dasra

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# FROM PROMISE TO PRACTICE

## A Landscape Report on Disability Inclusion and Civil Society Action in India


ARTWORK BY SHAILY

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**May 2026**

# About HSBC

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HSBC India's strategy to support sustainable economic growth, focuses on Community Investment (CSR interventions), Sustainable Operations, Sustainable Finance and Sustainability Risk. The strategy is delivered through a combination of programmes, collaboration, and partnerships. We believe it requires a concerted effort between business, governments and other stakeholders on policies and programmes to support transition to a more sustainable future.

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## About Dasra

Dasra, meaning 'enlightened giving' in Sanskrit, is a pioneering strategic philanthropic organization that aims for a transformed India where a billion thrive with dignity and equity.

In 1999, Dasra began as a venture philanthropy fund to invest in early-stage nonprofit organizations in India. We recognized early that we had the responsibility, the capability, the connections, and the energy to be a long-game change agent and we resolved to make a transformative difference through it. Dasra has gone through different stages of evolution - from a philanthropy fund to a bridge between NGOs and funders, and now two decades later, it has cemented its identity as a leading nonprofit systems orchestrator working with diverse stakeholders across the social impact ecosystem. Over 26 years, we have engaged 1,208+ funders, mobilised $475 million in philanthropic capital, and supported 2,623+ organizations. We strengthen organizations and leaders, build philanthropy infrastructure, and unlock knowledge and long-term capital to co-create solutions that shift systems and advance a more equitable future.

## How to cite

Dasra, From Promise to Practice: A Landscape Report on Disability Inclusion and Civil Society Action in India (Mumbai: Dasra, 2026).

# About the Artwork

## ‘Rolling Against Odds’

This painting portrays a girl with one artificial leg who embraces her disability with courage and pride. Balancing beautifully on skates, she transforms a challenge into a graceful expression of strength and resilience. She flaunts her difference, not as a weakness, but as a source of joy, confidence, and inspiration. Rolling Against Odds celebrates her journey of balance, inclusion, and unshakable determination — showing the world that nothing, not even disability, can stop her from living fully, freely, and beautifully.

# About the Artist

**Shaily**
An aspiring artist with a locomotor disability and an amputated right hand, Shaily paints solely with their left hand — a powerful testament to resilience and creativity. Art has been an inseparable part of their life since childhood. At the age of six, they began sketching deities from calendar images, instinctively seeing the world through a unique lens. While others painted the sun in shades of yellow and orange, they envisioned it in hues of white and blue.

Untrained in any formal institution, their artistry is driven purely by passion and instinct. Praised early on for distinctive handwriting and imaginative thinking, they discovered that true joy in art lies in expressing emotions rather than replicating visuals. For them, painting is not just a creative outlet, but a means of transformation — turning limitations into possibilities and imagination into impactful expression.

**We also extend our sincere thanks to Atypical Advantage for their support in helping source and facilitate the artwork for the cover page of this report.**

**Discover more inspiring artwork by artists with disabilities at Atypical Advantage Arts.**

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# List of Commonly Used Abbreviations

| | |
|---|---|
| **AT** | Assistive Technology |
| **CBR** | Community-Based Rehabilitation |
| **CP** | Cerebral Palsy |
| **CPWD** | Central Public Works Department |
| **CSR** | Corporate Social Responsibility |
| **CULP** | Centre for Urban Land and Policy |
| **DEI** | Diversity, Equity, and Inclusion |
| **DEPwD** | Department of Empowerment of Persons with Disabilities |
| **DPO** | Disabled Persons' Organisation(s) |
| **DRIF** | Disability Rights India Foundation |
| **ENT** | Ear, Nose, and Throat |
| **GDP** | Gross Domestic Product |
| **GoI** | Government of India |
| **HR** | Human Resources |
| **ICT** | Information and Communication Technology |
| **ILO** | International Labour Organization |
| **INR** | Indian Rupees |
| **KYC** | Know Your Customer |
| **MDGs** | Millennium Development Goals |
| **MEL** | Monitoring, Evaluation, and Learning |
| **NFHS** | National Family Health Survey |
| **NCPEDP** | National Centre for Promotion of Employment for Disabled People |
| **NGO** | Non-Governmental Organization |
| **NITI Aayog** | National Institution for Transforming India |

| | |
|---|---|
| **NSO** | National Statistical Office |
| **PIL** | Public Interest Litigation |
| **PwD / PwDs** | Person(s) with Disability / Disabilities |
| **R&D** | Research and Development |
| **RPwD Act** | Rights of Persons with Disabilities Act, 2016 |
| **SAMRIDH** | SAMRIDH Healthcare Blended Finance Facility |
| **SC / ST** | Scheduled Caste / Scheduled Tribe |
| **SOP** | Standard Operating Procedure |
| **UDID** | Unique Disability Identity (Card) |
| **UDISE+** | Unified District Information System for Education Plus |
| **UNCRPD** | United Nations Convention on the Rights of Persons with Disabilities |
| **UNDP** | United Nations Development Programme |
| **UNESCO** | United Nations Educational, Scientific and Cultural Organization |
| **WHO** | World Health Organization |

# Foreword

**ALOKA MAJUMDAR**
MD, Head of Sustainability
HSBC India

The cost of exclusion is far greater than the cost of inclusion. For persons with disabilities, exclusion is designed into the fabric of everyday life. It reveals itself in the systemic choices that determine who participates and who is left out: how classrooms are built, how work is organized, how public services function and whose voices inform them. Disability itself is only part of the constraint. The greater burden lies in negotiating with barriers that persist through design, where infrastructure, social attitudes, policy and power intersect.

The scale of that exclusion is difficult to ignore. Nearly one in six people globally lives with a disability. In India, many remain on the margins of education, employment and public life, unable to access fundamental protections and opportunities to lead a secure and dignified life.[i] This is particularly alarming given the economic cost of failing to build a disability-inclusive economy has been estimated at over USD 210 billion.[ii] While the Rights of Persons with Disabilities Act, 2016 marked an important shift toward a rights-based framework, a lot remains to be done so that we are able to not only make a difference in the lives of people with disability but also create a supporting ecosystem for them.[iii]

This report is therefore both timely and necessary. It presents a snapshot on nonprofits across India that are working every day to expand opportunity, dignity and agency for persons with disabilities. Their work reminds us that to have meaningful impact, disability inclusion must sit at the heart of all social development work.

Despite a strong legislative foundation and evolving accessibility standards, persons with disabilities in India continue to face persistent disadvantages in literacy, education, and workforce participation.

At HSBC India, this understanding is shaping and will continue to evolve our own journey. As we have sought to deepen and diversify our engagement with disability inclusion, one lesson has become increasingly clear: advancing inclusion requires strengthening the field of disability inclusion itself. This includes investing in leadership, institutional resilience, accessible practices, evidence generation, and the ability to build movements that can drive collective action and systemic reform.

While capital flows into the social sector have steadily increased over the past decade, philanthropic commitment has yet to fully align with the scale and complexity of the challenge of disability. To bridge this gap, grant capital must urgently find its way to the

interconnected ecosystem of nonprofits working across this space. The next phase of philanthropy will be defined by its ability to embed inclusion by design across strategies, solutions, and systems already being championed by the Government of India.

Equal opportunity and decent work for people with disabilities deserves dedicated and sustained action. We hope this report contributes to that action, by elevating the organizations leading the way, by helping funders see the gaps more clearly, and by making the case for strategic, sustained investment.

At HSBC India, we believe a stronger push for disability inclusion needs to become a part of the vision toward a Viksit Bharat by 2047.

i. United Nations Development Programme (UNDP) India. (2024). Bridging the Gap: Enabling Disability Inclusion in India's Private Sector Workplaces.

ii. World Bank. (2019). Disability Inclusion Matters for All [Video]. Washington, DC: World Bank.

iii. Organiser. (2026). From Welfare to Workforce: Rethinking Disability Inclusion in India's Growth Story.

# EXECUTIVE SUMMARY

Disability is often made to appear as something contained within the body or the mind: an impairment, a limitation, a difference to be named and managed. But exclusion is produced in the world around it — in institutions, infrastructures, and norms that decide whose needs are built in, and whose are treated as exceptions. In India, this reality now sits alongside a stronger legal and policy framework. The RPwD Act, 2016, expanded disability categories, and recent judicial decisions affirming accessibility, including digital access, have widened the legal language of equality, dignity, and participation. Yet, for an estimated 40–90 million persons with disabilities, the distance between legal recognition and lived reality remains wide.

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Across education, employment, healthcare, public infrastructure, and civic life, access is uneven, fragmented, and contingent on individual navigation rather than institutional readiness. These exclusions are not incidental. They shape autonomy, participation, household resilience, and economic life, with workforce non-participation by persons with disabilities estimated to cost India 3–7% of GDP annually. Disability exclusion is therefore not peripheral to development. It reveals how systems are built: whose needs are anticipated, whose are treated as exceptions, and who is left negotiating for entry.

**23** semi-structured interviews + **2** focus group discussions (FGDs) + **109** a diagnostic survey

This report draws on secondary research, 23 semi-structured interviews, two focus group discussions (FGDs), and a diagnostic survey of 109 disability-focused nonprofits. The findings are intended as a landscape diagnostic, with a focus on civil society action, rather than a representative census. While the report surfaces patterns, tensions, and operating realities across the ecosystem, we acknowledge the limitations. Furthermore, the research has an implicit focus on civil society. The role of the family, community, the state, and the market in ensuring disability inclusion has been explored in a limited manner. The study may also be biased by our role as a sector intermediary.

## 1 Disability Inclusion as a Structural Condition

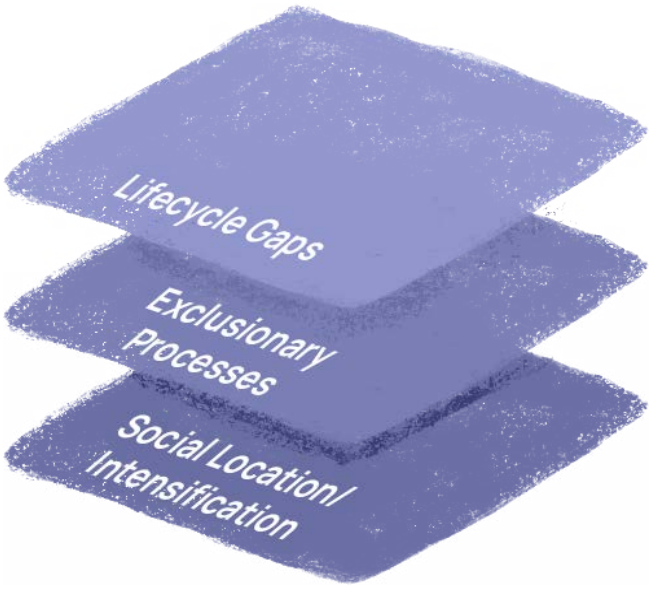
Disability exclusion is not simply a failure of implementation. It is produced by how systems are designed, resourced, and held accountable. Most institutions continue to be built around a narrow idea of the "normal" user, learner, or worker. When bodies, minds, or communication styles fall outside this norm, exclusion is reproduced through inaccessible infrastructure, fragmented service delivery, weak enforcement, and limited data visibility.

### THREE DYNAMICS SHAPE HOW THIS EXCLUSION OPERATES:

- **Across the lifecycle early gaps compound.**
  Although over 2.14 million children with special needs are enrolled in schools, only 36% of schools are accessible, and 55% have ramps with handrails. Early barriers translate into constrained outcomes in education, employment, and autonomy.

- **Within systems, access is mediated through processes that often exclude.**
  Less than 40% of persons with disabilities possess a UDID card, despite its role as a gateway to entitlements.

- **Across social locations, exclusion intensifies.**
  Labor force participation among persons with disabilities is around 24%, and significantly lower for women with disabilities, reflecting the compounding effects of caste, gender, geography, and poverty.



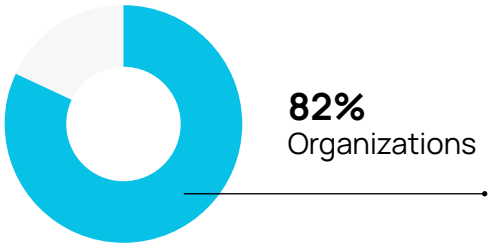
The result is a persistent misalignment: rights exist, but systems remain underprepared to deliver them.

## 2 The Nonprofit Landscape

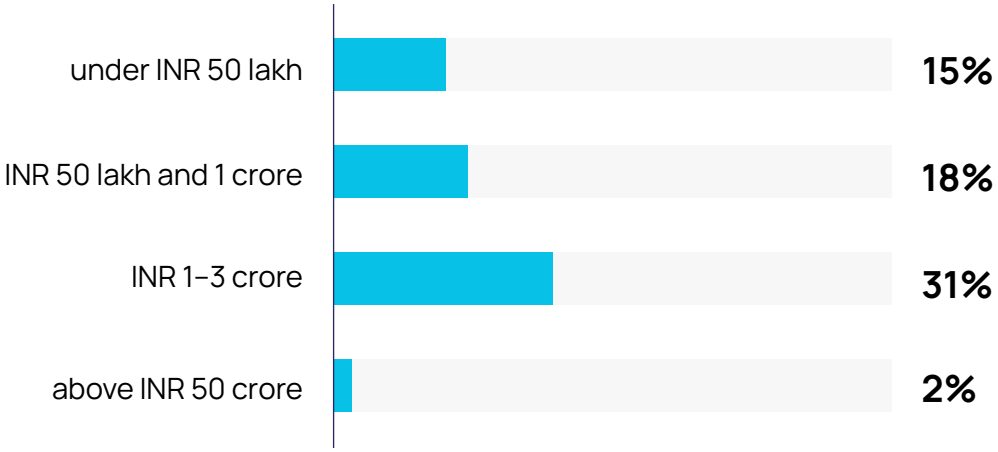
The nonprofit sector occupies a structurally unusual position in the disability ecosystem. It sits between the state, the market, the family, and the community, translating across fragmented or siloed systems, which have been formally claimed but practically under-delivered.

### DATA FROM 109 DISABILITY-FOCUSED NONPROFITS REVEALS A SECTOR THAT IS MATURE, ADAPTIVE, AND CHRONICALLY STRETCHED:

- **A stable and mature sector**
  82% of organizations have been operational for more than a decade, reflecting institutional experience and depth of practice.

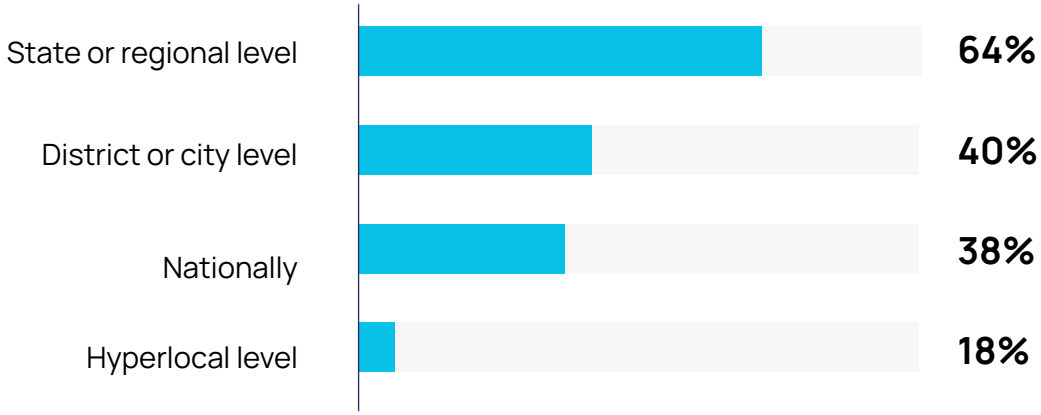



- **The sector is largely small to mid-sized**
  15% organizations operate under INR 50 lakh, 18% between INR 50 lakh and INR 1 crore, and 31% between INR 1–3 crore. Only 2% organizations reported budgets above INR 50 crore.



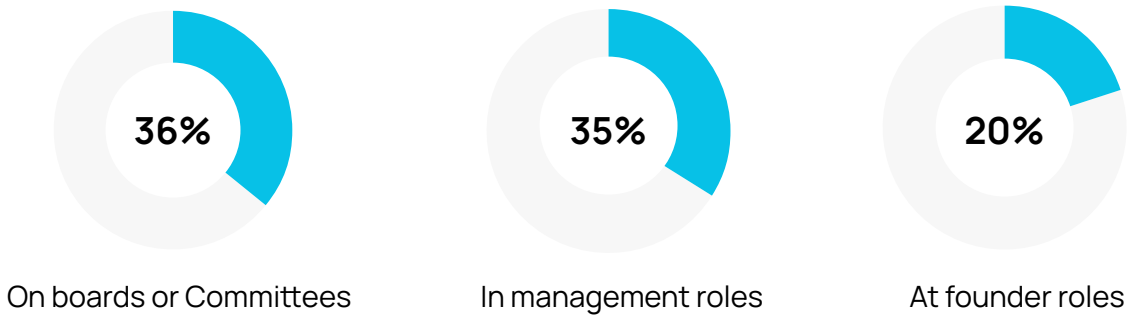
**Geographic reach is distributed but uneven**

64% of organizations work at the state or regional level, 40% at the district or city level, 38% nationally, and only 18% at the hyperlocal level.




**Representation of persons with disabilities is uneven across authority levels**

36% of organizations report representation on boards or advisory committees, 35% in management or decision-making roles, and 20% at founder, CEO, or director level.



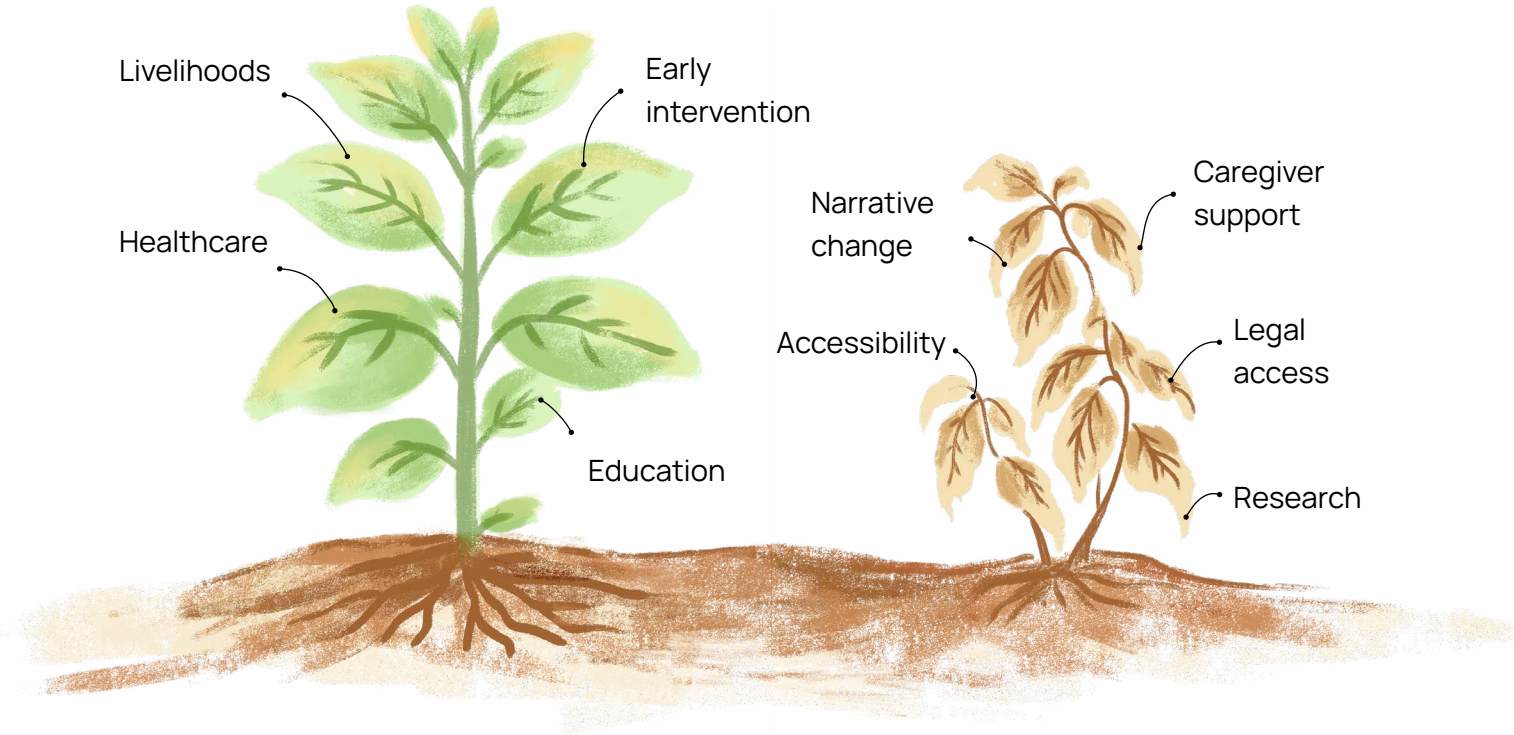

Organizations routinely work across multiple domains like education, health, livelihoods, early intervention, not by design expansion, but because lived needs do not align with institutional silos. The outcome leads to a structural inversion: those closest to need are also those least resourced to absorb its complexity. Over time, responsibility settles with nonprofits, while systems meant to carry that responsibility remain underdeveloped.

# 3 Viewing Disability Across Systems and Domains

Disability exclusion is not confined to any one domain. It cuts across education, employment, health, legal and civic life, and social participation. Across these domains, exclusion appears not as isolated breakdowns but as repeating pathways, from school dropout to workforce exclusion, from fragmented care to limited public participation.

These pathways are shaped at multiple levels: visible events, recurring patterns, underlying structures, and mental models. As a result, exclusion is reproduced through physical inaccessibility, along with assumptions about productivity, independence, and whose participation is considered necessary.

Nonprofit efforts are concentrated in more fundable domains: education (63%), livelihoods (48%), early intervention (42%), and healthcare (40%). Work that addresses deeper conditions — research (8%), legal access (7%), narrative change (7%), accessibility (6%), and caregiver support (8%) — remains thinly resourced.




**This is the central finding for funders and policymakers: the work most difficult to fund is often the work most necessary for durable change.**

Service delivery may respond to visible exclusion, but shifts in systems, accountability, leadership, evidence, and mental models determine whether that exclusion continues to be reproduced.

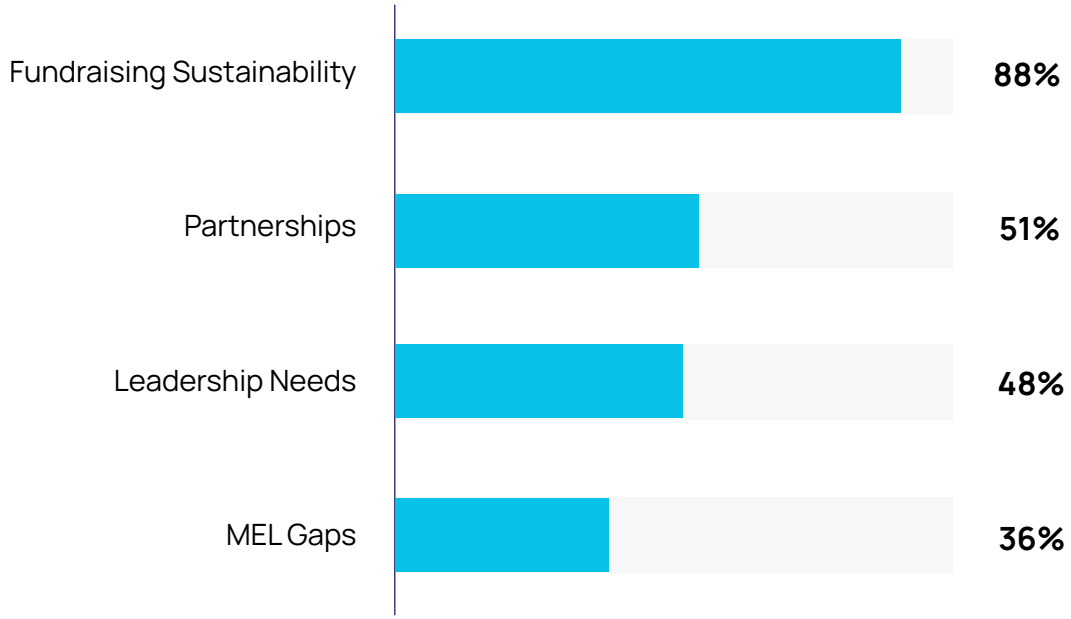
# 4 Funding Architecture and Organizational Capacity

India's social sector spending has expanded to approximately INR 27 lakh crore, yet a financing gap of INR 16 lakh crore persists to meet the Sustainable Development Goals. Within this landscape, disability remains marginal.

CSR spending on disability-linked categories accounts for just 1% of total CSR expenditure, with only 4% of companies contributing at all. State funding remains the primary source, with INR 1,670 crore allocated to the Department of Empowerment of Persons with Disabilities in FY 2026–27. Recent increases are concentrated in scheme-based spending, particularly skilling and assistive devices.

The structure of funding shapes what the ecosystem can sustain. Work that fits within clear mandates is easier to fund than work that requires coordination, long-term investment, or system-level change.

**Organizations report consistent capacity gaps:**




**The current funding architecture shows underinvestment in core, connective, and field-building functions — the very elements required for long-term system change.**

# 5 Cornerstones for Collaborative Action

The report closes by identifying five cornerstones that can help move disability inclusion from fragmented effort to durable systems change. These priorities are not standalone recommendations; they are shared conditions for action across government, philanthropy, industry, and civil society.

