with Physical Impairment.

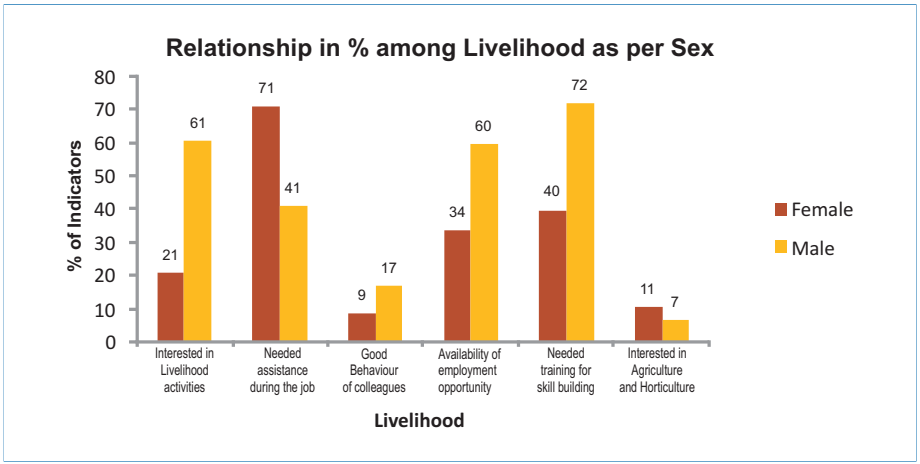
Civic support for basic things like crossing the roads is minimal and so is the expectation. Advanced health benefits like health insurance are not availed by majority of the group. In terms of participation in meetings and functions at Gram-Panchayat or others, Chakrata has maximum representation, followed by Doiwala and then Nazibabad. Men participate more than women. Both men and women cited lack of information as the major reason of absence. (Inclusion and CBR still remains a distant dream!) BPL Card, Counseling (Livelihood, Health and Education), Finance and Pension are a few important things required by the community.

Chakrata reflects a larger need for health checkup, Doiwala needs expert facility and Nazibabad needs rehabilitation. Men and women both have prioritized health check-up primarily and then expert facility. Chakrata reflects a variation in type of counseling services required- it needs health counseling

whereas Doiwala and Nazibabad need guidance for Livelihood. Children with Disability have shown less interest in going to school. The level of gap of information is very high for adequate seating arrangement at school, information on aids and services. There is a lack of inclusive study material. More than inclusive study set up they have reflected the need for aids and appliances. The children have responded to moderate acceptability at school



Invariably, most of the respondents want vocational training or livelihood options; be it computers, stitching, animal husbandry or micro-industry. Marginally, People with Disability have said they don't need help while going to work. Again, marginally, they don't find the attitude of people good towards them. There is not enough scope for employment as stated by the respondents. To boost up their farming practices, respondents engaged in agro-based activities prefer to get seeds, fertilizers and trainings.



The study reveals that the needs of People with Disability are spread out at various levels. The scenarios of these requirements vary for different types of disability, topography, age and sex. Thus, a dynamic and multi-pronged approach is needed to cater to the needs of the People with Disability, in order to fulfill mandates of Equity, Justice and Inclusive Development for all!

Rural Development Institute

Rural Development Institute of the Himalayan Institute Hospital Trust, instituted by Dr. Swami Rama, has been serving the rural communities since its inception in 1989. Over the years more than 10 lakh rural populations residing in the interiors of the Himalaya region of Uttarakhand, Himachal and parts of Uttar Pradesh have been reached. RDI works primarily for Women and Children focusing on Health, Water and Sanitation, Education and Skill Development, Livelihood, Disability and other Development issues.

Quality of life is enabled through direct provision of services, capacity building, technical assistance, use of innovative behavior change communication, and advocacy with government leading to policy changes. Special attention is given to women, children and adolescents, with the objective of enhancing their health and their overall well-being. Focus is also on empowerment of youth through skill building and personality development. Inclusive development for the different abled is a strong focus within RDI.

It is designated as the State ASHA Resource Centre under NRHM, Ministry of Health and Family Welfare, Govt. of India. RDI has also been the Lead agency for adolescent programs in the state in partnership with ICDS department, Ministry of Women and Child, World Food Program and Department of Health and Family Welfare. The Institute worked in partnership with ISRO developing Village Resource Centers for tele based health and education services. RDI is also the Technical Support Agency enabling participatory development planning for Tehri district through Ministry of Panchayati Raj.

Other On-going Programs at RDI

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