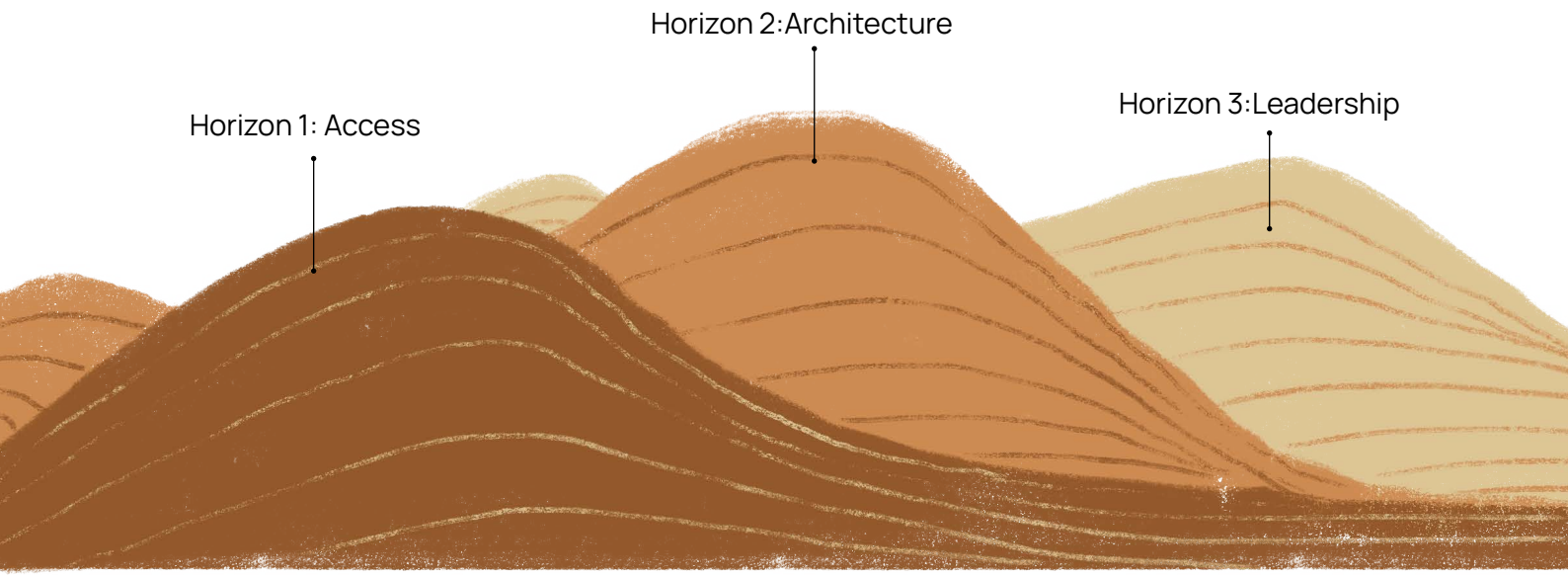
| Cornerstones | System Shift Required | What it Unlocks |
|---|---|---|
| **Design access from the start** | Accessibility must be built into digital, physical, workplace, and service systems at inception, not added later. | Reduces the need for repeated accommodation and creates models that can inform wider institutional standards. |
| **Resource lifecycle continuity** | Support must hold across transitions: early identification, schooling, skilling, work, adulthood, care, and ageing. | Prevents people from falling between systems and strengthens pathways that reflect how disability is actually lived over time. |
| **Address compounded exclusion** | Systems must account for disabled people least visible in data, schemes, and mainstream programs. | Brings caste, gender, poverty, geography, disability type, and support needs into the core of design and delivery. |
| **Build accountability infrastructure** | Rights must be backed by enforcement, grievance redressal, legal literacy, monitoring, and better data. | Moves inclusion from formal recognition to claimable access, especially for those furthest from institutions. |
| **Invest in disabled leadership and connective infrastructure** | DPOs, disabled leaders, coalitions, peer networks, and knowledge platforms need sustained support. | Allows the field to learn, align, set priorities, and shape systems through lived expertise rather than external interpretation alone. |

The three horizons framework helps locate these efforts across time: from access to formal recognition and services, to institutional pathways for inclusion, to systems integration and field leadership.

- **Horizon 1: Access**
  **Core question:** Are existing systems reachable and usable?
  **What to build:** Certification, entitlements, services, rehabilitation, assistive technology, and direct support that reliably reach people currently excluded from basic access.

- **Horizon 2: Architecture**
  **Core question:** Are institutions designed to carry inclusion?
  **What to build:** Accessibility standards, referral pathways, coordination mechanisms, government partnerships, and accountability systems that reduce dependence on individual navigation.

- **Horizon 3: Leadership**
  **Core question:** Can the field shape its own future?
  **What to build:** Disability-led institutions, shared evidence, financing architecture, narrative change, and systems integration that make inclusion durable.




This further reframes the recommendations as a map of responsibility over time, not only what must change, but where change can be anchored so inclusion no longer depends on negotiation each time.

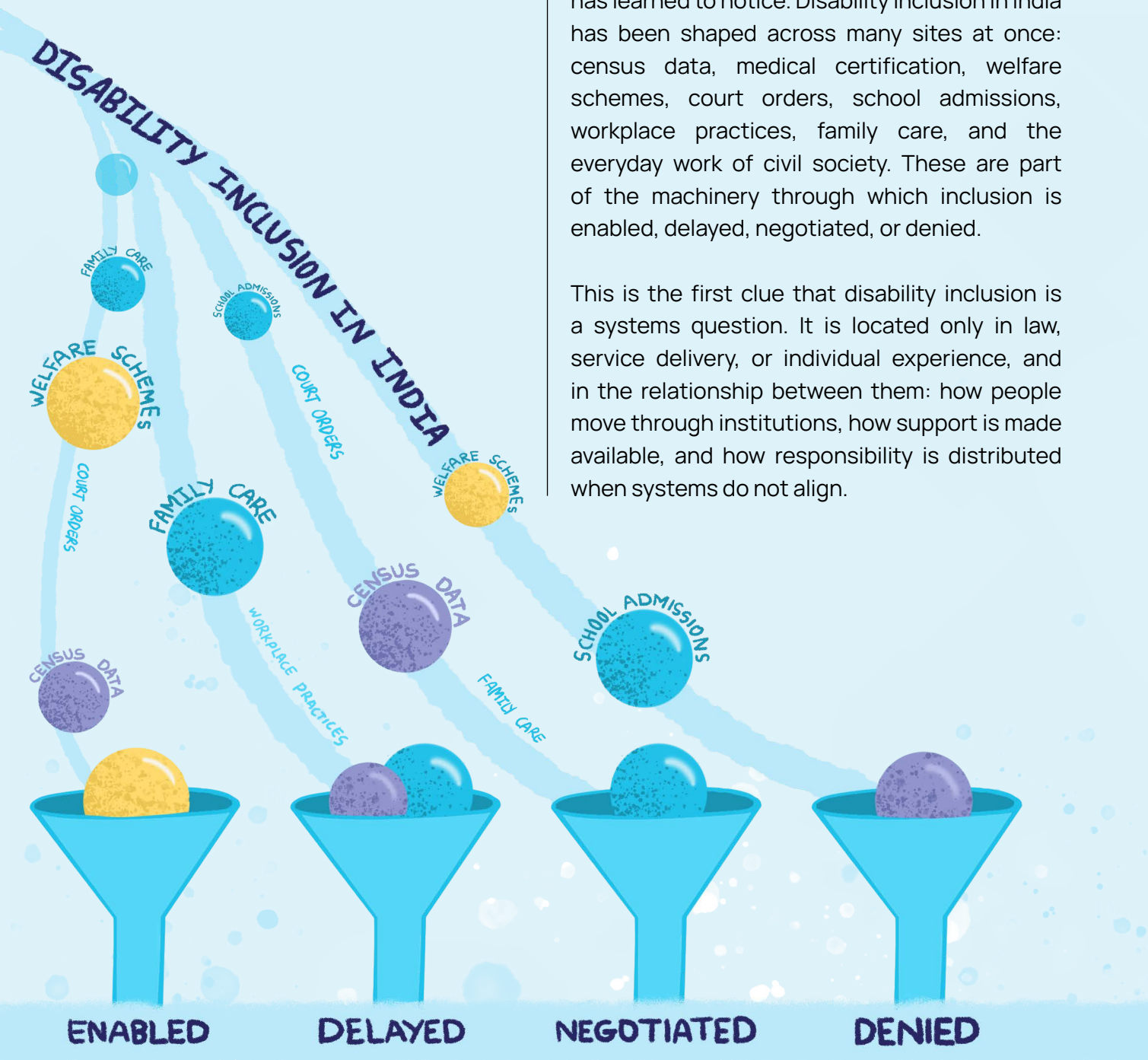
**Disability exclusion is produced by systems built around a narrow idea of whose bodies, minds, and lives are expected to fit. The work ahead lies in building the legitimacy of disabled life itself not as burden, exception, or compromise, but as complete lives with equal claim to dignity, participation, investment, and continuity.**

# 01

# MAPPING THE TERRAIN: HOW DISABILITY INCLUSION IS STRUCTURED IN INDIA

Every landscape is shaped twice: once by what exists on the ground, and once by what a society has learned to notice. Disability inclusion in India has been shaped across many sites at once: census data, medical certification, welfare schemes, court orders, school admissions, workplace practices, family care, and the everyday work of civil society. These are part of the machinery through which inclusion is enabled, delayed, negotiated, or denied.

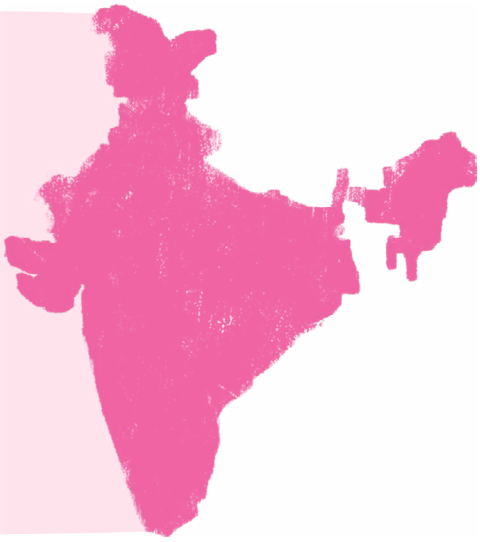
This is the first clue that disability inclusion is a systems question. It is located only in law, service delivery, or individual experience, and in the relationship between them: how people move through institutions, how support is made available, and how responsibility is distributed when systems do not align.



Scale is one of the first places where this relationship becomes visible. Globally, the World Health Organization estimates that 1.3 billion people, or around 16% of the world's population, experience significant disability. In India, official estimates remain much lower: Census 2011 recorded 2.68 crore persons with disabilities, or 2.21% of the population, and the NSS 76th Round estimated disability prevalence at 2.2%. These differences shape who is counted, who can claim support, and whose needs are planned for. Measurement, in this sense, helps define the boundaries of public responsibility.[1]

**In India,**

official estimates remain much lower: Census 2011 recorded 2.68 crore persons with disabilities, or 2.21% of the population, and the NSS 76th Round estimated disability prevalence at 2.2%.



The formal architecture of disability inclusion has also changed over the past decade. The Rights of Persons with Disabilities Act, 2016 expanded recognized disability categories, introduced reasonable accommodation, and placed clearer obligations on government establishments and institutions. Recent judicial developments have widened this frame further, affirming disability inclusion as a question of access, dignity, and public responsibility rather than charity, discretion, or individual adjustment.[2]

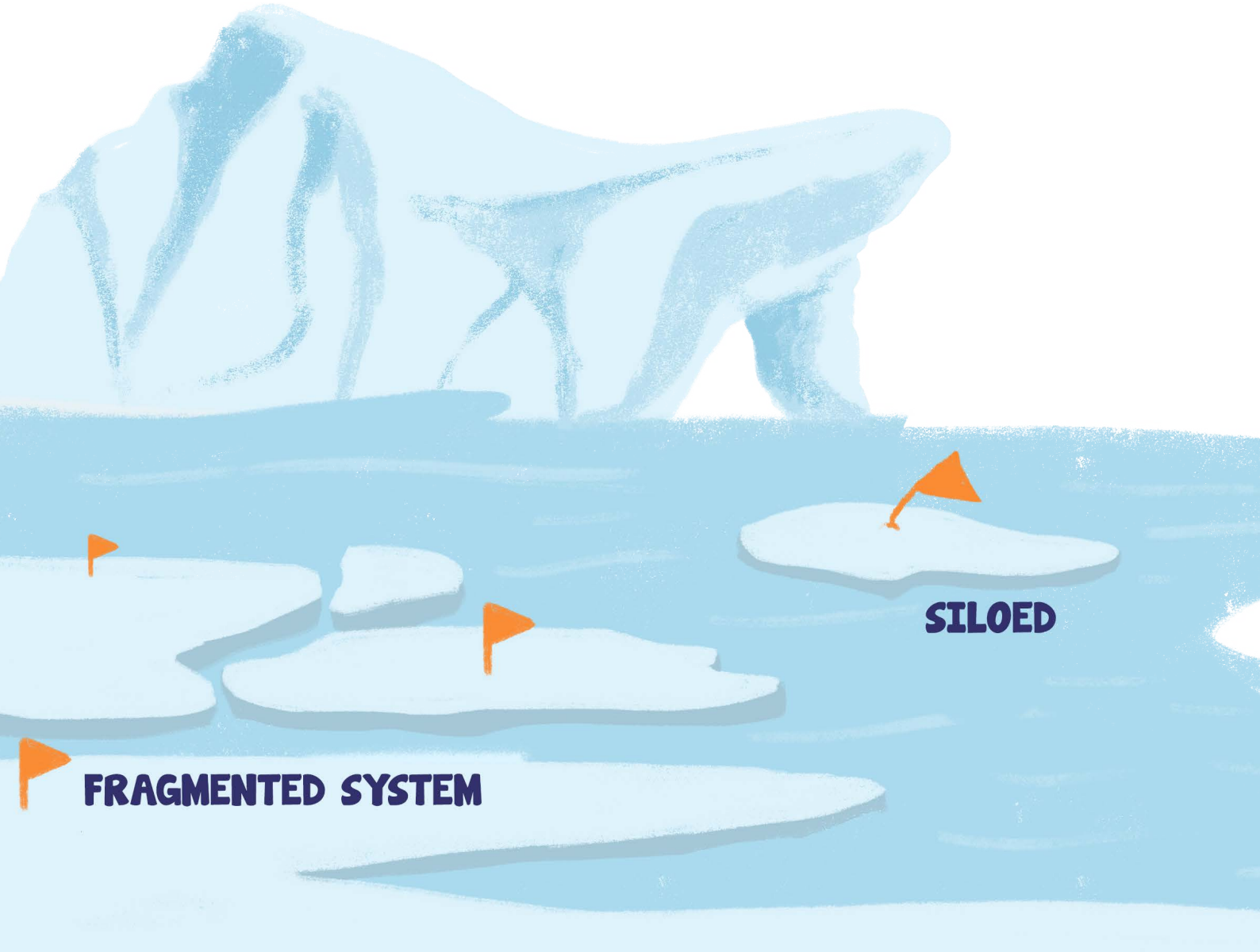
These shifts matter because they alter the terms on which persons with disabilities can make claims, and the terms on which institutions can be held to account. Yet access is still shaped through many ordinary points of contact: securing certification, navigating entitlements, entering school, requesting accommodation, accessing transport, using digital systems, finding responsive officials, and sustaining support through families, caregivers, or nonprofit workers. Across education, employment, healthcare, social protection, infrastructure, and civic participation, inclusion turns on whether systems have imagined persons with disabilities as ordinary users, learners, workers, and citizens.

This is where the everyday design of institutions becomes visible.

| | | |
|---|---|---|
| A school assumes a certain kind of learner. | A workplace assumes a certain kind of worker. | A public office assumes a citizen who can read the form, reach the building, produce the right documents, and return when asked. |

When these assumptions do not match people's lives, the work of access shifts onto persons with disabilities and those closest to them.

Families compensate for inaccessible services. Women and girls carry disproportionate unpaid care. Persons with disabilities living at the intersections of poverty, caste, gender, rurality, and age face additional barriers to recognition and support that compound in ways most schemes are not designed to reach. Civil society organizations step in, not only as service providers, but as translators, navigators, advocates, trust-builders, and holders of continuity across fragmented systems.



This is why disability inclusion is a structural question. It asks how access is designed, who carries the burden of navigation, what forms of support are treated as essential, and why disabled lives are still so often required to justify their claim to ordinary participation. The economic case is significant: excluding persons with disabilities from the labor market can cost countries between 3% and 7 % of GDP.[3] But the deeper question is civic and institutional: whether systems built in the name of the public are prepared to serve the full diversity of the public.

The economic case is significant: excluding persons with disabilities from the labor market can cost countries between

**3 % and 7 % of GDP.[3]**

This chapter lays the foundation for the report. It situates disability inclusion within the human continuum; traces how India's legal, policy, and institutional landscape has evolved; identifies why access remains uneven; and locates the actors working across this field. The rest of the report builds from this starting point, examining how nonprofits hold continuity where systems fragment, where exclusion repeats across domains, how funding shapes what is possible, and what collective action is required for disability inclusion to become durable.

# 1.1 How to Read This Report

Disability inclusion is a cross-cutting development imperative. However, it is often approached through visible failure: a child pushed out of school, a job applicant screened out, a pension denied, or a building constructed as unusable. While these are important entry points, they do not fully explain how such outcomes are produced. Therefore, in this report, we approach them as outcomes generated within a wider terrain, shaped by policy, institutional design, budget priorities, administrative practice, alongside social norms and uneven state capacity. Three analytical lenses organize our inquiry:

- **Lifecycle Lens:**
  Exclusion accumulates across the lifecycle, from early identification through schooling, skilling, employment, social protection, and into old age.[4] Disability inclusion emerges as a priority long before employment and extends well beyond formal schooling. A child not identified early, or unsupported in school, is disproportionately likely to face exclusion from higher education, work, and income security. This lens also disrupts the notion of disability as a fixed or bounded identity. Individuals may experience disability at different moments, through birth, illness, accident, or aging. It allows for inclusion to be seen as the foundational condition that must be embedded continuously across the lifecycle.

- **Systems Lens:**
  Here, the focus shifts from when exclusion occurs to why it persists. It recognizes that outcomes such as school dropout, unemployment, or barriers to healthcare are not merely discrete events, but visible expressions of deeper structural constraints. These include inaccessible physical and digital infrastructure, fragmented and siloed service delivery systems, institutional practices that exclude by design, and pervasive social norms shaped by ableism and stigma.[5] Addressing the surface without addressing the roots produces gains that are inherently limited and difficult to sustain.

- **Intersectionality Lens:**
  This helps understand how disability aggravates the lived experience in a socio-culturally complex country such as India. Gender, caste, class, geography, and age shape how impairment is experienced and how institutions respond to it.[6] Women with disabilities face specific vulnerabilities in safety, education, and economic participation. Persons from Scheduled Caste, Scheduled Tribe, and Other Backward Class communities with disabilities encounter layered disadvantages that standard disability schemes rarely address. Rural and low-income households bear disproportionate care burdens when public systems fail.

Together, these lenses allow the report in moving from isolated outcomes to a patterned explanation. Rather than reducing the analysis to a form of impairment, the report keeps in view the breadth of disability as recognized under the Rights of Persons with Disabilities (RPwD) Act, 2016 – and beyond. The breadth is necessary because exclusion is produced by systems built for a narrow idea of the 'normal' user, learner, worker, or citizen.[7]

## 1.2 How the Terrain of Disability Inclusion was Assembled

The disability ecosystem in India has been assembled over time, through policy, law, and society. Understanding why the system behaves as it does today require tracing how these layers came together.

### 1.2.1 From Charity to Rights: The Long Shift in Disability Framing

Before disability was framed in terms of rights, it was addressed primarily through a combination of state welfare, philanthropy, family responsibility, and rehabilitation-oriented services. In pre-Independence India, services were limited: typically operated by voluntary organizations, a small number of special schools for blind and deaf children, and institutions linked to care or custodial management. Disability, particularly intellectual and psychosocial disability, was largely managed within the household, with families bearing primary responsibility of care, income, and everyday functioning.[8]

Post-Independence policy did not fully overcome this tendency to privatize disability. The constitutional promise of equality and social justice opened some space for change, but for many years disability remained within a welfare-rehabilitation frame rather than a citizenship frame.[9] Persons with disabilities were positioned as recipients of care rather than as people entitled to shape institutions on equal terms.

The turn towards a rights-based approach emerged gradually, through both political and institutional change.[10] Disability rights movements in India developed alongside other postcolonial struggles over equality and citizenship, challenging models that treated disability as a matter of sympathy rather than justice. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 marked a major turning point, moving the policy conversation beyond

charity to include education, employment, non-discrimination, affirmative action, and social security.[11] At the same time, many of its provisions remained qualified by the state's "economic capacity and development," allowing rights to be mediated through administrative and fiscal discretion.[12]

### 1.2.2 International Anchors and Domestic Deepening: How Rights Frameworks Expanded

The 2000s brought another shift. The National Policy for Persons with Disabilities, 2006 broadened the framing of inclusion to encompass equal opportunity and participation. More consequentially, India's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007 placed domestic policy within a stronger international framework, reinforcing expectations around non-discrimination, accessibility, participation, and accountability.[13]

This trajectory culminated in the Rights of Persons with Disabilities Act, 2016, the central legal anchor of the current terrain. In addition to replacing earlier legislation, the Act redefined the scope of disability inclusion. It expanded recognized disability categories from seven to twenty-one, strengthened equality and dignity provisions, mandated reasonable accommodation, broadened inclusive education and employment obligations, and embedded accessibility across physical spaces, transport, and information systems. It also established a more formal architecture, with designated authorities and responsibilities across levels of government.

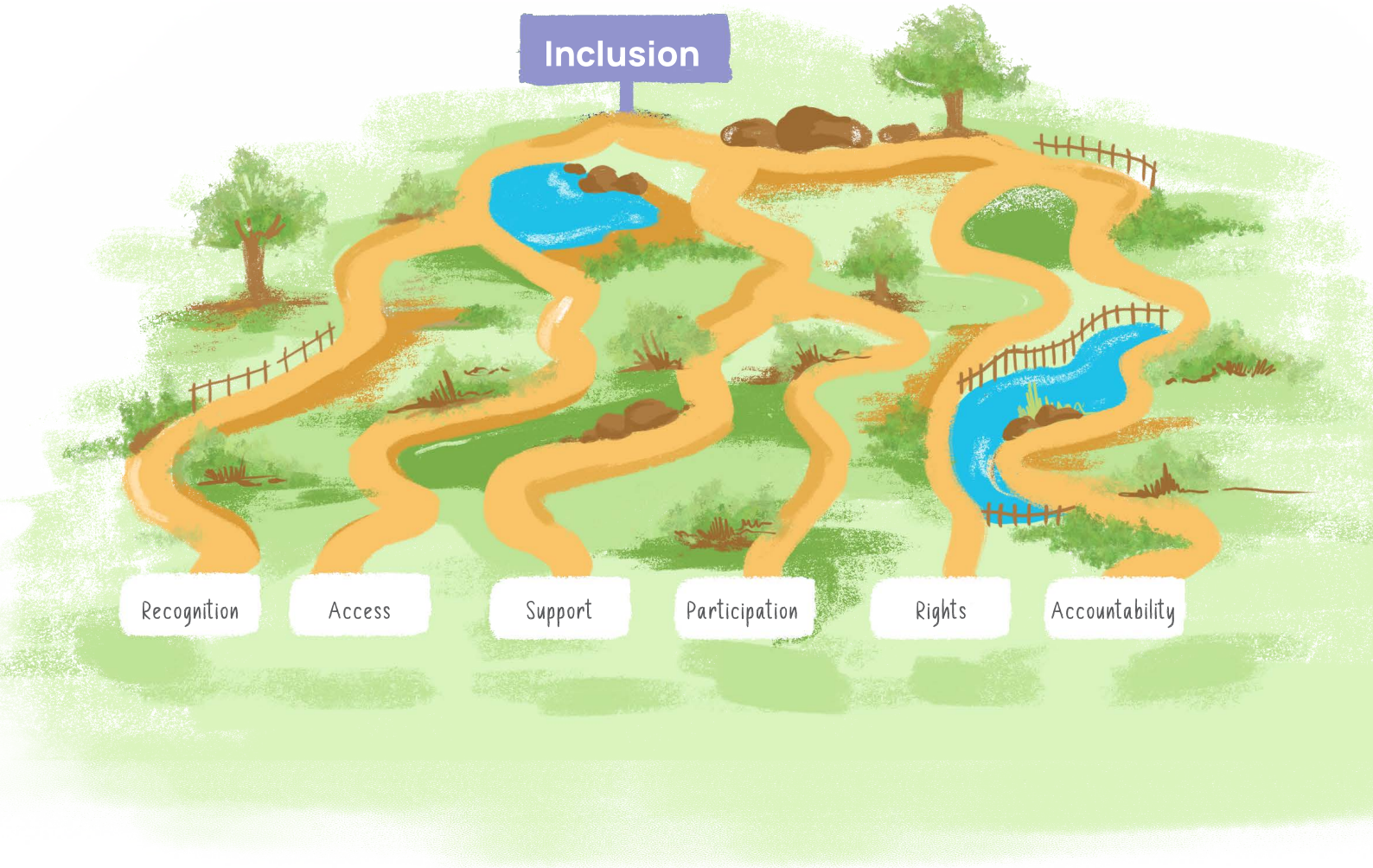
Even so, the disability ecosystem cannot be understood through the RPwD Act alone. The Rehabilitation Council of India Act, 1992 established a framework for the training of rehabilitation professionals, while The National Trust Act, 1999 created a statutory body focused on specific disability groups. These laws and their trajectories suggest that disability inclusion has always depended not only on legislative frameworks, but on professional capacity, administrative specialization, inter-ministerial coordination, and local institutional presence.

### 1.2.3 Expansion Across Domains: How Disability Moved Beyond Disability-Specific Policy

Over time, disability spread into policy domains not originally framed as disability-specific. Accessibility became a national agenda through the Accessible India Campaign (Sugamya Bharat Abhiyan), bringing built environments, transport, and ICT into a framework of universal access. Education policy incorporated Children with Special Needs within Samagra Shiksha, while social protection systems

expanded to include pension schemes, assistive devices, and targeted support. More recently, digital governance brought web accessibility, digital identity, grievance reporting, and accessible information formats into the inclusion agenda. The Union Budget 2026–27 further signaled strategic intent, enabling skilling, entrepreneurship, digital learning, and assistive technology for persons with disabilities.[14]

This is why disability inclusion in India is better understood as the formation of a terrain rather than the accumulation of laws or schemes. As the meaning of disability has evolved, so have the institutions, expectations, and responsibilities attached to it. The growth has been uneven and incomplete, but it has reshaped what can now be demanded of the state, markets, and civil society — and it explains why the terrain behaves the way it does today.



# 1.3 Why Inclusion Remains Uneven

A stronger framework for equity has not necessarily translated into consistent outcomes. The evidence is unambiguous. The UDISE+ 2024–25 report records more than 2.14 million children with special needs enrolled in school, yet only 36% of schools have the facilities and infrastructure designed for them, and only 55% have ramps with handrails.[15] Current observations on the systems in India, point to challenges regarding procedural delays, accessibility, and the current availability of disability-disaggregated data for tracking accountability. Three structural tensions help explain the unevenness in the landscape.

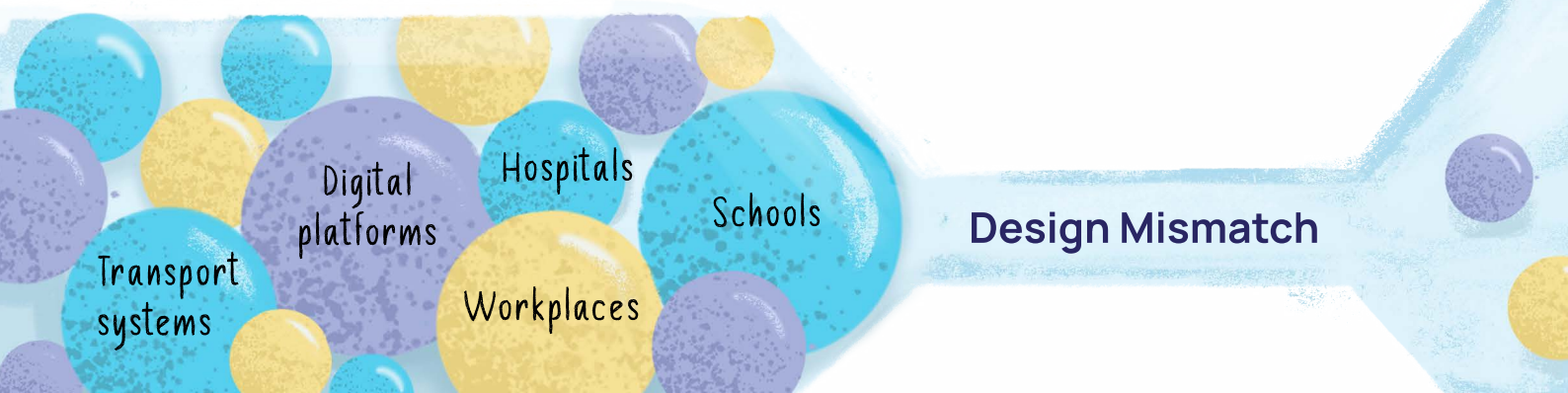
The UDISE+ 2024–25 report records more than

**2.14 million children with special needs**

enrolled in school, yet only 36% of schools have the facilities and infrastructure designed for them, and only 55% have ramps with handrails.

## 1.3.1 Design Mismatch: Systems Built Around a Narrow Norm

The most immediate source of unevenness is the mismatch between the diversity of disability and the uniformity of most institutional design. Schools, hospitals, workplaces, transport systems, and digital platforms were built around a narrow idea of the standard user. When a person's body, communication style, pace of learning, or cognitive profile does not fit that norm, the system produces exclusion through the accumulated effect of inaccessible infrastructure, under-equipped service providers, and incomplete accommodations. The gap between what persons with disabilities need and what public services are designed to deliver is widest where design has been least informed by the people it is meant to serve.



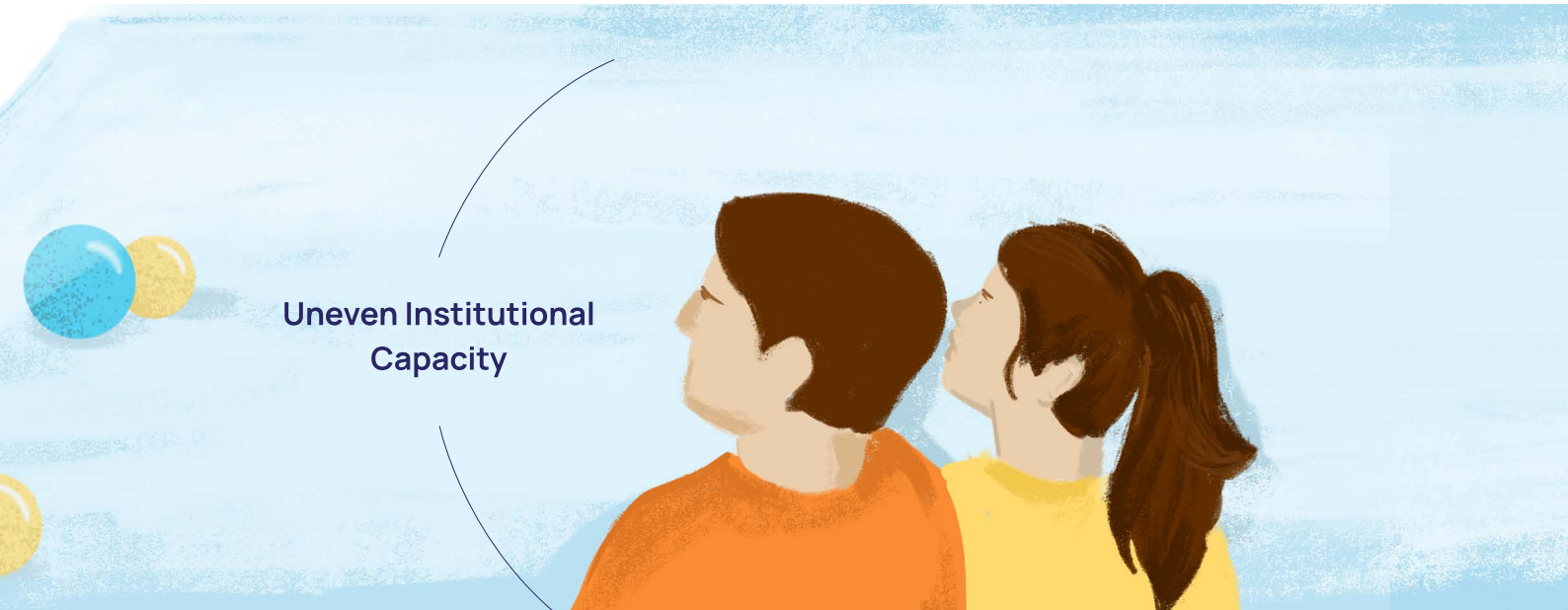
## 1.3.2 State Variation: Uneven Institutional Capacity

Health, education, and social welfare are concurrent or state subjects under India's constitutional framework. While central legislation may establish rights, implementation depends on state-level capacity and priorities. Whether the RPwD Act translates into meaningful access hinges on the functionality of state commissioner's offices, teacher training in inclusive design, accessibility standards, and procurement processes. Variation across states in all these dimensions is wide and well-documented.[16] Unlike issues where concentrated harms generate clear pressure, the costs of disability exclusion are dispersed among households, unpaid care, interrupted education, and lost income. These are less legible to data systems that do not collect disaggregated information, and less easily attributed to specific institutional outcomes.

## 1.3.3 Shared Stakes: Building Coordination Across Institutions and Sectors

Disability inclusion spans multiple domains – education, health, labor, social justice, rural development, transport, housing, and digital infrastructure. And coordination among these sectors remains limited. Schemes may be well-designed in one ministry and unimplemented in another. Individuals navigating entitlements may encounter four different departments with incompatible documentation requirements, separate grievance mechanisms, and different implementation timelines.[17]

This fragmentation reflects the need for greater alignment and coordination to overcome institutional silos, by centering everyday contexts of disability. Closing the distance between the promise of inclusion and what institutions deliver on the ground requires both coordination and compliance.

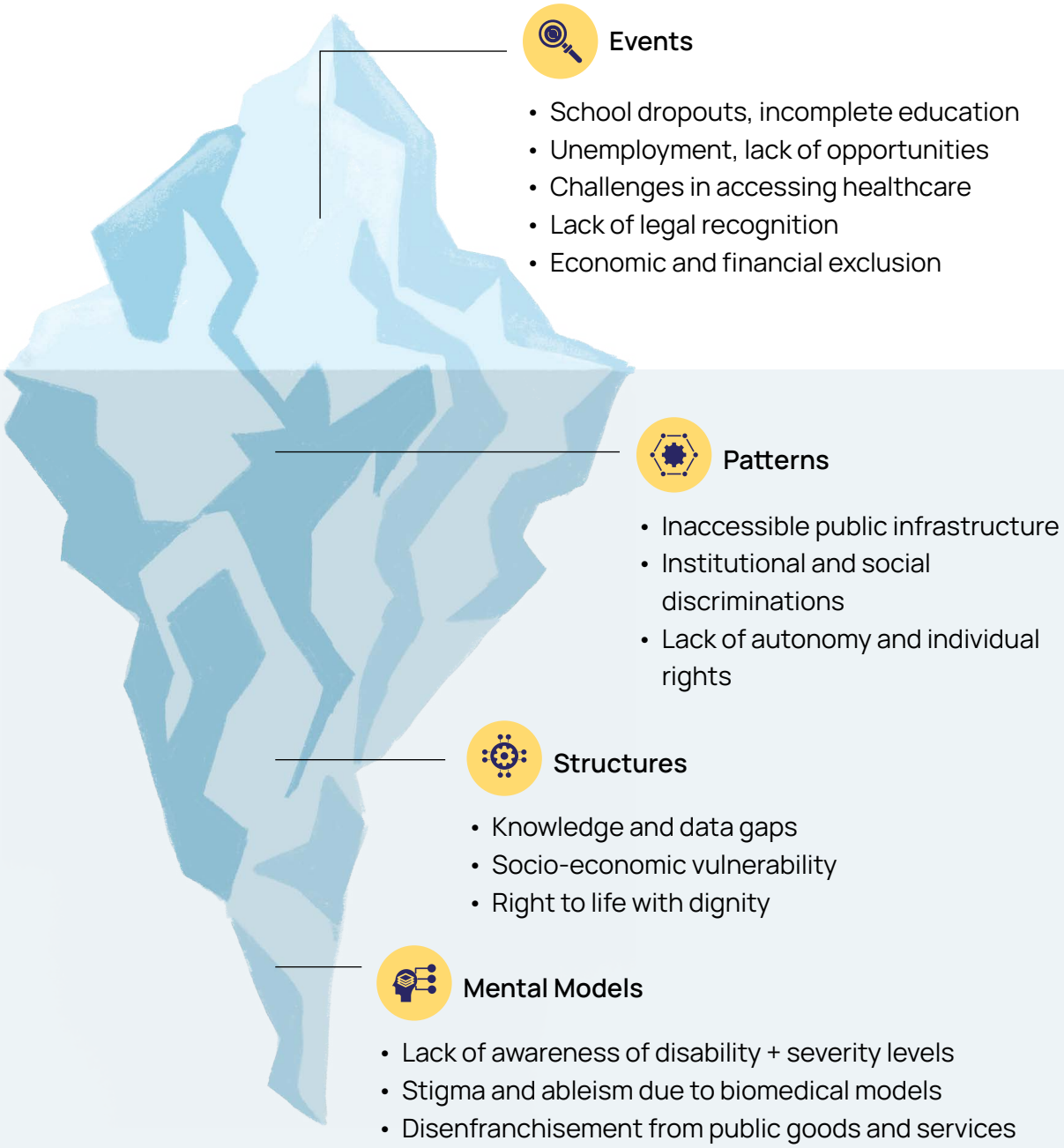


# 1.4 Making the System Visible

A person does not experience disability in one sector at a time. Their life may involve early diagnosis in the health system, schooling in mainstream or special settings, skill training, attempts to secure employment, recourse to social protection, negotiation of public transport, use of assistive technology, and interaction with digital public infrastructure. Each of these sites can either widen or narrow participation. And at each site, the same structural tensions play out.

**Figure 1:**

**Viewing the Disability Lifecycle through an Iceberg Model**



The iceberg model helps distinguish between visible outcomes and the underlying conditions that produce them. At the surface are the exclusion events that tend to attract most attention and funding. These are real and significant, but they are outcomes, not necessarily causes.

Beneath the surface lie the patterns that produce those outcomes, like inaccessible infrastructure, poorly trained personnel, and inadequate accommodations. Deeper still are the structures that sustain those patterns: policy gaps, weak enforcement mechanisms, fragmented inter-institutional coordination, and underdeveloped data systems. And beneath all of these are the mental models – the ableism, stigma, and paternalism that shape how institutions, families, employers, and communities understand disability in the first place. What the iceberg model makes clear is that interventions focused only on visible outcomes are necessary but not sufficient. They must be accompanied by efforts to shift the patterns and structures beneath: improving implementation systems, building data capacity, strengthening accountability mechanisms, and, over time, challenging the mental models that license exclusion.

### 1.4.1 The Domains of Inclusion: Where Participation is Made and Unmade

The terrain of disability inclusion spans at least five domains, each with its own actors, logic, and failure modes.

- **Education** is where trajectories are set, often before anyone has named what is happening. It is a powerful cascade, beginning from a missed developmental marker, a delayed referral, a classroom that cannot accommodate differences, a teacher who mistakes disability for low intelligence. By the time a child reaches adolescence without appropriate support, years of compounding disadvantage have already narrowed what remains possible. And yet, the gap between early identification in principle and early identification in practice remains wide.

- **Employment** is where earlier disadvantage either hardens into exclusion or, occasionally, can be interrupted. Skilling programs frequently carry the imprint of what employers are expected to want, which often reflects assumptions about who is "trainable" and for what. Labor markets, meanwhile, are structured around physical and communicative norms that treat departure from them as a problem to be managed rather than a diversity to be designed for.[18]

- **Health systems** are typically where institutional contact begins — and where so much is decided before the rest of the system becomes relevant. Diagnostic accuracy, early intervention, and rehabilitation support are unevenly available across geographies, frequently missing in secondary and tertiary towns and in primary care settings that lack specialist capacity.[19]

- **Legal and civic life** speaks to how policy mandates and social protections shape inclusion. Courts, grievance redressal channels, and disability commissioners are, at their best, the architecture that gives other commitments teeth. This is characteristically slow, expensive, and inaccessible to many of those it is meant to serve, and more effective for those with resources to sustain complaints over time.

- **Social participation** is where the cumulative effects of exclusion across other spheres of life register most concretely, in who is present within public life and who is not. It encompasses movement through shared spaces, civic engagement, and the degree to which people with disabilities are imagined as ordinary participants in community life, rather than exceptions to it.

Today, India's disability rights framework is more robust than it was a decade ago. Yet practice tells an uneven story. Redistributive mechanisms like disability pensions, assistive technology schemes, and care support remain markers of how the system understands the relationship between disability and economic participation.[20] The foundational work of enablement and capacity-building has historically relied on institutional philanthropy, while Corporate Social Responsibility (CSR) has clustered around livelihoods and skilling, where outcomes are more readily measurable. Rights-based and intersectional approaches remain less resourced. Assistive technology has largely grown within a narrow circle of accelerators and corporate partners, despite showing signs of momentum. The result is a field whose funding flows and programmatic priorities reflect the terrain as it has been assembled, rather than the terrain as inclusion requires it to be. This report examines how that gap is understood, and what it might take to close it.

## 1.5 Who Makes the Ecosystem Function

The ecosystem is experienced through sites like block offices, hospital assessments, and classrooms by people with disabilities in India. Behind every policy mandate and delivery gap is a set of actors whose decisions and span of influence determine what inclusion can look like. The table below maps the actors in this ecosystem, sketching out a picture of where leverage and influence sit, how they move, and what helps them reach the communities they serve.

**Figure 2:**

**Actor map of the disability inclusion ecosystem by layer, type, role, mandates, and engagement**

| Actor Type | What They Do | What Is Their Mandate | Who and Where They Meet |
|---|---|---|---|
| **Policy and Rights** | | | |
| Government Ministries and Departments | Policy design, financing | Set legal frameworks, allocate budgets, define eligibility systems | At enrollment camps and through digital portals, families navigate scheme access with limited direct contact with decision makers |
| Advocacy Networks, DPOs, and Parent Collectives | Rights mobilization | Build narratives, mobilize constituencies, influence policy discourse | In community meetings and peer spaces, disabled persons and families gather to share experiences and organize around access and rights |
| Legal Think Tanks | Legal reform & interpretation | Shape reform agendas through legal analysis and policy research | Through litigation processes and policy consultations, activists and NGO representatives engage on specific legal challenges |
| Elected Representatives | Political agenda-setting | Influence legislation, visibility, and prioritization | In meetings and consultations, activists and NGO leaders present issues for legislative attention |
| Child Welfare Committees | Legal adjudication (child protection) | Decide custody, institutionalization, and care pathways | During crisis hearings, disabled children are brought before committees for decisions on care and placement |
| **State Implementation** | | | |
| District and Local Administration | Local scheme execution | Provide approvals, fund disbursement, local coordination | At block and panchayat offices, disabled adults and families submit documents for pensions, passes, and welfare schemes |
| State-Level Disability Commissioners | Compliance, enforcement & grievance redressal | Address complaints, push departments toward compliance | Through formal complaints and hearings, individuals and families seek redress for denied entitlements or inaccessibility |

| Actor Type | What They Do | What Is Their Mandate | Who and Where They Meet |
|---|---|---|---|
| Public Healthcare and Assessment Boards | Certification, screening | Determine disability status and eligibility for schemes | At district hospitals, disabled persons (often with families) undergo medical assessment for certification and eligibility |
| Frontline Health Workers | Early identification & referral | Provide first point of detection and referral pathways | During home visits and local center check-ins, young children and families are monitored and referred for further care |
| **Service Delivery** | | | |
| Specialized NGOs and Grassroots Implementers | Direct service provision | Provide design and delivery of interventions; build community trust | At centers and through home visits, disabled individuals and families receive ongoing therapy, training, and support |
| Rehabilitation Professionals and Special Educators | Therapeutic intervention delivery | Deliver specialized knowledge and intervention plans | In therapy sessions and special education settings, disabled individuals engage directly, often alongside trained caregivers |
| Mainstream and Inclusive Schools | Educational inclusion platforms | Provide access to mainstream education environments | In classrooms, disabled students participate in daily schooling, with periodic engagement with parents around progress |
| General Pediatricians | Primary diagnosis & referral | Provide early medical diagnosis | In primary clinics, children and parents seek early diagnosis and guidance on developmental concerns |
| Mental Health Practitioners and Psychologists | Psychosocial care provision | Deliver mental health assessment and care pathways | In counseling sessions, disabled individuals and caregivers address behavioral, emotional, and psychosocial needs |
| **Intermediaries** | | | |
| Capacity and Field-Building Organizations | Ecosystem capacity development | Shape training systems, institutional capabilities, and sector standards | In training programs and fellowships, practitioners and NGO leaders engage to build skills and institutional capacity |

| Actor Type | What They Do | What Is Their Mandate | Who and Where They Meet |
|---|---|---|---|
| Philanthropies and CSR | Resource allocation & agenda shaping | Control funding flows and define priority areas | During site visits, funding events, and public distributions, disabled individuals and families are intermittently engaged |
| Corporate Employers and DEI Initiatives | Labor market inclusion | Direct hiring, workplace norms, and accommodations | In hiring processes and workplaces, disabled adults engage through interviews, onboarding, and day-to-day work |
| Local Collaborative Forums | Local coordination infrastructure | Enable information sharing and collective action | In local meetings, NGOs, self-advocates, and parent groups exchange resources and coordinate efforts |
| **Frontier** | | | |
| Family and Caregiver Ecosystem | Informal care infrastructure | Provide daily care, decision-making, and continuity | At home and in the community, the disabled person is in continuous daily contact with family — for physical care, therapy reinforcement, and all decisions about participation in the world outside. |
| Assistive Technology (AT) Innovators and Startups | Tech solutions development | Shape design and availability of accessibility tools | During product testing and use of devices, disabled individuals engage with tools for communication, mobility, and access |
| Intersectional and Cross-Movement Collectives | Cross-movement integration | Cross-movement integration | In workshops and community spaces, disabled individuals from marginalized groups engage around identity and rights |

# 02
# THE NONPROFIT LANDSCAPE: ROLES, REACH, AND OPERATING REALITIES


The nonprofit sector in disability inclusion occupies a position that is structurally unusual and rarely named as such. It sits at the intersection of the state, the market, the family, and the community, translating between systems that do not always speak to each other, compensating for functions that have been formally claimed but practically abandoned, and holding together the continuity that no single system has been designed to provide. While inclusion is shaped by multiple actors, this chapter focuses on nonprofits as a central site of action. It traces how organizations have accumulated a form of knowledge about disability exclusion that exceeds what any formal system has been willing to recognize, over decades of sustained presence.

The chapter draws on survey data and qualitative accounts from across the nonprofit landscape. The survey reveals a sector that is older and more experienced than it is typically understood to be, working across a wider range of functions and geographies than any single program logic would predict. The qualitative material sits alongside this and surfaces what the numbers cannot fully explain: how organizations understand their own position, what they carry that was never formally assigned to them, and what the accumulated weight of that carrying looks like from the inside.

## 2.1 Tracing the Shape of the Sector

The 109 organizations that responded to this survey represent a cross-section of nonprofits working on disability inclusion across India. They vary substantially in age, budget, geography, and governance structure. Before examining what the sector does, it is worth establishing the terrain of this landscape through its institutional profile, resource base, geographic footprint, and leadership composition.

### 2.1.1 Institutional Age and Maturity: A Sector Built Over Time

**82% of responding**

organizations had been operational for more than ten years. The remaining 18% reported five to ten years of operation.

**Table 1:**

**Nonprofits by year of operation, n=109**

| Years of Operation | % of Orgs | Count |
|---|---|---|
| More than 10 years | 82% | 89 |
| 5–10 years | 18% | 20 |

This reveals that the field of disability inclusion in India is not in a nascent stage. An overwhelming majority of actors in this sample predate current CSR and funding mandates, and recent policy frameworks. In addition to longevity, this points towards the depth of practice. Organizations operating across a decade or more today have typically navigated multiple policy cycles such as the introduction of the RPwD Act, absorbed changes in funding priorities, and sustained relationships with communities and state actors while enduring through transitions.

### 2.1.2 Budget Profile and Organizational Scale: The Mid-Sized Majority

Nearly half of all organizations in our sample (48%) operated with annual budgets below INR 3 Crore. The largest concentration (30%) sat in the INR 1–3 Crore band. Fewer than one in five organizations (2%) exceeded INR 10 Crore annually. Only two organizations (2%) reported budgets above INR 50 Crore.

**Figure 1:**

**Nonprofits working in Disability Inclusion by Budget Size**

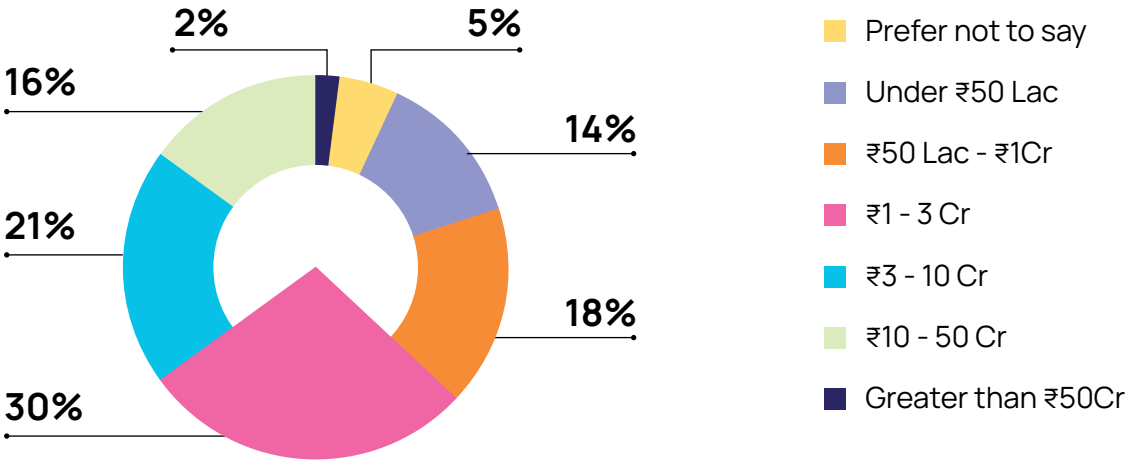



**Table 2**

**Nonprofits by annual budget size (FY 2025-26), n=109**

| Annual Budget (FY 2025–26) | % of Orgs | Count |
|---|---|---|
| Under ₹50 Lac | 14% | 15 |
| ₹50 Lac – ₹1 Cr | 18% | 18 |
| ₹1 – 3 Cr | 30% | 31 |
| ₹3 – 10 Cr | 21% | 21 |
| ₹10 – 50 Cr | 16% | 17 |
| Greater than ₹50 Cr | 2% | 2 |
| Prefer not to say | 5% | 5 |
| **Total** | | **109** |

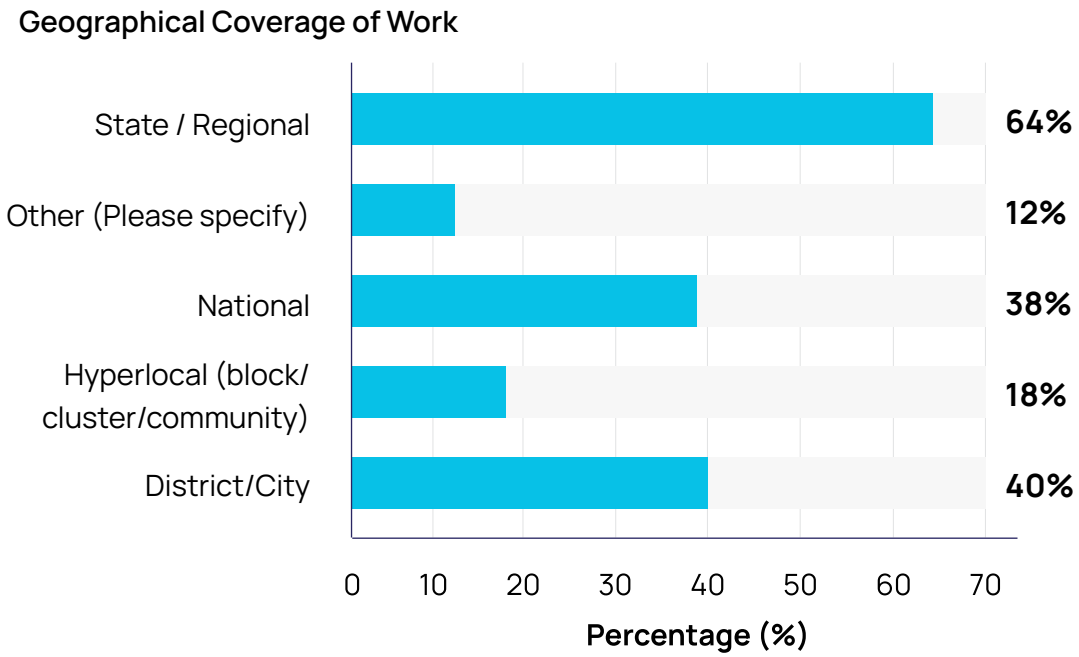
The sector showed breadth and continuity, with actors across budgets operating over sustained periods. Viewed through the lens of resourcing, small- and medium-sized organizations emerged as the most prominent subset. The thinness of the upper end of the budget range shows a paucity of organizations with steady, large-scale resources. Such large-scale anchor organizations typically play a role in building infrastructure and absorbing sectoral risk in most sectors.

### 2.1.3 Geographic Spread and Depth of Presence: Local Reach, Uneven Visibility

Approximately 64% of organizations in our sample reported working at the state or regional level. While 40% operated at the district or city level, national-scale work had a slightly smaller share at 38%. Critically, only 18% reached hyperlocal areas like villages, blocks, and urban clusters.

**Figure: 3**

**Geographical spread of nonprofits**



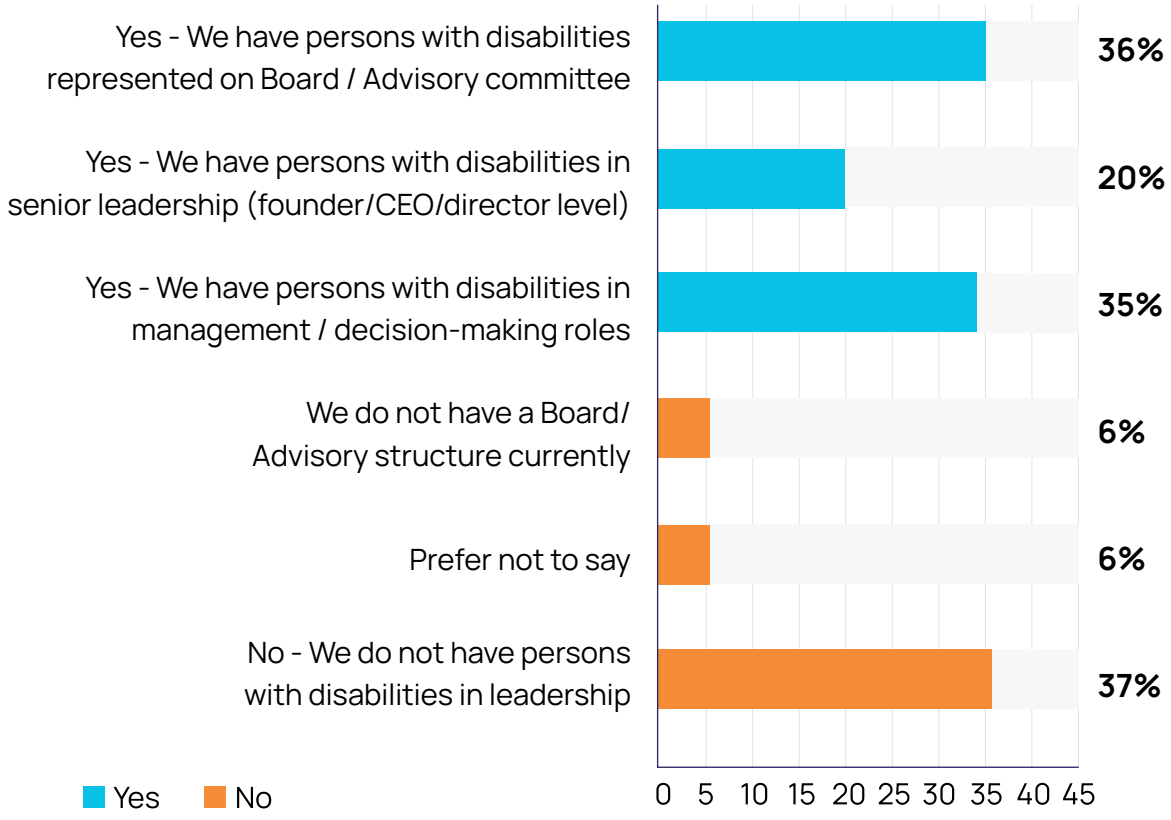

(Note: The above data adds up to more than 100% as the respondents could select multiple choices. Hyperlocal work adjusted down to 18% based on its 18.34% share, state/ regional adjusted down to 64% based on its 64.22% share and district / city adjusted to 40% based on its 40.36% share).

These categories are not mutually exclusive; many organizations operated across more than one tier. The dominant mode was state-level operation. Pan-India or national reach had a smaller share, at nearly half. Hyperlocal presence, the most proximate form of community engagement, was reported by fewer than one in five organizations. It also typically appeared alongside state or district operations, rather than independently. Coverage is distributed across India's geography, but sustained, proximate presence at the community level is not.

## 2.1.4 Leadership and Governance Composition: Representation and Decision-Making

**Figure: 4**

**Leadership and governance structure of nonprofits**




(Note: Because organizations could select multiple overlapping leadership structures, the percentages add up to more than 100%. Additionally, 7 organizations selected "Prefer not to say", and a few exclusively selected "We do not have a Board/Advisory structure currently").

Across our sample, representation was more common at governance and management levels than at the founder or executive level. Nearly 36% of organizations had disabled people represented in their boards and advisory committees, alongside 35% in management and decision-making roles. However, only 20% of organizations reported having people with disabilities in founder, CEO, and director roles.

These four dimensions of institutional age, resource base, geographic footprint, and leadership composition describe a sector that is mature, but predominantly made up of organizations with small to mid-scale budgets. Its geographical scale is distributed across national and hyperlocal coverage, without deep concentration at either end. Representation for people with disabilities is present, but unevenly dispersed within organizational hierarchies.

# 2.2 Mapping Where Nonprofit Work Concentrates

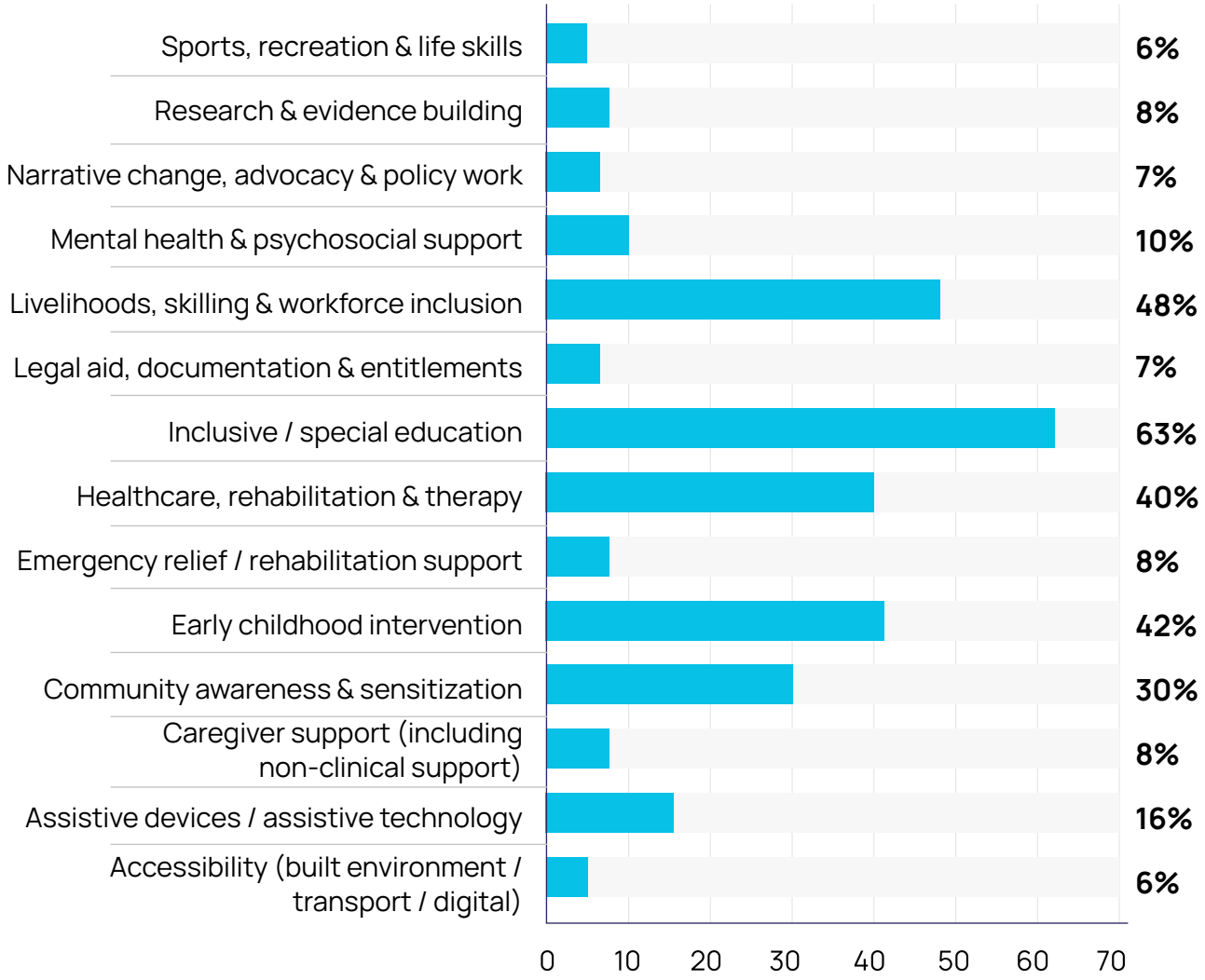
This section examines how the sector's activity is distributed. It maps where efforts are concentrated, where they thin, and what patterns emerge when work areas, disability types, population focus, and constraints are read together.

## 2.2.1 Program Concentration: Education and Livelihoods as Dominant Sites

Four primary areas of work accounted for the majority of organizational activity across the sector – education (63%), livelihoods (48%), early intervention (42%), and healthcare, rehabilitation and therapy (40%).

**Figure: 5**

**Primary Areas of Work (%) - n=109**




(Note: Because organizations could select multiple overlapping leadership structures, the percentages add up to more than 100%)

Each of the four primary areas of work was cited by more than two-fifths of the organizations in our sample. The distribution then drops steeply: no other area was cited by more than one-third of organizations, and over half fell below 10%. At the tail end of this distribution, legal aid (7%), narrative change (7%), sports & life skills (6%), and accessibility (6%) represented areas that were present in the sector, but least prominent. The pattern around the four primary areas of work was consistent across budget bands and years of operation.

### 2.2.2 Disability Coverage: Cross-Disability Practice and Persistent Gaps

**Table 3**

**Nonprofits by disability group focus, n=109**

| Range of disabilities covered | % of organizations | Coverage marker |
|---|---|---|
| Intellectual / developmental (incl. learning disabilities, autism) | 60% | High |
| Physical / mobility (e.g., locomotor, CP, muscular dystrophy) | 51% | High |
| We work across disability types (cross disability) | 51% | High |
| Hearing and/or speech | 39% | Medium |
| Visual (blindness / low vision) | 39% | Medium |
| Multiple / high support needs | 25% | Low |
| Psychosocial / mental health | 24% | Low |
| Neurological | 19% | Low |
| We do not categorize our work by disability type | 14% | Low |

(Note: Organizations could select multiple categories; percentages reflect reported coverage, not distribution of need or mutually exclusive shares. The "Other" category includes write-in responses such as deafblindness, clubfoot, invisible disabilities like leprosy-induced sensory loss, and blood disorders like hemophilia).

The distribution indicates a strong cross-disability orientation in the sector, alongside concentration around intellectual, developmental, physical, and mobility-related disabilities. More specialized or highly stigmatized disability groups, including psychosocial and neurological conditions, remain more thinly represented.

## 2.2.3 Intersectional Priorities: Who Is Reached and Who Remains Peripheral

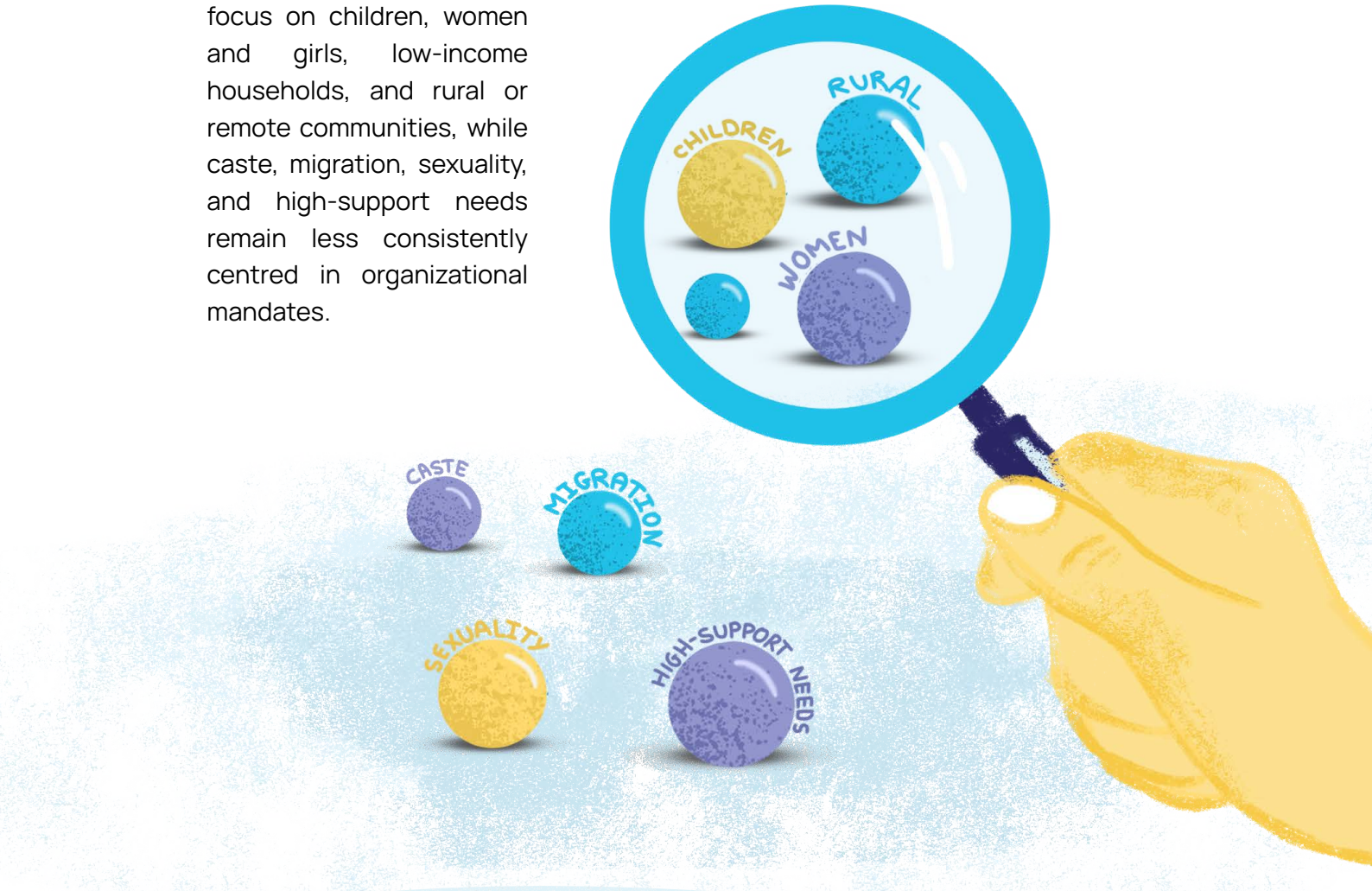
**Table 4**

**Nonprofits by identity/population focus, n=109**

| Identity / population focus | % of organizations | Coverage marker |
|---|---|---|
| Children and adolescents with disabilities | 80% | High |
| Women and girls with disabilities | 76% | High |
| Low-income households | 63% | Medium |
| Rural or remote populations | 55% | Medium |
| High-support needs | 43% | Medium |
| SC/ST communities | 37% | Low |
| Migrant communities | 20% | Low |
| LGBTQIA+ persons with disabilities | 10% | Low |

(Note: Organizations could select multiple categories; percentages reflect reported coverage, not distribution of need or mutually exclusive shares.)

The sector shows stronger focus on children, women and girls, low-income households, and rural or remote communities, while caste, migration, sexuality, and high-support needs remain less consistently centred in organizational mandates.



## 2.2.4 Program Distribution: What Gets Funded and What Gets Deferred

**Approximately 89% of**

organizations cited funding constraints like short grant cycles, restricted use, and disbursements as a primary bottleneck in delivery.

The distribution of work areas described in 2.2.1 maps onto a corresponding pattern in reported organizational constraints. Areas that were well-represented in primary mandates, like education, livelihoods, early intervention, and healthcare, were also found to be areas with relatively more established funding pathways. Areas that were thinly represented, including caregiver support, mental health, legal aid, advocacy, and research, were consistently described as difficult to sustain within available funding.

Approximately 89% of organizations cited funding constraints like short grant cycles, restricted use, and disbursements as a primary bottleneck in delivery. This figure was consistent across budget bands, years of operation, and primary work areas. It was the most widely shared single constraint in the dataset.

**Table 5**

**Bottlenecks in nonprofit delivery, n=109**

| Bottlenecks in Delivery | % of organizations |
|---|---|
| Funding system constraints (short-term grants, restrictions, delays) | 89% |
| Policy Engagement | 37% |
| Talent (hiring, retention, burnout) | 37% |
| Digital / tech systems (tools, accessibility, workflows) | 28% |
| Community stigma / caregiver dynamics | 23% |
| Compliance / regulatory burden | 18% |
| Data, reporting & evidence expectations | 18% |
| Partnership management (roles, trust, coordination) | 16% |
| Employer engagement / workplace inclusion pathways | 13% |

When it comes to sector collaboration, structural and resource constraints far outweigh interpersonal issues. Beyond funding, policy engagement challenges (37%) and talent-related constraints such as hiring, retention, and burnout (37%) were the next most commonly cited barriers. Digital and technology system limitations were reported by 28% of organizations. These constraints appear more prominent than interpersonal ones: issues related to partnership management were cited by 16% of organizations, while challenges linked to community stigma and caregiver dynamics were reported by 23%. Overall, the data suggests that the sector largely faces constraints related to funding structures, administrative burden, and limited human bandwidth, rather than a lack of willingness or trust to collaborate.

**Table: 6**

**Constraints to collaboration for nonprofits, n=109**

| Collaboration Constraint | % of organizations |
|---|---|
| Funding and reporting requirements make collaboration hard | 52% |
| Limited staff time to build and manage partnerships | 51% |
| It is hard to identify the right partners | 42% |
| Coordination across organizations is difficult (planning, follow up, decisions) | 33% |
| Partnerships don't move beyond discussion into joint action | 28% |
| Organizations have different goals or ways of working | 24% |
| Partnerships are informal, so roles and responsibilities are unclear | 24% |
| Lack of trust makes sharing information or relying on others difficult | 12% |
| Power, credit, or control issues create tension | 12% |

When examining internal capacity, fundraising and donor relations emerges as a pain point, selected as a critically underfunded function by 27% of the sector. Following this, there is a tight cluster of operational and strategic areas competing for limited resources: MEL and data systems (15%), partnerships and coalition work (15%), and digital/tech systems (15%). Conversely, core administrative functions like finance and compliance (5%) and program design (5%) are the least frequently cited as underfunded—likely because these are non-negotiable baselines for survival or are more directly covered by restricted programmatic grants.

**Table 7**

**Underfunded functions in nonprofits, n=109**

| Underfunded Functions | % of organizations |
|---|---|
| Fundraising / donor relations | 27% |
| Monitoring, evaluation & learning (MEL) / data systems | 41% |
| Partnerships & coalition work | 41% |
| Digital / tech systems | 39% |
| Human resources (HR) / people systems | 33% |
| Communications & narrative | 27% |
| Program design & adaptation | 15% |
| Finance & compliance | 13% |

Taken together, the distribution of work areas, disability coverage, intersectional focus, and reported constraints produces a recognizable map. Activity concentrates in service delivery areas with established pathways and measurable outputs. It thins at the edges, when it comes to systemic, equity-focused, evidentiary, and population-facing work where fundraising is difficult and impact harder to demonstrate especially within short grant cycles. Constraints and bottlenecks are not randomly distributed across the sector. They cluster around the same functions and areas where the distribution of effort is already thinnest. The shape of the sector's activity and the shape of its constraints mirror each other.

## 2.3 How Nonprofits Understand Their Role(s)

The previous sections map where nonprofit efforts are concentrated, and where they thin. This section examines how organizations understand their own position in the ecosystem, and what this reveals about how the field defines its work.

### 2.3.1 Multifunctionality as Practice: Beyond Service Delivery Alone

Ask any disability nonprofit what they do, and the answer can seem like a list — early intervention and special education, then rehabilitation, then livelihood support, sometimes legal documentation, sometimes caregiver counselling, sometimes emergency response.

Most organizations in the survey reported working across multiple intervention areas simultaneously, with most selecting between two and four primary areas of work. Very few maintained a singular, specialized focus; those that do tend to be among the sector's newest. The dominant model is bundling inclusive education, healthcare, rehabilitation, and livelihood support delivered in parallel, often within the same organizational structure, by the same small team, through the same overstretched budget.

This bundling extends across the lifecycle, though unevenly. Very few organizations in the sample report spanning the full continuum from early childhood intervention through to adult livelihoods and workforce inclusion. Most operate across adjacent stages, engaging with multiple points in a person's life without fully holding the arc of it. Organizations describe this less as a programmatic gap and more as a reflection of how they found the work: they followed the person, and the person's needs kept moving across boundaries that the system had drawn but never adequately staffed.

The pattern is visible across disability types and social identities as well. Around 76% of organizations work with women and girls alongside disability, 63% with low income households, and 37% with SC/ST communities. They reflect how exclusion actually arrives in the field — layered, intersecting, and rarely confined to a single domain that any one funding stream was designed to address.

What this produces is less a set of programmatic choices than a shared way of making sense of the work oriented less toward bounded interventions and more toward staying present across whatever the person in front of you actually needs. Organizations do not describe this as multifunctionality, or as a model, or as a theory of change. They describe it as doing what needs to be done. The grammar is shared because the conditions that produced it are shared and those conditions, as the following sections examine, run deeper than any individual organization's choices about scope.

## 2.3.2 Proximity and Identity: How Location Shapes Organizational Role

Where an organization sits in the ecosystem shapes how it understands its own purpose. Organizations embedded closely in community contexts — working daily with individuals and families, often in geographies where services are sparse and distances are long — tend to understand their role through sustained, relational engagement with exclusion as people experience it. They describe their work as staying present where other actors enter and leave, navigating the space between what formally exists and what practically reaches the people who need it.

> *We have to engage closely with families, communities, service providers and front-line workers — going group by group, speaking with them, and building awareness on how they can access services and entitlements*
> *-Nargis Khatoon, Srijan Mahila Vikas Manch*

In rural and remote geographies, this proximity takes on a particular texture. Organizations describe traveling into communities that no other actor reaches regularly, building trust over months and years before any formal intervention becomes possible, and holding the role of navigation itself, becoming the only consistent point of contact across a person's interaction with services, entitlements, and institutions that were designed without them in mind. The role is defined less by program logic than by an accumulation of presence, where showing up is already a form of accountability that the formal system has not assumed. Several organizations that work in this way also explicitly identify as cross-disability actors working across four to six impairment categories within the same organizational setting, and across multiple social identities simultaneously.

## 2.3.3 Partial Intervention: Seeing the Full System While Acting in Parts

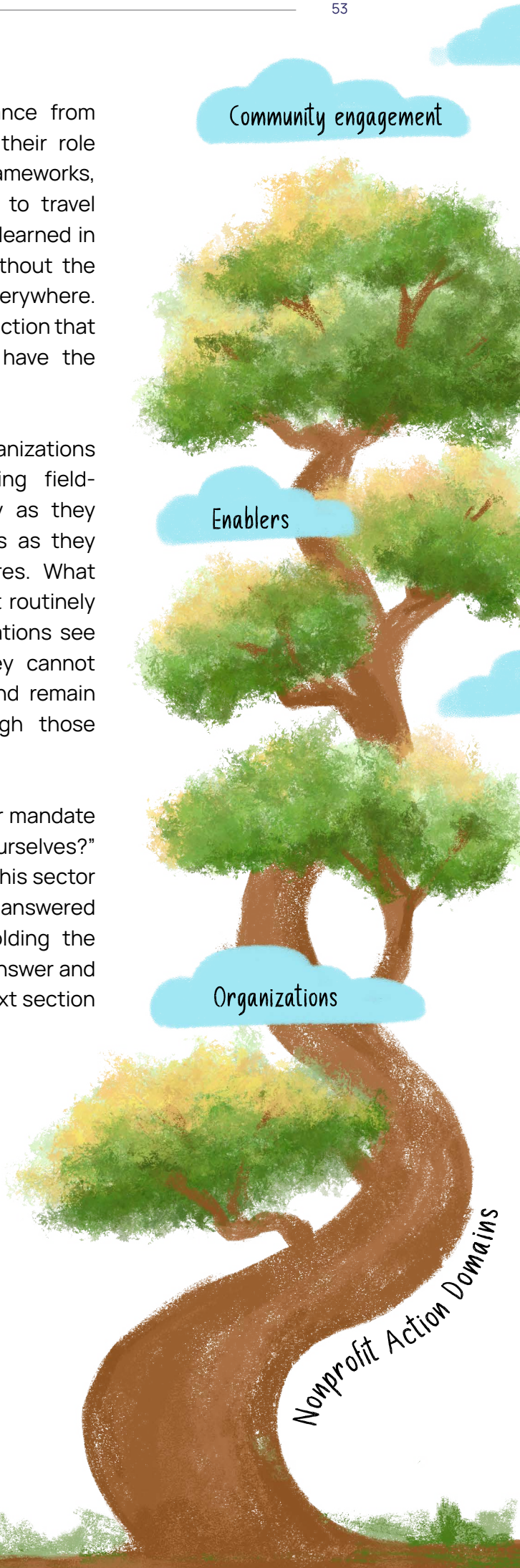
> *We understand the system… but we can only intervene in parts of it. The rest, we really just try to work around*
> *– Nonprofit Practitioner*

This awareness of a pathway that exceeds their reach — gaps they can see but cannot close — is one of the most consistently expressed features of how community-embedded organizations understand their position. They do not describe themselves as failing to complete the continuum; they describe the continuum itself as incomplete, and their role as holding whatever portion of it they can while remaining accountable to the people moving through the parts they cannot.

Organizations operating at a greater distance from direct community engagement understand their role differently. Their work involves developing frameworks, training practitioners, and enabling models to travel from one context to another so that what is learned in one setting can inform action elsewhere without the same organization being physically present everywhere. They hold the field together at a level of abstraction that community-embedded organizations rarely have the bandwidth to occupy.

These positions are dynamic. Many organizations move between them over time, developing field-building functions alongside direct delivery as they grow, or deepening community relationships as they come to understand what the work requires. What both orientations share is an awareness that routinely exceeds their point of intervention. Organizations see pathways they cannot complete, gaps they cannot close, and needs they cannot fully meet and remain accountable to the people moving through those pathways regardless.

Anita is then left to also ask: “Where does our mandate stop… and what is the mandate we are giving ourselves?” This is a question that most organizations in this sector have asked themselves, and most have answered by expanding the mandate rather than holding the boundary. The conditions that produce that answer and what it costs to keep giving it are what the next section examines.




## 2.4 Key Conditions Shaping Current Nonprofit Action

This section examines the sectoral conditions that shape nonprofit action: how roles accumulate, responsibilities expand, and organizations are drawn beyond their formal mandates.

### 2.4.1 Expansion Across Domains: Work That Extends Beyond Mandate

The expansion of nonprofit roles is not limited to taking on multiple functions within a defined scope. In many cases, organizations move across entirely different domains of work and across contexts, where system boundaries do not hold.

> *While our understanding was always that we work in mental health rather than disability, this natural progression led us to engage in disability-related work over time*
> *-Disket Angmo, Mann Talks*

> *We don't come from the food and beverage sector… so we spent time studying it first, built a curriculum for people with disabilities*
> *-Beverly Louis, Mann*

In both cases, the organization did not set out to work in a new domain. The domain arrived through the people they were already working with, and the gaps they encountered in referral pathways. The shift is framed consistently as a response to what was missing rather than as an expansion of ambition and it repeats across the sector with enough consistency to suggest it is a feature of the ecosystem, not of individual organizations.

In some instances, this movement becomes more pronounced, with organizations stepping into functions typically associated with the state or specialized institutions — functions well beyond their original positioning, and that they are often neither trained nor resourced for durability.

> *The government hospitals would refer those complicated cases to private NGOs like us… the government facilities themselves are not capable enough of doing those surgeries*
> *-Subhojit Goswami, The Leprosy Mission Trust India*

Here, the boundary dissolves. The organization becomes the site of last resort, and the transfer happens without negotiation, without resources, and without formal acknowledgment that a responsibility has changed hands. The contours of the organization's role are continually reshaped by what the system leaves unaddressed.

Organizations describe this drift with a mixture of resignation and practicality. They do not, for the most part, resist the expansion. They absorb it because the alternative is that the person in front of them goes without. But the accumulation of absorbed functions produces organizations that are doing far more than they were designed or funded to do, in ways that are rarely visible to the systems and funders that surround them.

### 2.4.2 Responsibility Without Formal Recognition: Work That Settles Informally

Alongside domain expansion, there is a quieter but equally consistent shift in how responsibility is distributed. Rather than being clearly assigned, it settles with the actors closest to the point of need — regardless of whether those actors are formally mandated to hold it, resourced to sustain it, or even aware the transfer has occurred until it is already complete.

> *The NGO's role is very practical, right from filing forms of the government… even accompanying beneficiaries to the offices*
> *-Adv. Mrunmayee Rajabhau Jodh, Manav Vikas Foundation*

> *When the… parents passed away… no one else is coming forward to look after both of them… currently they are living with us*
> *-Karthikeyan Ganesan, Sristi Foundation*

In both cases, the organization took responsibility by default through the absence of anyone else willing to assume it. Filing government forms is administrative work that public systems are supposed to hold. Long-term residential care is a function that specialized institutions are supposed to provide. In both instances, responsibility has migrated informally.

> *When we train an Anganwadi worker… then the Anganwadi worker is doing the work, over and above everything else*
> *-Nonprofit Practitioner*

The Anganwadi worker does not become a different kind of actor because an NGO has trained her. She absorbs an additional function within the same role, with the same resources, and without recognition that her responsibilities have expanded. The organization, similarly, absorbs the cost of training her — a cost that sits outside its program budget and inside the gap between what the state has committed to and what it has actually staffed. Responsibility accumulates at the bottom of the system, in organizations and individuals closest to the point of need, because that is where failures are most immediately felt.

### 2.4.3 Continuity Beyond Program Cycles: Presence Without Institutional Security

As roles expand and responsibilities accumulate, the nature of engagement itself begins to shift. What might begin as time-bound support — a skilling program, a rehabilitation intervention, a documentation drive — extends into long-term and often indefinite involvement, sustained by the organization rather than by any formal system.

> *You can't help a disabled person get a job and then expect that they will be independent for the rest of their life. Sustaining an income-generation program requires us to provide long-term support, rather than providing results that can be measured over just one period of time*
> *-Adv. Mrunmayee Rajabhau Jodh, Manav Vikas Foundation*

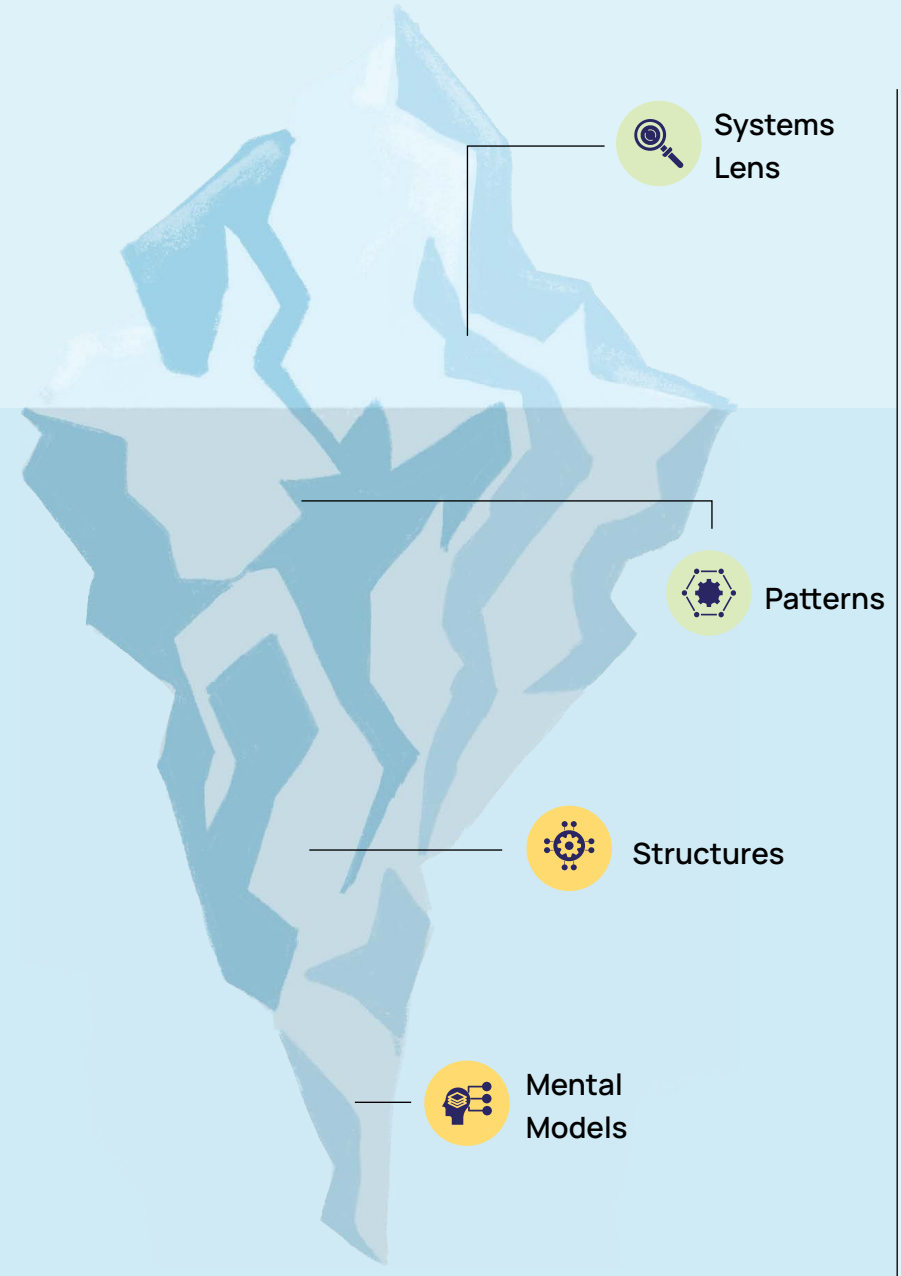
Support does not conclude at the point of placement, certification, or service delivery. It continues through follow-ups, retention support, and ongoing troubleshooting across situations the original intervention was never designed to address. If handoff to the next stage of support does not happen reliably, the organization becomes the stage itself — holding the person in place until something else becomes possible, or indefinitely, if nothing does.

Responses from the survey also reflect how difficult it is to stabilize reliable pathways across actors. Almost 24% of organizations report that partnerships remain informal, with unclear roles and responsibilities; 33% note that coordination across organizations is difficult in practice; and 28% indicate that partnerships often do not move beyond discussion into joint action. These are signals of a system that has not built the infrastructure to make coordination routine, leaving organizations to manage the gaps through individual effort and personal relationships rather than institutionalized mechanisms.

Disability nonprofits operate on a far wider terrain than formal definitions of service delivery suggest. They move between direct support, institutional navigation, family engagement, and ecosystem coordination, often within the same organizational life. What appears as diversity in practice is, in many cases, a response to structural absence elsewhere. This makes nonprofits not only service providers, but stabilizers of continuity within systems that remain fragmented. To understand why this burden recurs so consistently, the next chapter turns from organizations to the deeper conditions that produce exclusion itself.

# 03

# WHERE INCLUSION BREAKS: BREAKPOINTS AND INTERVENTION PATTERNS ACROSS THE DISABILITY ECOSYSTEM




The chapter examines why certain forms of exclusion persist, and how collective effort can be better aligned to strengthen inclusion. It does so in two parts: first, through a breakpoint analysis that applies the iceberg model and five-domain framework to locate where exclusion becomes visible, where it repeats, and what deeper structures and beliefs sustain it; and second, through an intervention map that traces where nonprofit action currently clusters across the continuum of infrastructure, access, awareness, participation, and enablement. Read together, these show both the depth of issues and the unevenness of current response.

# 3.1 Breakpoint Analysis: Where Exclusion Operates and Persists

> *The intentional move beyond narrow biomedical understandings of disability towards a psychosocial lens foreground how exclusion, disenfranchisement, and socioeconomic inequity shape everyday barriers. This reflects a growing recognition that disability is produced as much by context as condition, and that 'impairment' cannot be the crux of intervention.*
> *-Prateek Madhav, AssisTech Foundation*

This shift in framing, from impairment to context, is what the iceberg model helps make legible. The breakpoint analysis maps specific challenges across four layers of depth and five domains that span the everyday lives of people with disabilities. Each cell names a documented challenge; its placement shows whether the challenge is best understood as a visible event, recurring pattern, structural condition, or underlying belief. Reading across a row shows how a single layer of exclusion cuts across all five domains. Reading down a column shows how exclusion in each domain moves from visible outcomes to deeper causes.

**Figure 6:**

**Breakpoint analysis**

| Education | Employment | Health | Legal & civic life | Social participation |
|---|---|---|---|---|
| **Events: What it captures - Visible symptoms** | | | | |
| School dropouts and unequal learning outcomes | Unemployment, underemployment, and workforce exclusion | Lack of specialized and context-responsive healthcare | Gaps in implementation of legal and policy mandates | Social exclusion and limited public participation |
| **Patterns: What it captures - Recurring trends** | | | | |
| Repeated exclusion and delayed institutional capacity | Limited economic mobility and cycles of precarity | Curative orientation and fragmented care pathways | Persistent delivery gaps and narrow access to entitlements | Compounding isolation and reduced public presence |
| **Structures: What it captures - Systemic causes across domains** | | | **Mental models: What it captures - Underlying beliefs across domains** | |
| • Exclusion by design; non-disabled norms; intersectional marginalization; selective evidence; invisibilized lived experience<br>• Biomedical framing of disability; charity over accountability; privatization of care and public life | | | | |

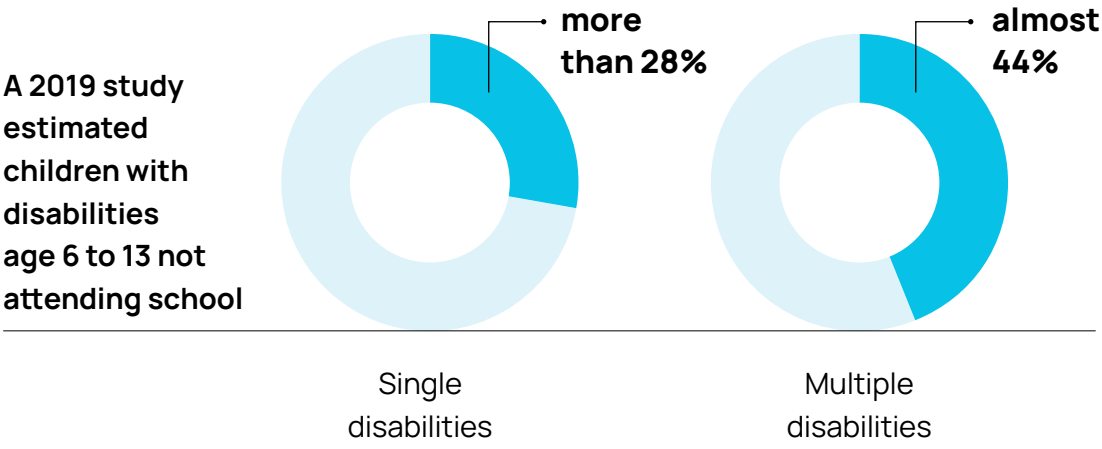
## 3.1.1 Events: Visible Symptoms Across Everyday Life

**THE MECHANISM:** This layer captures what can be seen, counted, and reported, and yet lacks enduring solutions. Their persistence marks a wide gap between intention and action.

**BREAKPOINTS:**

- **School dropouts and unequal learning outcomes**

Despite clear legal mandates, access to mainstream education for children with disabilities remains a persistent challenge. Inaccessible infrastructure, an absence of reasonable accommodations, and a lack of accountability towards inclusive classroom practice are well-documented across studies and government audits. A 2019 study estimated that more than 28% of children with disabilities aged between 6 and 13 years were not attending school, a number that rose to almost 44% when it came to children with multiple disabilities.[21] Gaps in physical infrastructure remain equally stark. Per recent data, only 35.6% of schools in India reported the availability of accessible toilets on their premises.[22]




- **Unemployment, underemployment, and workforce exclusion**

The economic cost of excluding disabled people from the workforce is not incidental. Global data estimates that it can cost low- and middle-income countries up to 7% of GDP.[23] In India, recent estimates placed labor force participation among persons with disabilities aged 15 and above around a mere 23.8%.[24] Academician-activist Dr. Nandini Ghosh notes that a substantial number of people with disabilities in India are often "*confined to home-based industries*", excluded from meaningful workforce participation. People with disabilities make up less than 1% of the country's corporate workforce, and those who do make it in are often confined to entry-level or blue-collar positions irrespective of their qualifications.[25]

- **Lack of specialized and context-responsive healthcare**

  Even where biomedical and rehabilitative care exists, it remains structurally out of reach for a vast majority. Only 5.7% of persons with disabilities in India accessed any form of rehabilitation services, with coverage dropping to 3% in rural areas.[26] In urban centres, only half of disabled people report having sought any medical treatment. The infrastructure gap in healthcare emerges as geographic, economic, and deeply unequal in its distribution. As Dr. N.S. Senthil Kumar from The Association of People with Disability observed, "*I don't think we could get a speech therapist to every rural area even in the next 5 to 10 years.*" This reveals that even when a health intervention proves viable at the site of implementation, the ability to meaningfully scale coverage remains a barrier, especially in under-resourced contexts.

- **Gaps in implementation of legal and policy mandates**

  The gap between the RPwD Act's mandate and its reach into everyday governance is measurable and wide. In 2018, only 42% of states had notified their State Rules, despite a six-month statutory deadline spelt out under the Act.[27] While state engagement has improved since, policy coverage and implementation at the last mile continues to lag behind. Recent estimates suggest that less than 40% of India's estimated disabled population has been issued a UDID, envisioned as a gateway document for most central government schemes and entitlements.[28]

> *We need to be mindful of the language we use because it shapes policy, and practice. For instance, when we use inclusion, exclusion is implied. And when we say accommodation, employers and schools may feel like the process is effort-intensive. We are moving away from these words to terms like an enabling environment. It helps reimagined practice and systems.*
> *-Shamin Mehrotra, Ummeed Child Development Centre*

- **Social exclusion and limited public participation**

  Inaccessible transport systems and public spaces routinely prevent disabled people in India from participating in social environments such as markets, restaurants, or even entire neighbourhoods. A survey across 20 Indian cities found that the inability to participate meaningfully in social and public life is a significant source of psychological stress for them, often reinforcing dependence on families and other caregivers.[29] "*People with disabilities were essentially facing a kind of apartheid, hidden away in their homes, unknown to society*," reflected Bhavana Mukherjee from ADAPT. Nidhi Goyal from Rising Flame added, "*If I was in a rural area with sparse roads, where would I use my white cane to help me navigate?*"

**THE OPPORTUNITY:** The field has demonstrated its ability to build new service delivery models and strong last-mile linkages. What remains underdeveloped is how these responses can be consolidated into approaches that sustain across time, contexts, and the changing needs of people with disabilities across their lives.

## 3.1.2 Patterns: Recurring Trajectories of Exclusion

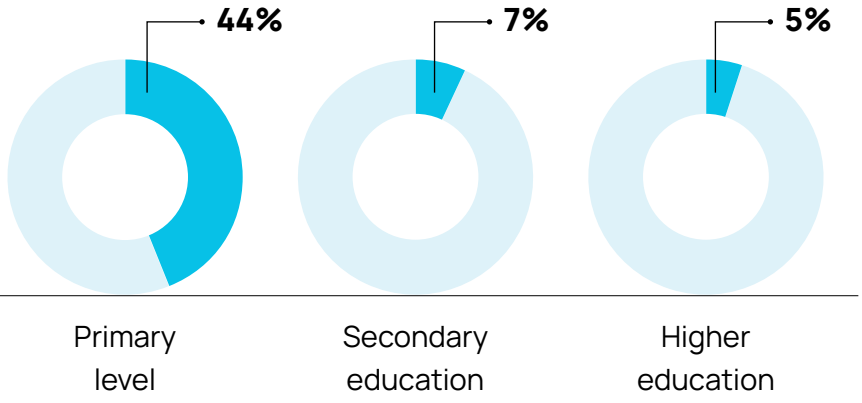
**THE MECHANISM:** This layer captures recurring trends visible across lifecycles, institutions, and geographies. These are repeated trajectories that reappear despite sustained effort, revealing systems that tend toward partial or uneven inclusion rather than durable change.

### BREAKPOINTS:

- **Repeated exclusion and lags in institutional capacity**

Barriers faced by students with disabilities are concentrated at critical transition points. Pan-India school enrolment for children with disabilities peaked at almost 44% at the primary level, declining to less than one-fifth (around 7%) in secondary education, and further to a mere 5% in higher education.[30,31] Reflecting on exclusion in the education-to-employment pipeline, Shamin Mehrotra from Ummeed Child Development Center shared, "*These are the 'missing years', where young disabled adults entering the world can't find meaningful employment.*" These barriers are reinforced by inadequate educator training and a lack of inclusive curricula.[32] Richa Bhutani from Tata Institute of Social Sciences, highlighted that special educators are often trained in only one type of disability, "*but classroom realities are different.*"

**Pan-India school enrolment for children with disabilities has declined**




- **Limited economic mobility and cycles of precarity**

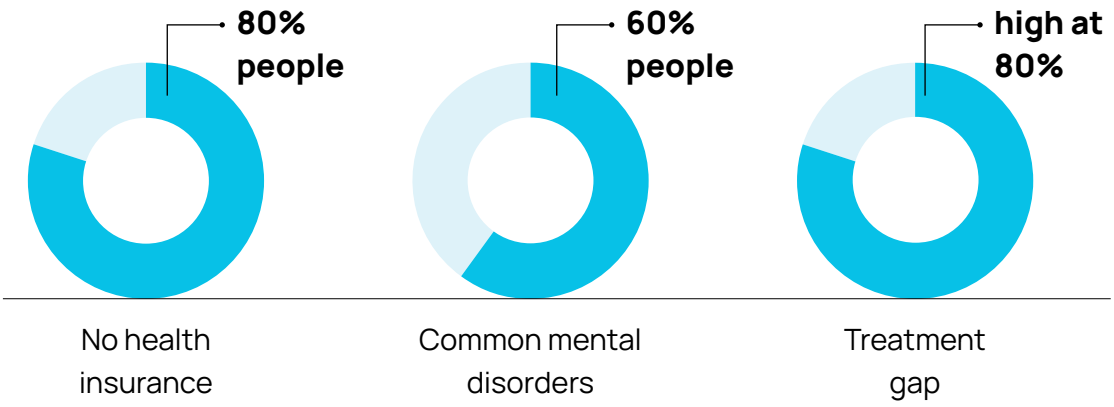
The economic consequences of disability often compound upon entry into the workforce. A pan-India study indicated that workers with disabilities may earn between 1% to 24% lesser annually.[33] It also highlighted that households with one disabled person spent around 12% more annually, while those with multiple disabled members spent up to 16% more. Lower earnings stretched across higher cost burdens produce multidimensional poverty, a pattern replicated by the labor market. Socioeconomic dimensions like gender sharpen this further: only 23% of women with disabilities were estimated to be in the workforce, as compared to 47% of men.[34] Shilpi Kapoor from BarrierBreak added that traditional skilling initiatives

can sometimes cast disabled people as "*perpetual learners*", deprioritizing workforce mobility.

> Only 23% of women with disabilities were estimated to be in the workforce, as compared to 47% of men.

- **Curative orientation and fragmented care pathways**

  Global research notes that health solutions for disabled people focus on episodic treatment and acute conditions, overlooking the continuing and coordinated care often required by people with long-term disabilities.[35] In India, despite being the first point of contact for most people with disabilities, healthcare facilities and services are seldom equipped to provide disability-inclusive primary care.[36] The absence of coordinated institutional accountability translates directly into coverage failures on the ground. A recent study found that more than 80% people with disabilities had no health insurance, further exacerbating inaccessibility.[37] Mental health is another key concern – almost 60% people with common mental disorders in India reported living with a disability, but the treatment gap remained high at 80%.[38]




- **Persistent delivery gaps and narrow entitlement access**

  Acquiring a UDID card entails producing documentation at a district hospital, often across multiple visits. Bashir Ahmad Lone from Voluntary Medicare Society shared, "*In parts of Jammu, Kashmir, and Ladakh with harsh winters and low connectivity to the rest of the valley, people with disabilities find it very difficult to access government services. A disabled person with limited mobility in a rural area, for instance, will find it much harder to visit a hospital for a UDID certification,*" added Karthikeyan Ganesan from Sristi Foundation. Bottlenecks in access to entitlements persist across stages – State Commissioners and Special Courts were found to be absent or under-utilized in most Indian states even several years after the RPwD Act, and despite successive Supreme Court orders.[39]

- **Compounding isolation and reduced public presence**

Geographical differences can exacerbate disparities for disabled people, with the most affected people often concentrated in areas with low public infrastructure and services. A study in rural Andhra Pradesh found that such isolation can function like a loop: physical confinement produces stigma linked to dependency and care needs, leading to reduced social investment that reinforces isolation and confinement from family and other community actors.[40] Public participation-focused accessibility initiatives may also tend to prioritize certain disabilities over others. Research on inclusive electoral participation in Rajasthan found that support initiatives were concentrated around visual and locomotor disabilities, while an absence of interpreters, simplified materials, and inclusive communication materials.[41]

**THE OPPORTUNITY:** The evidence in this layer points to systems that respond at the point of visible crisis but lack the infrastructure to track what happens before or after. The opportunity lies in building cross-sectoral feedback loops that can follow people with disabilities across life stages, and resourcing the coordination required to make that continuity possible. The patterns documented here speak, in part, to systems designed to respond rather than to learn.

## 3.1.3 Structures: Systemic Conditions That Reproduce Vulnerability

**THE MECHANISM:** This layer delves below the observable to identify the conditions that produce it. The breakpoints here are cross-sectoral — naming the institutional logics that shape how systems are designed, what they choose to measure, and whose lives they are organized around.

### BREAKPOINTS:

- **Exclusion by design and the non-disabled norm**

Across built, digital, and even emergency and climate infrastructure, a non-disabled person is typically the assumed user at the point of design. "*To date, most states haven't updated their building by-laws in line with the RPwD Act,*" added Nipun Malhotra from The Quantum Hub. A digital audit found that three out of four government websites were inaccessible for disabled users.[42] This ableist design logic extends beyond inaccessible physical and digital spaces, into how climate emergency and disaster response systems are configured and whom they exclude A study in flood-prone Assam revealed that people with disabilities experienced

two to four times higher disaster mortality due to inaccessible evacuation infrastructure, early warning systems, and emergency registers.[43] Similarly, disabled people faced disproportionately high morbidity and mortality in climate disasters, caused by heat illness, water-related disease, and disruptions in access to medication and treatment.[44]

- **Intersectional identities and the compounding of marginalization**

  Differential treatment often begins at home for disabled women in India. "*Sometimes parents don't want to disclose a girl child's disability, fearing that it will affect her chances of getting married in the future,*" observed Beverly Louis from Mann. Research showed that disabled women and girls were up to ten times more likely to face violence – most often at the hands of caregivers, making it more difficult to report.[45] Caste dimensions are often even more underexplored in the mainstream. Dr. O.P. Kulhari from CULP - Centre for Unfolding Learning Potentials noted, "*The 2011 Census records 2.2% children with disabilities, but a household survey in a tribal area reported 8%. Some disabled children can't even reach hospitals to ensure they're counted.*" Research indicates that Dalit girls with disabilities are likely to be married off to older men, producing higher rates of widowhood and deepening precarity.[46] When marginalized identities converge, exclusion compounds in traceable rather than merely additive ways.

- **Selective evidence and invisibilized experiences**

  A system's knowledge about disability is shaped by the questions it chooses to ask. The UDID database, for instance, records age, gender, disability type, and percentage – but not caste, income, or education. While the 2011 Census estimates disability prevalence in India at 2.2%, this figure predates the RPwD Act's expanded 21-category definition and falls far below WHO estimates of 10-16%.[47] Certification architecture also does not account for invisible and fluctuating manifestations, excluding certain forms of chronic illness and psychosocial disability entirely.[48] Even as new disabilities are recognized by systems, protections often lag or remain inadequate in scope. Acid attack survivors, who are legally classified under locomotor disability, lack support for their psychosocial and reconstructive needs.[49] A compensation framework based on employment fitness was used to track multigenerational health conditions among Bhopal gas tragedy survivors, leading to women and children automatically being categorized as minor injury cases.[50]

**THE OPPORTUNITY:** Addressing structural breakpoints calls for embedding disability-led perspectives in design processes, data architecture, and the questions that determine what counts as evidence. Across the field, this has taken the form of co-designed processes that centre the most excluded users, disaggregated data, and DPO participation in policymaking and evaluation. The opportunity lies in making representation and proximity non-negotiable — through design frameworks and resourcing models shaped by those currently obscured by the system.

## 3.1.4 Mental Models: Beliefs That Normalize Exclusion

**THE MECHANISM:** This layer identifies the assumptions that rationalize the events, patterns, and structural logics in the preceding layers. Because mental models present inequity as natural — as common sense — they are hardest to make visible and slowest to shift.

**BREAKPOINTS:**

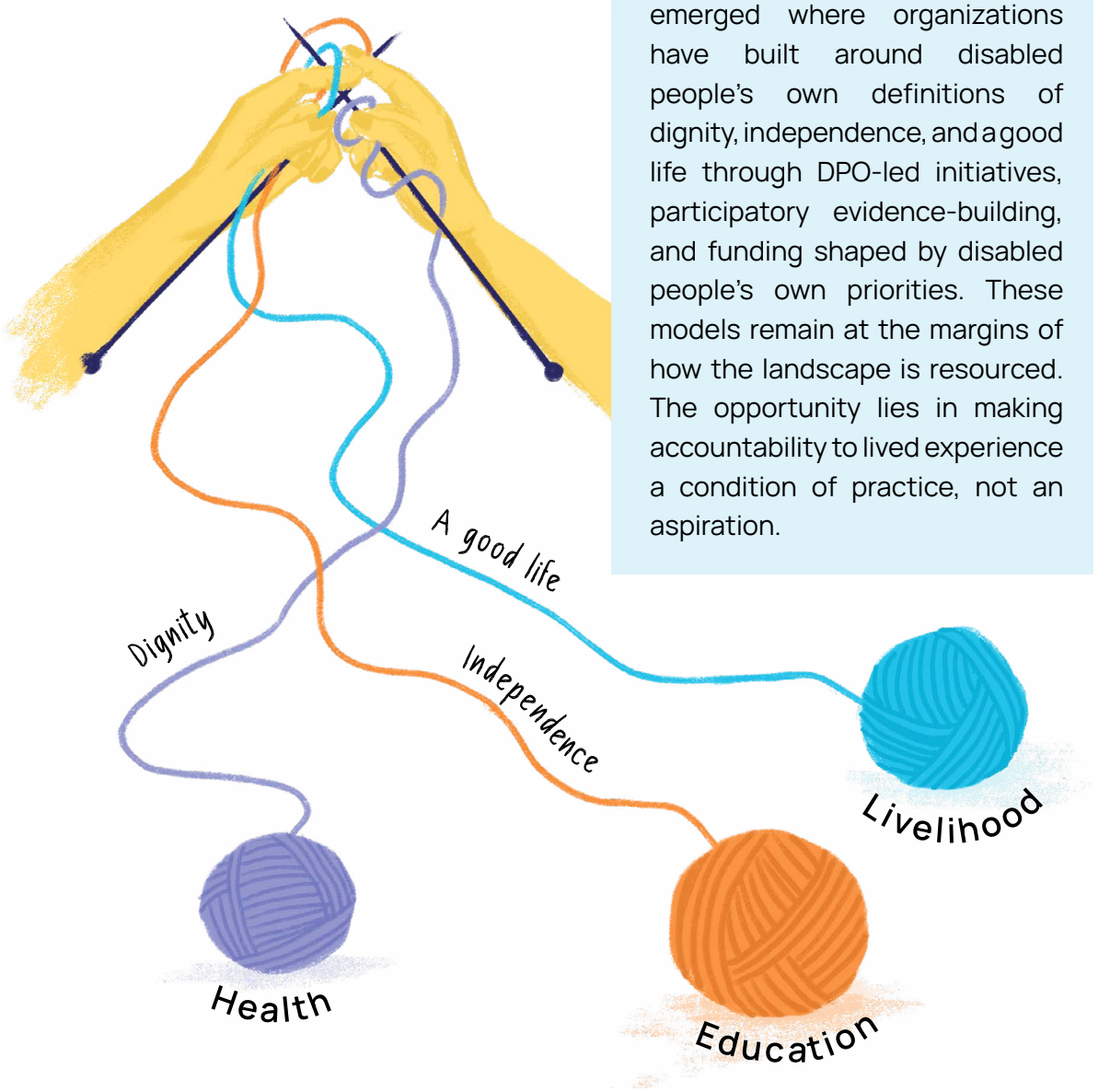
- **The biomedicalization of disability**
  Scholar Anita Ghai argued that disability is a construct that finds its meaning in social and cultural contexts – the shift from asking "how did you become disabled?" to "do you have the agency to live your life the way you want to?" changes the site of intervention from the body to the world.[51] Practitioners describe how this move away from biomedical models is taking shape within the field. As organizations expand from single-site programs into multi-service resource hubs, the limitations of curative approaches become harder to ignore, and addressing barriers to access emerges as integral to providing holistic support. A nonprofit Practitioner shared, "*We need to build specialization without fragmentation, equipping professionals to address broader developmental difficulties.*" However, this evolution towards more integrated, holistic practice has not percolated into how mainstream institutions understand inclusion. "*Funders often associate special education with health and medical interventions, rather than education,*" observed Dr. Dipti Gandhi of Muskan Foundation.

- **Charity framing over institutional accountability**
  Charity-based orientations have traditionally underpinned how government, industry, and philanthropy have tended to frame disability inclusion. These orientations position access, opportunity, and visibility in the mainstream as acts of extending goodwill, as opposed to conditions of belonging that disabled people hold claim to.[52] Research with disability organizations in Hyderabad revealed that the charity frame came with an invisible demand: if people with disabilities did not come across as 'helpless', mainstream charitable support was less likely to notice their needs.[53] The engagement thus produced is calibrated to an event or moment of mainstream visibility, veering away from the need for infrastructure that can sustain dignified, independent lives for disabled people. "*Disability continues to be portrayed as 'bechara' — pitiable. That prevents the sector from moving beyond charity,*" shared Shilpi Kapoor from BarrierBreak.

### The privatization of public life

People with disabilities in India are rarely imagined as participants in public life – as workers, civic agents, or even merely as people whose presence in public spaces is the norm rather than an 'accommodation'. Drawing on Amartya Sen's capability approach, research from rural Indian communities found that exclusion from public spaces shaped how people with disabilities imagined their own lack of capacity to engage in socioeconomic and civic life.[54] Stigma places a normative ceiling on disabled people's aspirations. Paul Ramanathan of SAMA Foundation noted, "*People with disabilities in rural India are often told that since they're not engaging in agriculture, they don't need inheritance and ownership over family land.*" Widening this imagination calls for inclusion agendas shaped by disabled people themselves, rather than counting them in as recipients. "*People with disabilities and their DPOs must be funded. Nothing about the disabled without the disabled,*" asserted Bhavana Mukherjee from ADAPT.

**THE OPPORTUNITY:** The most enduring shifts in practice have emerged where organizations have built around disabled people's own definitions of dignity, independence, and a good life through DPO-led initiatives, participatory evidence-building, and funding shaped by disabled people's own priorities. These models remain at the margins of how the landscape is resourced. The opportunity lies in making accountability to lived experience a condition of practice, not an aspiration.



# 3.2 Mapping Where Nonprofit Action Clusters

Certain kinds of action in disability inclusion in India are common across the data — some highly visible, others embedded in the slower work of shifting systems and relationships; some easier to fund and measure, others sustained through institutional commitment rather than formal support. This section maps interventions as they are practiced, drawing on survey patterns and qualitative accounts from the nonprofit ecosystem. It does not aim to be exhaustive; rather, it organizes interventions into five practice areas reflecting how nonprofits themselves describe their work, making visible a broader continuum. Read alongside the breakpoints in the preceding section, this map also shows how interventions engage the layers of exclusion that produce challenges.

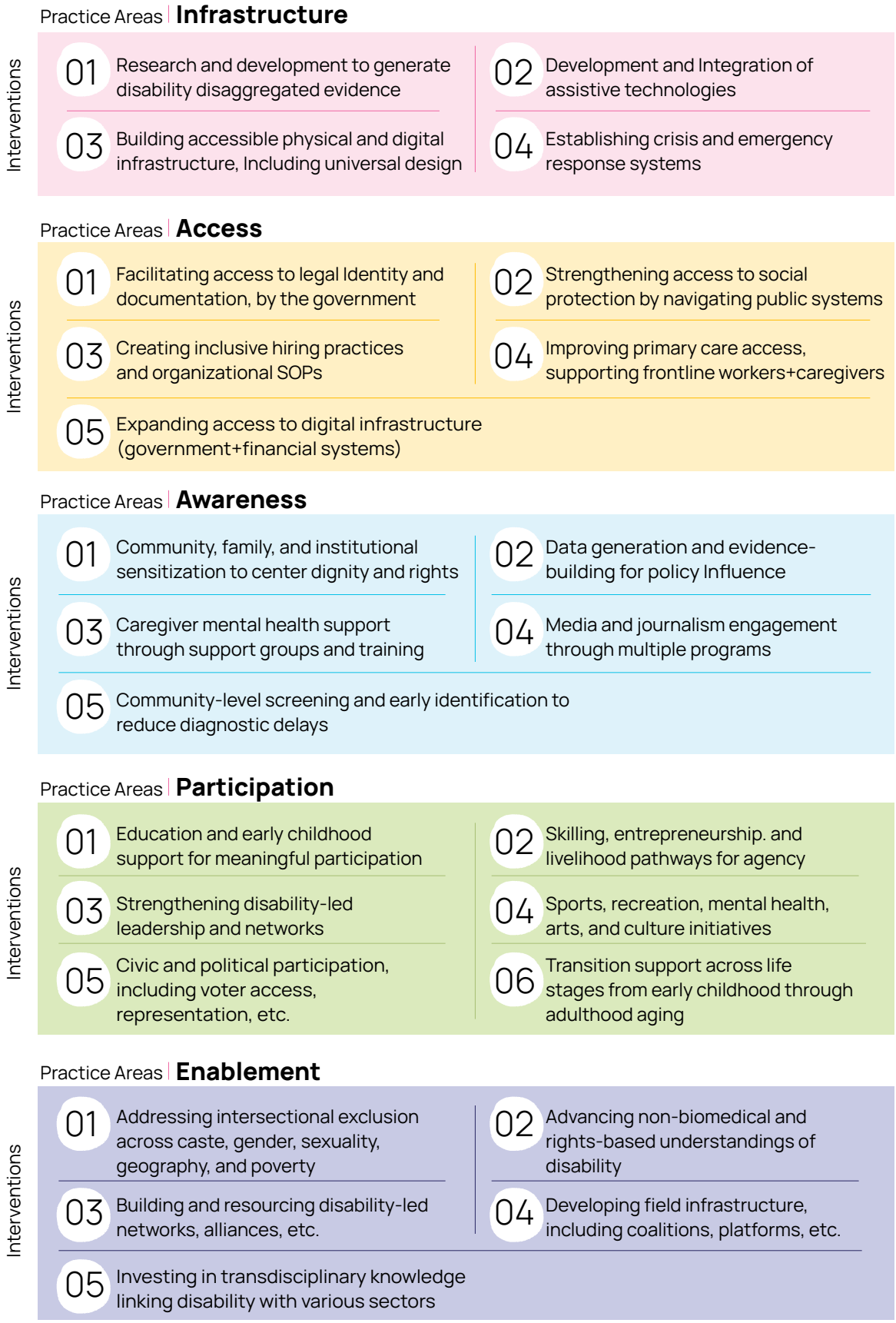
Notably, these suggest the emergence of a continuum in practice. Interventions range from building material and technical foundations, to shifting the people and systems that govern those conditions, to centering persons with disabilities in their own lives and in the field.

As envisioned below, the continuum of practice areas and interventions denotes how most organizations work across types, but efforts are uneven, and geared towards what is legible and attracts funding. From infrastructure towards participation and enablement, the further an area sits along the continuum, the fewer the organizations, and the wider the gap between what is needed and what is supported. The funding cliff follows this pattern with uncomfortable precision: highest at infrastructure and access, tapering at awareness, dropping at participation, and thinnest at enablement.

This mapping does not prescribe what organizations should do. It traces what is currently done, and in doing so, shows why certain challenges persist despite sustained effort.

**Figure 7:**

**An overview of Practice Areas and Interventions by Nonprofits working in Disability Inclusion**



### 3.2.1 Infrastructure: Building Material and Knowledge Foundations

Infrastructure sits at the most recognizable end of the continuum. If a solution can be built, photographed, or measured, it likely lives here, in the devices, systems, research outputs, and emergency provisions that form the material foundations of disability inclusion. Funder confidence is often highest within this practice area, where the sector's footprint looks most visible, and where a case for investment can be made clearly. However, while infrastructure solutions are commonplace and concentrated, they remain less coordinated than visibility suggests. This illustrates how legibility is not the same as sufficiency.

The key actors in this space include R&D institutions, assistive technology developers, specialist nonprofits, and corporates investing in accessible design. These are diverse in scale and character but share a structural gap: there is no coordinating body connecting their work. Standards are frequently set without community input, and no systematic pipeline exists to move solutions from urban geographies where development solutions are typically concentrated, to rural and remote geographies where need is often greatest.

Estimates suggest that globally, only a fraction of those who require assistive products are able to access them, with gaps widening in resource-constrained settings.[55] In India, assistive technology organizations are widely distributed across size and geography, from national institutions to hyperlocal groups operating under budgets as small as INR 50 lakhs. Research in this space is largely applied, focused on deployable and scalable solutions, and concentrated within large, mature organizations. In our survey, 100% of organizations prioritizing this work had operated for more than ten years, most with budgets between INR 10 and INR 50 crore. Yet only 16% identified assistive technology as a primary focus, and just about 8% identified research and evidence-building, revealing how thin this end of the ecosystem remains.

> *Everybody loves tech, but the ground reality is very different. There is no study on what works in government schools or rural areas. Assistive technology is market-led. The biggest problem is maintenance: once devices are distributed, no one supports them. An INR 2 lakhs device is not the answer., We need solutions that work at the bottom of the pyramid.*
> *-Nipun Malhotra, The Quantum Hub*

Even where technology and need both exist, the bridge between them — affordable, maintainable, locally supported, often does not.

**INTERVENTIONS:**

- Undertaking research and development to generate disability-disaggregated evidence that informs policy, standards, and practice
- Developing and integrating assistive technologies to extend functional independence and participation in education, livelihoods, and civic life, prioritizing affordability, maintenance, and community-grounded design
- Building accessible physical and digital infrastructure, including universal design in built environments, government systems, and financial services, ensuring that access pathways do not become barriers
- Establishing crisis and emergency response systems, including transport, transitional care, and disaster protocols, to ensure continuity of support when systems fail

**MAPPING AND CONSTRAINT:** Infrastructure work primarily addresses the visible, 'event-level' layer of the iceberg: the observable manifestations of exclusion that are easiest to document and report. R&D and technology, at their best, extend into patterns and structures, shaping what the field understands as possible and setting standards for other actors. But the ecosystem remains stretched and uncoordinated. The technology-to-community pipeline fractures where urban development meets rural need, and where market logic meets affordability at the last mile.

## 3.2.2 Access: Closing the Gap Between Rights and Reality

In the nonprofit ecosystem, access sits one layer deeper than infrastructure. Where infrastructure asks whether something like a device, building, or platform exists, access asks whether a person with a disability can reach it and claim what it offers. In practice, the distance between these questions is enormous. Organizations in this space spend much of their effort navigating bureaucratic, attitudinal, physical, and digital frictions that shape the disconnect between inclusion on paper and rights in practice. Studies on public service delivery in India consistently show that accessing a single entitlement often requires multiple visits, repeated document

verification, and navigation across administrative layers, effectively transferring the cost of coordination onto individuals.[56]

Only around 7% of organizations in the survey data identified legal aid, documentation, and entitlements as a primary area of work, a figure that is dangerously low given how foundational documentation is to the rest of the ecosystem. Of these organizations, only one worked in rural or remote geographies, revealing a concentration of access work that mirrors the broader funding landscape. Procedurally complex, hard-to-resource work in this practice area remains clustered in urban centers, largely absent where need is most acute and solutions most sparse. Livelihoods, skilling, and workforce inclusion are a primary focus for 16% of organizations, but the mismatch between skilling someone and fostering long-term workforce inclusion remains wide and largely unaddressed by funding.

The texture of access breakdown is specific. A practitioner shared, "*Administrators routinely turn them away by simply stating 'the server is down,' closing off access to basic, life-sustaining entitlements for persons with disabilities who already navigate significant physical and geographical barriers to reach government offices.*" Nonprofits and frontline actors step in as intermediaries to maintain linkages within these systems, translating requirements, accompanying individuals through processes, and absorbing the time and relational effort that the system does not account for.

**INTERVENTIONS:**

- Facilitating access to legal identity and documentation including UDID cards, Aadhaar, and disability certificates, to establish the foundational gateway through which entitlements, employment, and services can be claimed
- Strengthening access to social protection by navigating pension schemes, insurance, and entitlements alongside individuals and families, closing the gap between schemes that exist and support that reaches
- Creating inclusive hiring practices and organizational SOPs to shift employment from compliance-driven quotas toward meaningful economic participation
- Improving primary care access by supporting frontline workers and caregivers, addressing the conditions that shape the quality of everyday care
- Expanding access to digital infrastructure, including banking, government portals, and assistive-compatible systems, so that the shift to digital delivery does not deepen exclusion

**MAPPING AND CONSTRAINT:** Access work spans the 'events' and 'patterns' layers, addressing inaccessible infrastructure, discriminatory hiring norms, and gaps in biomedical care. The most sustained interventions reach deeper into structural causes: enforcing RPWD provisions, generating data on access gaps, and negotiating change with employers and health systems. But constraints also remain persistent.

Practitioners note that corporate employers often meet disability quotas through hiring individuals with visible and more easily accommodated disabilities, while those with intellectual, psychosocial, or complex support needs remain excluded. In practice, access tends to extend to the most administratively visible disabilities in the most legible contexts, dropping off sharply along the lines of who is already most excluded.

### 3.2.3 Awareness: Shifting Knowledge, Attitudes and Practice

Awareness is the practice area most frequently reduced to its surface form — a sensitization workshop, a poster campaign, a one-day training. Yet this is where the disconnect between what the work requires and what is funded becomes most consequential. Done well, awareness is among the most structurally consequential forms of work in the ecosystem, shaping how institutions behave, how policies are implemented, and how individuals are treated in everyday interactions. When awareness work is done at the surface, it produces what the sector describes as 'acquired language'. Institutions are able to co-opt the language of inclusion much faster than they adapt to the necessary practices required to sustain in.

*The law has brought about a consciousness around rights beyond healthcare, like education, employment, and social security dimensions. Policies are politically correct… they are written to be inclusive. People in administration have also acquired respectful language. But acquiring the language does not mean the attitude is respectful.*
*-Dr. Nandini Ghosh, Institute of Development Studies (IDS), Kolkata*

Community awareness and sensitization is a primary focus for 30% of organizations, distributed across sizes from hyperlocal groups to large national nonprofits. Research and evidence building, among the most systematic forms of awareness at the policy level, is a primary focus for 8%, concentrated among the largest and most mature institutions. Narrative change and advocacy, at 7%, is more distributed across organization size and age, often led by younger organizations despite limited financial runway. The split further reveals that community-level sensitization is relatively more common, it remains thinly resourced, and more system level narrative and evidence driven work is concentrated among a small number of organizations carrying much of the sector's advocacy and policy facing capacity.

## INTERVENTIONS:

- Building sensitization, narrative, and outreach efforts with communities, families, and institutions to shift deficit-based understandings of disability toward rights-based and dignity-centered frames
- Supporting caregiver mental health, knowledge, and capacity through parent networks, sibling groups, and frontline worker training
- Conducting community-level screening and early identification to close diagnostic gaps and enable timely access to support during critical developmental windows
- Building media and journalism capacity, through fellowships, guidelines, and reporting standards, to shift public narratives from charity-based to rights-based representations
- Generating data and evidence for policy influence through community data, government partnerships, and synthesis, to shape how disability is understood and acted upon at the systems level

**MAPPING AND CONSTRAINT:** Awareness work explicitly targets structures and mental models — the two deepest layers of the iceberg, and the ones that determine whether everything built above them sustains or collapses. This is why its underfunding is so consequential, and why it sits where it does in the continuum, between access and participation.

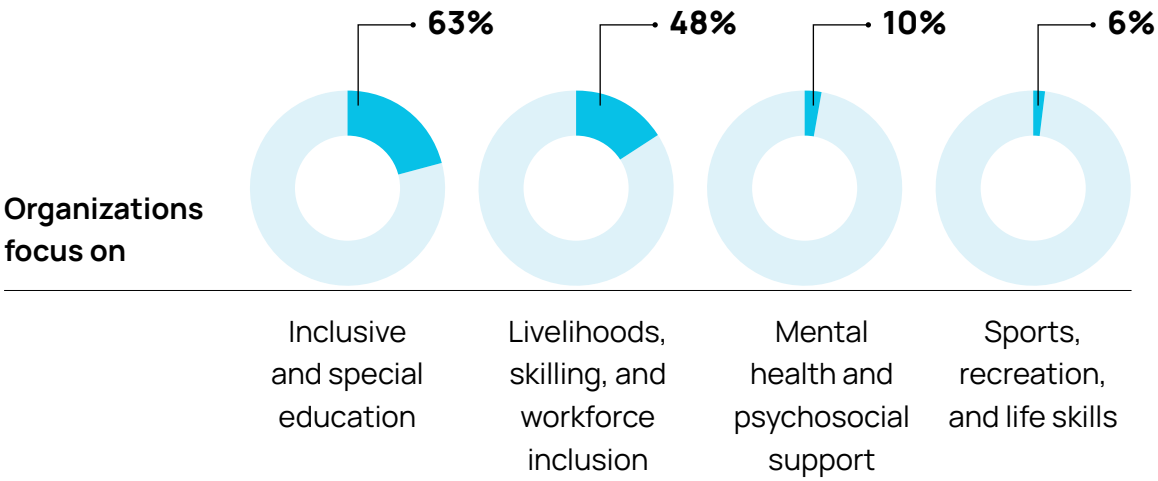
Depth in this work is concentrated within a small number of organizations and is not a distributed capability. Short-term, restricted funding cannot sustain the slow, relational effort of shifting attitudes, leaving narrative change organizations reliant on institutional commitment rather than sustained support. Even in institutional systems, this gap is growing. Reports have found that many public-facing platforms in India claim compliance with accessibility standards, while remaining difficult or unusable in practice for persons with disabilities.[57]

## 3.2.4 Participation: Deepening Agency and Public Presence

Participation is about the presence, voice, and agency of persons with disabilities in the spaces and decisions that shape their lives. This is where the principle of "nothing about us without us" is most directly operationalized, and where earlier gains in infrastructure, access, and awareness are tested for their depth.

The sector's work in participation remains concentrated in traditional economic pathways. Inclusive and special education is a primary focus for 63% of organizations, and livelihoods, skilling, and workforce inclusion for 48%. Mental health and psychosocial support account for about 10%, while sports, recreation, and life skills remain marginal at 6%. The funding drop-off is consistent: interventions that move beyond education and employment, towards quality of life, self-determination, and civic voice, remain underfunded.

In education, visual, intellectual and developmental, and physical disabilities are most represented, while neurological conditions and high-support needs remain largely absent. In livelihoods, hearing and speech disabilities are most commonly targeted, those most legible and least disruptive to standard employment settings. Psychosocial disabilities are largely absent in livelihoods programing.




"*Including children in mainstream schools is very difficult. Often it is only physical inclusion. The child sits there with a shadow teacher, but does not really progress,*" shared Dr. Dipti Gandhi from Muskan Foundation. Physical presence and genuine participation are not the same thing, a distinction that practitioners describe as the shift from integration to inclusion, from sharing space to participating meaningfully.

## INTERVENTIONS:

- Providing education and early childhood support to build foundational capabilities across learning, communication, and self-determination, moving beyond enrolment toward meaningful participation
- Building skilling and entrepreneurship pathways that extend economic agency beyond entry-level inclusion towards livelihood security and financial independence
- Supporting transitions through life stages, from early childhood through adulthood and aging, to ensure continuity of care and prevent drop-offs at critical junctures
- Creating opportunities for sports, recreation, mental health, arts, and culture, recognizing dignity, belonging, and wellbeing as integral to participation
- Enabling participation in civic and political life, including voter access, representation, and leadership, so that persons with disabilities shape the systems that govern them
- Strengthening disability-led leadership and networks so that persons with disabilities act as architects of the field, not only its beneficiaries

**MAPPING AND CONSTRAINT:** Participation work spans the full depth of the iceberg more than other practice areas. Education and skilling largely address 'events' and 'patterns' — the visible, measurable, reportable end of the continuum. Leadership, convening, and civic participation reach directly into 'structures' and 'mental' models, challenging the foundational belief that persons with disabilities are recipients of services rather than agents of change. But funding does not tend to support this work at the depths.

Nidhi Goyal from Rising Flame shared, "*There is a hierarchy of needs: education, employment, and basic rehabilitation. Anything beyond that, like leadership, autonomy, choice, is not seen as fundable.*" Thus, the participation landscape is wide at the surface, with many organizations, programs, and reported numbers, but narrow at the depth, where sustained inclusion becomes possible. The tendency to prioritize entry into existing systems over transforming the conditions within them leads to what can be understood as presence without participation.

### 3.2.5 Enablement: Building Sustainable Ecosystem Conditions

Enablement marks where the sector confronts its structural limits. It operates not at the level of individuals or services, but across the ecosystem, shaping the actors, relationships, systems, and norms that determine whether inclusion can be sustained. This aligns with what systems thinking identifies as deeper leverage points — shifts in norms, relationships, and system design that determine how all other interventions function, but are the least visible and most difficult to fund.[58]

There are few organizations doing this work, and they are structurally distinct. Systems-level research and evidence-building is concentrated within the sector's oldest and most well-resourced institutions. In addition to scale, this is because this work requires long time horizons, institutional memory, and the ability to absorb unfunded costs. Unlike applied research that produces solutions, this work shapes how those solutions are interpreted, prioritized, and implemented at scale. Narrative change and advocacy, at 7%, is more distributed across organization types but remains chronically underfunded. Intersectional engagement reveals deeper gaps: 76% of organizations address gender, 37% address caste, and only 10% focus on LGBTQIA+ inclusion pointing to how far the sector remains from addressing compounded exclusion in practice. Intersectional engagement reveals deeper gaps: 17% of organizations address gender, 8% caste, and only about 2% LGBTQIA+ inclusion pointing to how far the sector remains from addressing compounded exclusion in practice. Despite consensus in the sector to push towards organizational resilience through large-scale funding, reports suggest that small donations now account for roughly one-third of nonprofit funding in India, which organizations find useful in part because institutional funding remains restrictive in mandate.[59,60]

*Many funders are comfortable supporting direct services — a school or a center. But when it comes to systems change, there are very few investors. Early-stage funding for new innovation is limited, and systemic impact is often expected within one or two years, even though this work requires a much longer horizon and patient capital*

*-Sonali Saini, Sol's ARC*

## INTERVENTIONS:

- Addressing intersectional exclusion of caste, gender, sexuality, geography, and poverty, to align disability inclusion efforts with the full complexity of lived experience
- Advancing non-biomedical understandings of disability across policy, funding, and public discourse, shifting the frame from conditions to be fixed toward rights to be realized
- Building disability-led networks, alliances, and grassroots infrastructure to enable persons with disabilities to shape field direction, policy priorities, and resource flows
- Developing field infrastructure including coalitions, peer networks, and shared knowledge platforms, to strengthen collective action and retain institutional learning
- Investing in transdisciplinary knowledge that connects disability with climate, gender, caste, mental health, and urban systems, embedding inclusion in the development ecosystem

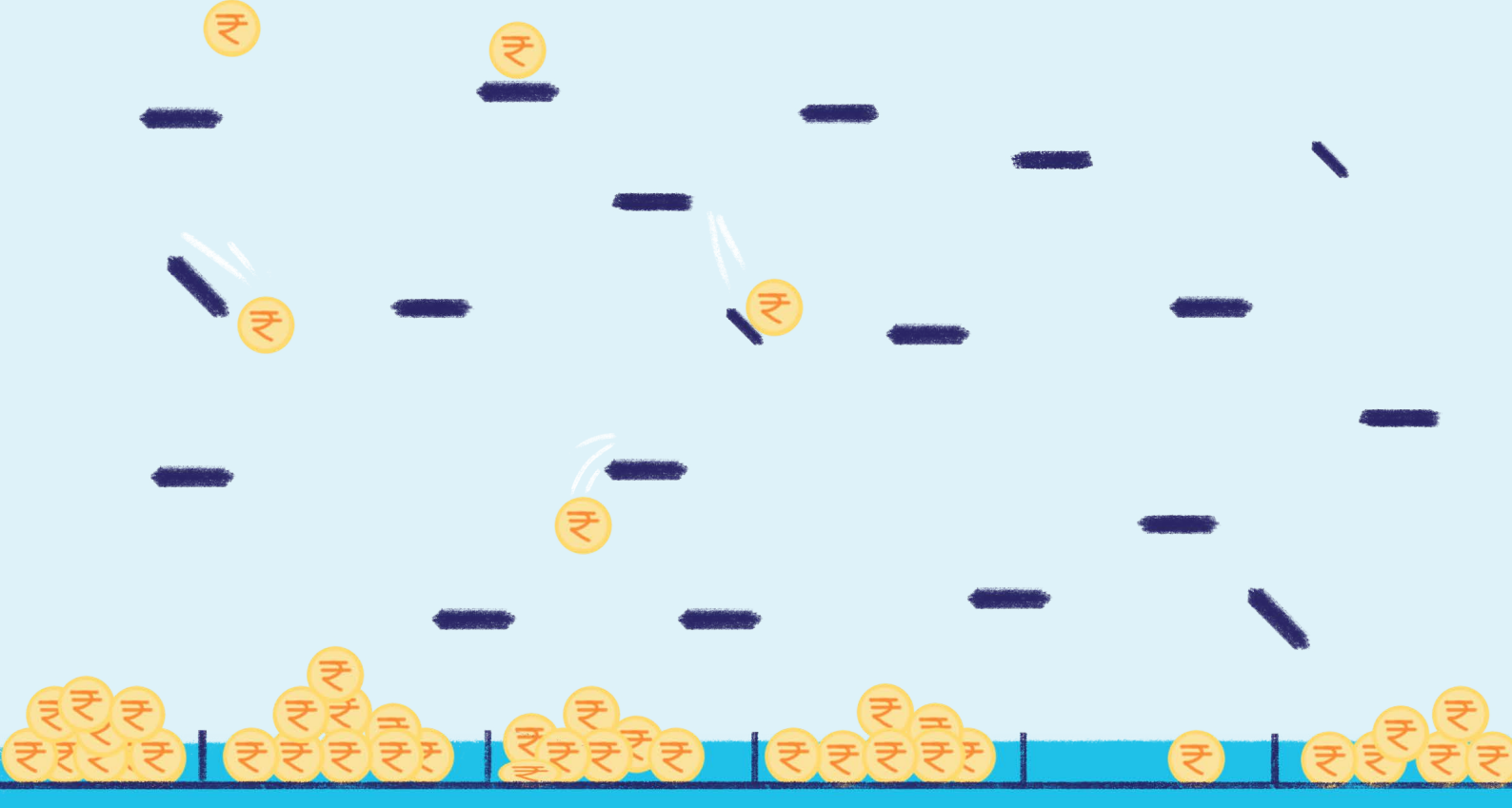
**MAPPING AND CONSTRAINT:** The operations of this practice area are exclusively at the 'structural' and 'mental' model layers of the iceberg. It produces few visible outputs, resists attribution, and focuses on reshaping the conditions within which all other interventions occur. These characteristics also explain its underfunding, as reiterated by practitioners during interviews. Despite the sector consistently identifying this work as essential, it remains under-supported by the funding structures it depends on. As a result, organizations undertaking enablement work absorb the cost of a system not yet designed to sustain them, even as that system depends on their continued existence.

Disability exclusion is rarely produced at a single point of failure. It accumulates across institutions, across life stages, and across assumptions that remain embedded within systems. This shifts the question from whether services exist to whether the conditions for inclusion can be sustained over time. The challenge, therefore, is not only intervention design, but the capital, coordination, and accountability required to make inclusion durable. The next chapter examines how current funding flows and capacity structures shape what the ecosystem is able to sustain.

# 04

# STRENGTHENING THE ECOSYSTEM: CAPITAL, CAPACITY, AND THE CONDITIONS FOR DURABLE ACTION

Nonprofits sustain continuity across systems, extending beyond their mandates to keep access, care, and participation from collapsing. Strengthening this ecosystem, therefore, cannot be understood as a question of scale alone. It is as much a question of what kinds of work the current architecture is able to sustain, and what it continues to defer. This chapter follows two forces shaping the nonprofit ecosystem today: funding flows and capacity.



# 4.1 How Philanthropic Capital Shapes the Ecosystem

Funding plays a critical role in shaping India's disability ecosystem, explaining why certain forms of work flourish, others stall, and some never find room to exist at all. This defines the stakes around how philanthropic capital enters and moves through the nonprofit ecosystem, within a broader funding context that is already constrained.

India's overall social sector funding landscape, including private philanthropy, CSR, and government spending[61] has expanded significantly in recent years, reaching roughly INR 27 lakh crore in FY25 and growing at a 13% CAGR since FY20, with public spending accounting for about 95% of the total. While growth is promising, it is insufficient in relation to the sectoral needs. The overall funding shortfall to meet the Sustainable Development Goals, stands at approximately INR 16 lakh crore in FY25 and is projected to widen further by FY30. Disaggregated data on disability-specific philanthropic flows to India remains scarce. Based on proxy data available via the National CSR Portal, disability commands a marginal share in India's philanthropic landscape.

But the challenge goes beyond underfunding; it is also driven by the diversity of funder mandates, timelines, and constraints — shaping what kinds of work find support, and what remains harder to sustain. This section examines how different streams of capital enter the disability ecosystem, what kinds of work they are structured to support, and what this architecture implies for the field as a whole.

## 4.1.1 Funding Streams and Logics: Who Funds What, and Why

Philanthropic capital moves through the disability ecosystem through a set of distinct actors, CSR, family philanthropy, international funders, and the state, each shaping what kinds of work it is able to support. At the broadest level, disability remains underfunded globally. Even as the language of inclusion has expanded, resource allocation has not kept pace – estimates suggest that disability inclusion receives less than 2% of global development funding.[62] This wider imbalance matters because it places disability within a funding environment where recognition has grown faster than commitment.

## CORPORATE SOCIAL RESPONSIBILITY

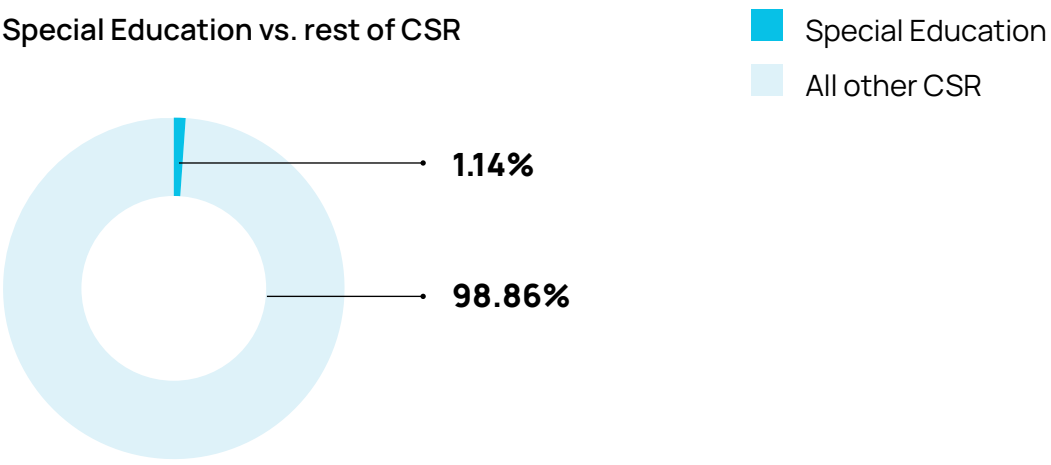
The National CSR Portal classifies spending by sector. Disability inclusion is grouped under the broader category of 'Education, Differently Abled, and Livelihood', making it difficult to isolate disability-specific figures precisely. However, the reporting undertaken for FY 23-24, for the sub-head of 'Special Education,' offers preliminary insights about the state of funding.

Special Education received just 1.14% of total CSR spending in FY 2023–24 i.e., INR 396.57 crore out of INR 34,908.75 crore. This a small slice for a sub-category serving one of India's most underserved populations.The participation gap is equally notable. Only 1,182 of 27,188 eligible companies, about 4.35%, directed any funds to Special Education at all. It can be assumed that many companies either chose not to engage with this sub-category or folded disability-related giving into other buckets (like vocational training or healthcare) that wouldn't appear here.

The average spend per company in Special Education (INR 33.5 lakh) is also considerably lower than the all-CSR average of INR 1.28 crore per company, suggesting that when companies do engage, they tend to treat it as a supplementary rather than primary giving area. The top 10 companies alone drive nearly a quarter of all Special Education CSR, which points to how dependent this sub-sector is on a handful of motivated corporate champions rather than broad-based participation.

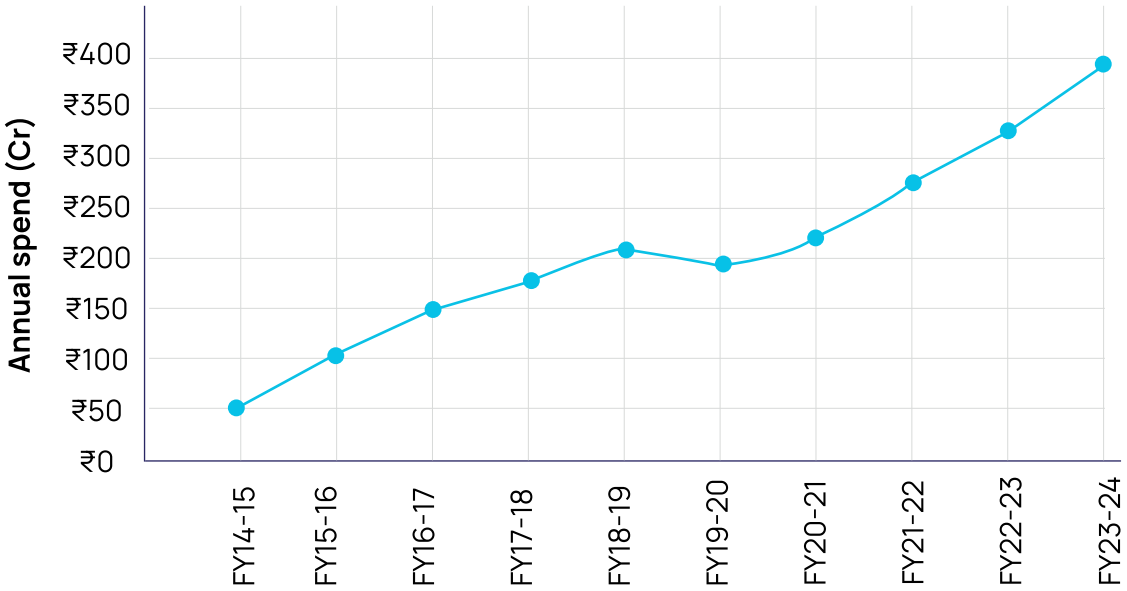
**Figure: 8**

**Disability Inclusion in CSR Expenditure**




Special Education receives just ₹1.14 of every INR 100 spent on CSR across India - despite disability inclusion being a Schedule VII priority.

Special Education CSR growth since 2014




Spend has grown 7.6x since FY 2014-15, but remains a thin slice of the expanding CSR total.

Source: Government of India, Ministry of Corporate Affairs, National CSR Portal (https://www.csr.gov.in/ )

Still, in India CSR remains one of the largest and most visible channels of domestic private capital, including within the disability ecosystem[63]. Its compliance-driven architecture aligns well with interventions that are well-defined, time-bound, and measurable, sustaining investment in service delivery, accessibility infrastructure, assistive support, and skilling initiatives.

For many organizations in the disability ecosystem, CSR is the stream around which financial survival is often organized. Participants across the qualitative dataset repeatedly identified CSR as a central funding channel. That dependence can give CSR significant influence over the shape of the field. Its preference for bounded, visible, and reportable interventions often determines what becomes easier to propose, repeat, but also harder to move beyond.

*Corporates often compare disability programs with mainstream youth skilling initiatives, expecting similar numbers and unit costs. However, training costs for people with disabilities is higher, due to requirements such as special educators, assistive infrastructure, and accessible hostel facilities for rural participants.*
*-Srilakshmi Bellamkonda, Dr. Reddy's Foundation*

There are, however, examples of corporates beginning to work through deeper and more sustained partnership models. Bajaj Finserv's disability-focused initiatives and Tech Mahindra Foundation's lifecycle approach to disability inclusion demonstrate how CSR can move beyond one-off support toward longer-horizon engagement with implementation partners and institutions.[64] [65]

## FAMILY AND INDIVIDUAL PHILANTHROPY

In India, family philanthropy has emerged as a significant and growing part of giving, accounting for almost a third of domestic private contributions and expanding steadily over recent years. Family and individual philanthropy often operate with greater flexibility, supporting areas such as core funding, organizational growth, early-stage experimentation, and slower forms of institutional work. In a sector where not all essential functions can be cleanly bounded as programs, this difference matters greatly. Investments with the potential to be far-reaching and enduring in their mandate, such as building evidence, shifting narratives and practice, and developing replicable models, rarely produce legible outputs within a time-bound quarterly or annual grant window. Sustaining such work demands long-term engagement and a high appetite for innovation among funders, which family philanthropy is uniquely positioned to drive.

*Our role as organizations is to experiment, innovate, inspire. Scaling is the government's responsibility. We don't want to standardize our efforts or dictate uniform practices. Given our belief in diversity and our confidence in local solutions, one-size-fits-all is a bit boring. Haldiram delivers reliable namkeen, year after year, no matter where you buy it but it's still the local guy with the tiny shop and the limited stock we come back to again and again. We love the kaleidoscope of approaches our children and their families have come up with. We'll stick with them."*
*-Jo Chopra-McGowan, Latika*

Nonetheless, such investments are still to catch up with the massive deficits, and are often dispersed and relationship-driven, with fewer mechanisms for

coordinated, long-term ecosystem deployment. Harnessing family and individual philanthropy to support work that is slower, less visible, or harder to fit within narrower grant structures remains an important opportunity to build greater coherence at the level of the field.

## INTERNATIONAL FUNDERS

International funders have played an important role in advancing rights-based approaches, research, and movement-building within the disability ecosystem. Their contribution is often as normative as it is financial, widening how the field is funded and what it treats as fundable. This support takes several forms: core and flexible funding from disability-focused funds and private philanthropies, programmatic investments from multilaterals and disability inclusion INGOs, and niche grants from organizations working on particular conditions or interventions. International funding has played a key role in seeding participatory grantmaking approaches, intersectional practice, and systemic change – precisely the areas where domestic funding has historically lagged.

> *Our aim is not to bring in any blueprint or strategy. Instead, we want to be sensitive to the needs of a particular region, community, or experience of disability. We work with partners closely to understand their context, needs, and skillsets, and try to understand their work intersectionally*
> *-Gazala Paul, Paul Hamlyn Foundation*

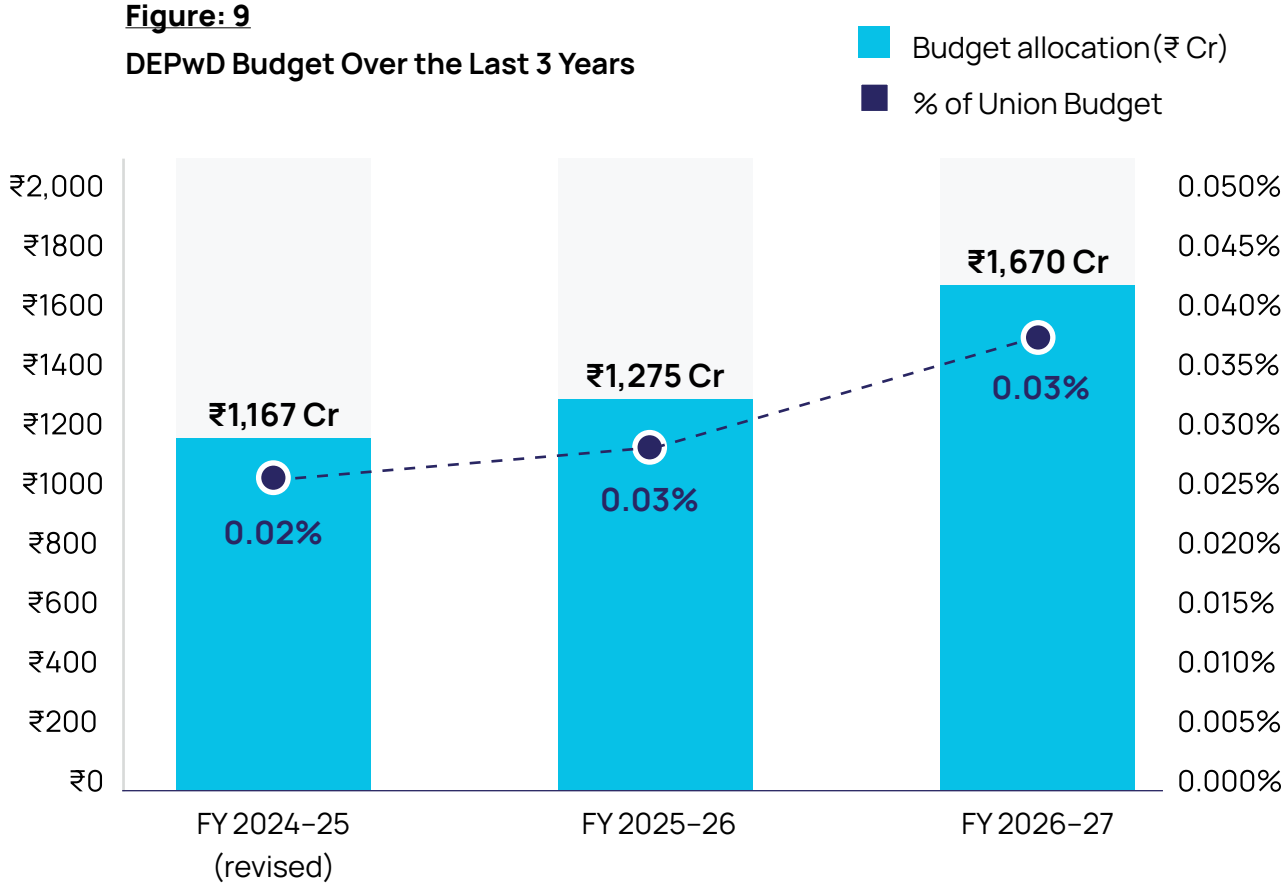
Their presence in India, however, remains limited relative to the scale of the field, and concentrated among organizations with the institutional capacity to engage at that level. In practice, this has meant that international funders often partner with larger organizations that can convene and resource hyperlocal actors that are closer to the ground. The support has deepened parts of the ecosystem but has not shifted the wider imbalance in how disability is funded.

## THE STATE

The primary central government body responsible for disability welfare is the Department of Empowerment of Persons with Disabilities (DEPwD), which sits within the Ministry of Social Justice and Empowerment (MSJE). The table below traces DEPwD budget allocations over recent years.

**Figure: 9**

**DEPwD Budget Over the Last 3 Years**




FY 2026-27 sees the sharpest rise- +INR 395 Cr year-on-year- driven largely by two new schemes: Divyangjan Kaushal Yojana (INR 200 Cr) and Divyang Sahara Yojana (INR 100 Cr), which together account for 79% of the increase.

Source: Government of India - Budget Documents (https://www.indiabudget.gov.in)

The FY 2026–27 allocation of INR 1,670 crore represents a significant nominal increase, approximately 30% over revised estimates for 2025–26.[68] However, two new schemes account for the bulk of this rise: the Divyangjan Kaushal Yojana (INR 200 crore, focused on industry-aligned skill development) and the Divyang Sahara Yojana (INR 100 crore, for assistive devices). Together, these two new schemes make up around 79% of the year-on-year increase, while funding for existing institutional and administrative programs has grown only marginally. A lack of up-to-date estimates of disability prevalence makes it challenging to map how DEPwD budget allocations sit alongside coverage requirements.

Public funding is foundational in principle, moving through schemes, entitlements, and welfare infrastructure that remain key to how disability support is delivered at scale. It sets the baseline architecture within which all other funding streams operate. Where state systems are more coherent, they demonstrate that entitlements must exist through funding, implementation, and access in practice. In addition to administrative complexity and regional variation, inter-departmental coordination emerges as a bottleneck in resources reaching the ground. Beyond the MSJE, central ministries working on critical issues like housing and rural development often lack dedicated resources for disability inclusion. Coordination between central and state government departments can also dictate how resources flow towards mandates. For nonprofits, public funding is rarely separable from the translation and follow-through that must accompany it.

These four streams of funding for disability inclusion in India function more like distinct, sometimes intersecting systems operating in the same landscape, rather than a cohesive ecosystem. Each operates through its own internally coherent, sometimes institutionally defined logic, but often ends up working in silos. The result is a landscape where work that falls neatly within a single funding stream's logic is likelier to draw resourcing. The funding architecture required to sustain large-scale efforts that require multiple streams to align, such as coordination, field-building, long-horizon institutional development, remains nascent. The characteristics of each funding stream elucidate, in aggregate, what reaches whom and where.

The FY 2026–27 allocation of INR 1,670 crore represents a significant increase,

**approximately 30% over revised estimates for 2025–26.**

**Figure: 10**

**What Current Funding Makes Possible**

## CSR

**Scalable Design**
Brings rigorous execution and high visibility to specific social issues.

**Rigid Structure**
Prefers "bounded"programs with clear metrics over long term institution building.

## Family Philanthropy

**Flexible Pivot**
Willing to provide core support and fund experimental, high-risk ideas.

**Informal Methods**
Often depends on personal relationships rather than standardized ecosystem support.

## International Funders

**System Views**
Introduces rights based and participatory models that empower local communities.

**Limited Reach**
Often restricted by regulatory hurdles or a smaller footprint compared to domestic funds.

## Public Funding

**Foundational Scale**
The only source capable of ensuring universal entitlements and mass impact.

**Implementation Gaps**
Nonprofits often have to bridge the "last mile" gap between policy and practice.

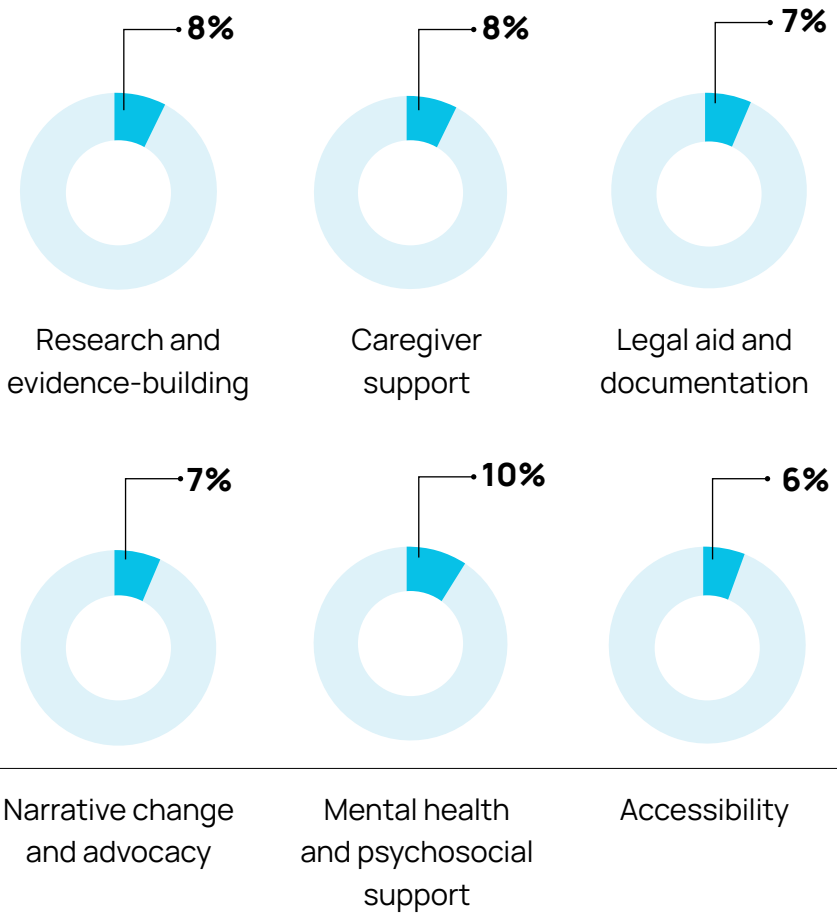
### 4.1.2 What Philanthropic Capital Reaches, and What It Misses

At the last mile, disability inclusion is made or unmade in everyday settings — where individuals and families must move through schools, health systems, documentation processes, livelihoods pathways, and local institutions to access what formally exists. Beyond whether or not a solution is available, it matters whether support can travel across these touchpoints in ways that remain usable, continuous, and responsive to lived needs.

## THE VISIBLE CORE: WORK THAT IS EASY TO FUND

Current funding structures reach some parts of this work more easily than others. Our survey data showed that nonprofits' work is concentrated in areas that are easier to define and support as standalone interventions: inclusive and special education (63%), livelihoods and workforce inclusion (48%), early intervention (42%), and healthcare, rehabilitation, and therapy (40%). Beyond these, the distribution dropped sharply. Research and evidence building accounted for 8% of organizations, caregiver support 8%, legal aid and documentation 7%, narrative change and advocacy 7%, mental health and psychosocial support 10%, and accessibility around 6%.

**Our survey data showed that nonprofits' work is less concentrated in areas that are harder to define and more difficult to support as standalone interventions**




This pattern illustrates how thinner areas can be harder to articulate and stabilize within prevailing funding logics. Education, therapy, and skilling can be structured as programs with clear outputs. Caregiver support, legal navigation, accessibility, research, and advocacy sit closer to the enabling edge of the ecosystem. They make interventions usable and durable, but do not always present themselves as discrete programs. As Prashant Sude from GSP India Grameen Shramik Pratishthan shared, *"Skill development, distribution of assistive aids, and to an extent education are favored interventions, but there is a lot of scope to go beyond this that is difficult to explain to funders."* The thinness of interventions is not evenly distributed – it follows visibility and resource flows.

## THE THINNER EDGE: WORK THAT IS STILL UNDERFUNDED

Several of the thinner areas showed a distinct budget threshold. In the survey, no organization operating under INR 50 lakh identified research, mental health, or caregiver support as a primary area of work. Research and evidence-building was concentrated almost entirely among larger organizations; mental health followed a similar pattern. This suggests that some parts of the ecosystem's efforts require a financial runway that only a narrow band of organizations currently have.

The same disparities appeared geographically as well. Organizations prioritizing mental health, advocacy, and accessibility showed effectively no rural or remote focus in the survey. Legal aid and caregiver support reached rural areas only rarely. Rural and remote organizations, by contrast, remained concentrated in visible, community-facing work: schooling, community awareness, therapy, and livelihoods. What remains thin, then, is also a question of who can afford to sustain certain kinds of interventions, and where.

Funding selectivity also shapes which disabilities are more readily recognized. Radhika Kannan from Mariwala Health Initiative observed, *"Three to maybe six disabilities are funded the most by all CSRs, out of all the 21 specified in the RPwD Act. The other 14 to 15 are lesser-known and often underfunded."* The consequences of this selectivity shape what becomes familiar to capital, what is left at the margins of funder attention, and which organizations end up operating in more complexity than funding structures are designed to absorb.

## THE CONNECTIVE LAYER: FUNCTIONS THAT SUSTAIN THE ECOSYSTEM

Funding also struggles to support the connective work around delivery with consistency. The survey shows this clearly. Around 52% of organizations shared that funding and reporting requirements make collaboration hard, while 51% cited limited staff time for partnerships and 42% said identifying the right partners was a challenge in itself. Coordination across organizations was difficult for 33%, and 28% reported that partnerships do not move beyond discussion into joint action.

At the last mile, the work of holding continuity across interventions often depends on partnerships, shared information, referrals, follow up, and trust. Yet partnerships and coalition work were underfunded for 15% of organizations in our sample, MEL and data systems for 15%, and digital systems for 14%. These are often sidelined as backend functions. In practice, they are part of the infrastructure that allows people to move across a fragmented ecosystem without disappearing between one intervention and the next. *"As a CSR organization in disability space, we believe our role extends beyond funding established programs. We work alongside nonprofits*

*as co-creation partners to design and pilot innovative solutions, transforming promising ideas into structured, evidence-based interventions. Successful pilots can then evolve into scalable and replicable models with the potential to create sustained, long-term impact. This approach reflects our belief that CSR should be collaborative rather than transactional, grounded in shared learning and a collective commitment to advancing inclusion and improving the lives of persons with disabilities."* shared Dr. Aman Preet Kaur from Bajaj Finserv. These perspectives from funding practice outline how what is required at the last mile often needs to be articulated a certain way to become fundable.

Coordination across organizations was difficult for 33%, and 28% reported that partnerships do not move beyond discussion into joint action.

The issue here, then, is not only one of underinvestment. It is one of fit. Current funding structures support visible interventions more easily than the broader conditions that allow those interventions to hold. They fund delivery more readily than coordination, categories more readily than complexity, and program units more readily than the connective labor required to make support usable over time.

The effects of funding architecture do not stop at the level of programs. They travel inward, shaping what organizations must ultimately absorb, build, and sustain in order to keep the ecosystem functioning. Flows and constraints shape how teams, systems, leadership, and coordination can all be built. This is where the question of capacity begins.

## 4.2 Organizational Capacity as a Structural Condition

Capacity in the nonprofit ecosystem is better read as an outcome of how the ecosystem itself is structured: what is funded, what is deferred, and what organizations are expected to carry on without support. Over time, organizations have learned to operate within these conditions, building systems, teams, and relationships as they go. The stability required to sustain that work has rarely been provided. The result is a sector that has absorbed the functions of a mature field, like convening, peer-strengthening, knowledge generation, and institutional memory, without the resourcing a mature field requires.

Understanding capacity as a structural condition, not an organizational mandate, is the prerequisite for changing it. The following section traces how these conditions take form across four dimensions: what organizations are asking for, where the foundational pressures concentrate, why collaboration remains structurally out of reach, and how field-building functions are currently being carried invisibly, and at cost.

## 4.2.1 What Organizations Are Asking For: Signals from the Field

> *We didn't take a salary, we couldn't hire people, we were doing all of the roles*
> *-Beverly Louis, Mann*

This could have been spoken by the founder of almost any organization in this sector — and in some form, it was. Not as a story of early struggle, but as a condition that has never quite lifted. As organizations experience it, capacity is not a question of skill. Instead, it reproduces itself with a consistency that reflects how the ecosystem is built rather than how organizations are run. Survey data on where capacity gaps cluster paints a picture that is simultaneously expected, yet insightful. Nonprofits were asked to identify their most pressing capacity needs over two time horizons: the next twelve months and the next two to three years.

**Table 8**

**Capacity needs of nonprofits across two time horizons, n=109**

| Need | Immediate (next 12 months) | Long-term (next 2–3 years) |
|---|---|---|
| Fundraising and financial sustainability | 70% | 88% |
| Strategic planning and growth | 42% | Not prioritized |
| Leadership and succession | 38% | 48% |
| Collaboration and partnerships | 27% | 51% |
| Monitoring, evaluation and learning | 15% | 36% |
| Narratives and advocacy | 12% | 28% |

Several things are worth holding together from these results.

1. **Fundraising** moves from a third of immediate responses to near-universal agreement at 90%, signalling that the sector reads its funding challenge as structural and long-term rather than temporary.

2. **Collaboration and partnerships** are registered as a priority for around 27% of organizations in the near term, but rise to 52% over the longer term. This is evidence of constraint.

3. **MEL, narratives, field coordination**, the functions that are most absent from immediate priorities, but become a part of the longer term signal the need for field-building.

The sector is not unaware of what it needs. It is unable to fund those needs in the present.

Immediate needs are internal and operational: securing funds, retaining staff, and managing delivery. Long-term needs are systemic: collaboration, coordination, shared infrastructure. The distance between those two registers, and the gap in funding that maintains it, is where funders need to act.

As systems of welfare, finance, and identity have expanded, their architecture has not always expanded with accessibility in mind. In 2025, the Supreme Court observed that inaccessible digital KYC processes were preventing persons with disabilities from opening bank accounts and accessing essential services — effectively excluding them from systems that had already become mandated for participation.[69] Capacity, in this sense, is a function of how systems are designed, how they expand and contract, and who they are designed to include.

### 4.2.2 Fundraising and Leadership: Foundational Pressures on Organizational Stability

That fundraising should dominate both time horizons is, on one level, predictable — and on another, worth examining more closely. A large majority of organizations in our sample (84%) had been operating for over a decade. This indicates that funding is not an early-stage fragility. It is a condition that persists over time, settling into something chronic and less visible.

Smaller organizations operating with budgets under INR 1 crore report immediate fundraising pressure at significantly higher rates than mid-sized or large ones. Funding comes, extends, drops, and reappears in ways that rarely allow planning beyond the immediate horizon. "*You are always between grants, never fully inside one*," shared Dr. Lakshmi Narasimhan from The Banyan Academy of Leadership in Mental Health. Dr. Dipti Gandhi, Muskan Foundation, described the constant recalibration this produces:"*We plan for a year, but think in quarters, and survive month to month."*

*Our founder had brought the organization as far as she could with our existing skills and practices. We had a really strong clinical team, and we needed the organization to now bring in systems, processes, futuristic thinking.*
*-Shamin Mehrotra, Ummeed Child Development Center*

Mid- and large-sized organizations show the sharpest demand for strategic planning and growth as an immediate need, suggesting a ceiling that emerges once organizations move beyond survival but before they reach enduring stability. The geography of this pressure, as in the case of other dimensions of practice, is uneven. Urban organizations with proximity to corporate networks, proposal infrastructure, and relationship capital can navigate funding with greater traction. For rural and remote organizations, the system is difficult and inaccessible. *"The population we serve is very thinly dispersed and scattered,"* Prashant Sude, GSP India Grameen Shramik Pratishthan described — a condition that also applies to the funding meant to reach them.

This unevenness has material implications. In Karnataka, recent budget reductions sharply cut allocations for assistive devices such as Braille kits and talking laptops, leaving hundreds of visually impaired students waiting without support. What appears as a capacity gap at the organizational level is often the downstream effect of such systemic volatility. Similarities persist at the level of individuals and families. Access to pensions, allowances, and welfare schemes is frequently mediated through fragmented processes, documentation gaps, and repeated verification requirements, making continuity of support uncertain even where entitlements formally exist.

Leadership sits alongside fundraising in this foundational layer. The sector is old enough that founder dependency is a structural need. Organizations built on lived experience, personal networks, and institutional knowledge now face the question of continuity without having been supported to foster it. Almost 35% of organizations included persons with disabilities in governance roles, but only 20% are disability-led at the founder or CEO level. Organizations closest to lived experience are often among those operating with the least institutional support.

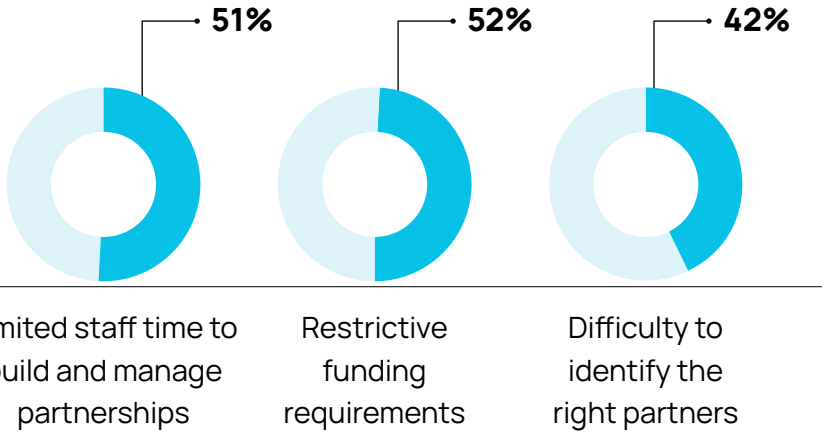
*"We want exact numbers, exact figures, exact activity, exact everything,"* said Nidhi Goyal from Rising Flame, *"but people don't want to fund those who are executing, or leading organizations."* The ability to invest in second-line leadership, governance systems, or institutional memory requires resources that are rarely explicitly prioritized by funders. At 49%, leadership development and succession planning appeared clearly as long-term capacity needs in our data. However, the groundwork for them cannot be laid from within program budgets alone.

Recent workplace inclusion efforts continue to note that while organizations increasingly adopt disability inclusion policies, gaps in accessibility, training, and institutional readiness limit actual participation.[71] Here, as elsewhere, the constraint is not recognition — it is the systems and resourcing that determine whether policy becomes practice.

### 4.2.3 Collaboration and the Missing Middle: Why Collective Work Stays Fragile

Collaboration and partnerships registered as a priority for around 27% of organizations in the immediate term, but rose sharply to 52% in the long term. Among organizations that identified collaboration barriers, 51% cited limited staff time to build and manage partnerships, 52% pointed to restrictive funding and reporting requirements, and 42% said it was difficult to identify the right partners. This gap is not about willingness. Even where intent exists, the conditions to sustain collaboration do not.

**Among organizations that identified collaboration barriers**




Sitting beneath both the fragmentation and the desire to overcome it is a structural absence that the sector itself names with considerable precision: the missing middle. Not missing in recognition — organizations can describe, often in operational detail, the coordination mechanisms, shared systems, and platforms that would change how the field functions. Missing in the sense of being systematically unfunded, treated as overhead rather than architecture, often valued in conversation but starved in practice.

> *Funders and organisations have their own approaches, and that's important. But when you're dealing with a problem that needs deeper engagement, ecosystem-building becomes critical. A certain amount of capital needs to be deployed thoughtfully, and the right stakeholders must be brought together. It is equally important for funders to collaborate and engage with each other more toward common goals*
>
> *-Siddharth Agarwal, Upadhyaya Foundation*

Across the social sector, functions such as coordination, knowledge infrastructure, and ecosystem-building are widely acknowledged as critical but among the least directly funded reinforcing a system where collective capacity is expected but not resourced for. Most notably, collaboration and partnerships do not register as a dominant priority for organizations in the immediate term (around 27%), often overshadowed by more urgent demands, and then rise sharply to 52% as a longterm priority. This indicates that organizations are not unwilling to collaborate; they are unable to afford or account for it presently. Amid limited staff time, restrictive funding requirements, and constraints in terms of identifying the right partners, pathways to collaboration are riddled with bottlenecks.

For organizations working in rural or remote geographies, the pathways to collaboration are far less available. *"Even meeting regularly is difficult,"* Bashir Ahmad Lone, Voluntary Medicare Society shared. Nargis Khatoon from Srijan Mahila Vikas Manch added, *"Travel itself becomes the barrier in hard-to-reach regions with geographically difficult terrain."* In such contexts, collaboration is not only about alignment, but access — to people, platforms, and the time required to build relationships.

*Qualitative accounts illustrate the relational texture of collaboration under constraint.* *"I would love to see an ecosystem that is more compassionate,"* Myroslava Tataryn, Disability Rights Fund reflected, pointing to an environment where competition is accepted as a norm. The fragmentation that follows is adaptive, shaped by conditions where visibility, access, and participation are unevenly distributed and systematically demarcated, even within spaces designed for collaboration.[73] *"If you put ten visual impairment organizations together, they'll compete for funding, visibility, and influence,"* said Shilpi Kapoor, BarrierBreak. "Fear drives secrecy." This observation names something that sits uncomfortably beneath most formal accounts. Over time, organizations in this landscape may have discovered that the architecture around them rewards isolation more readily than cooperation.

Also visible in the same landscape is that organizations find ways to work together, often informally, sometimes deliberately. Qualitative data surfaced several examples of locally sustained collaboration, including coordination between nonprofits in Dehradun, hub-and-spoke outreach in Karnataka, peer problem-solving networks in Pune, and forms of public-system collaboration in Tamil Nadu, though these remained dispersed, locally held, and difficult to sustain without dedicated support. In each case, collaboration was enabled by some form of supporting infrastructure, such as a convening, a platform, or even a shared communication channel. The infrastructure required was often modest, but it mattered that it existed, and that it was held long enough for trust to accumulate. These examples illustrate that collaboration is not absent, but instead fragile. Without sustained support, it remains episodic rather than structural.

### 4.2.4 Field-Building on Program Budgets: Ecosystem Work Without Ecosystem Funding

There is a category of organization in this landscape that the funding architecture has never quite known how to hold. What these organizations do is among the most legible and consequential work in the sector, but it typically does not produce the kind of outputs that grant cycles are designed to hold. These are the field-builders: organizations that have absorbed convening, peer-strengthening, research, institutional memory, and coalition work into their identity, and that carry out these efforts largely in the margins of grants designed for something else.

> *People often ask why our work on inclusion is so resource-intensive. The truth is, many of the families we work with are already carrying the weight of financial insecurity, caregiving burdens, social stigma, and the daily pressure to survive. So before we can ask the family of a child or adult with Intellectual Disability to participate consistently in our programme, we first have to understand what is pulling them away from it. Sometimes the solution is educational, sometimes emotional, sometimes economic. Their participation, therefore, cannot be rolled out as a standardized system. It is more like weaving a safety net, thread by thread, around each family. That process takes time, patience, and deep human engagement. But if inclusion is to be real and lasting, there is no other way*
> *-Archana Chandra, Jai Vakeel Foundation*

Ecosystem-facing functions such as research, narrative building, convening, are among the least funded, even when widely recognized as critical. This reflects a deeper misalignment in how value is defined. Work that produces system-level change operates on longer time horizons and diffused outcomes, almost by design. This makes it less legible to funding models oriented towards results that can be clearly quantified and attributed. The organizational response is predictable. When field-building work is unfunded, it gets relocated into unrestricted funds, leadership time, and institutional margins. As a result, a significant portion of the sector's core is being built and maintained without formal recognition, and without sustainable resourcing. Global disability inclusion efforts increasingly recognize that such connective infrastructure is essential for sustained change, despite its low visibility in the mainstream.[74]

This is a load-bearing arrangement that is unsustainable. The sector is currently asking its most experienced organizations to absorb field-building functions as a condition of participation. That arrangement works until the founders carrying institutional memory step back, the networks built on personal relationships dissolve, or the organizations doing ecosystem work conclude that the cost is no longer manageable. Articulating the critical value delivered to the ecosystem by field-building initiatives is a necessary first step towards resourcing this work with greater ambition and vigor.

### 4.2.5 Limits of the Current Model: What Cannot Sustain

Organizations in this sector have learned to keep moving, filling gaps that systems leave open, holding continuity that funders do not pay for, and carrying field-building functions in the margins of grants designed for something else. This absorption has been misread for too long as resilience — as though the capacity to continue under constraint is evidence that the constraint is manageable.

More precisely, while the disability inclusion ecosystem looks like it is holding together, it can also be understood as a sector that is compensating. This compensation is disproportionate: it falls heaviest on organizations closest to the ground, least resourced to carry it, and most distant from the funding relationships that might eventually relieve it. Founder-led organizations without second lines. Rural organizations without the runway to build systems. Field-builders doing ecosystem work on program budgets, invisible to the logframes that determine what counts.

Four structural conditions cannot be sustained under the current approach:

- **Capacity treated as overhead rather than foundation** — organizations are expected to build institutional systems without explicit funding for them.
- **Coordination expected but never resourced** — collaboration is identified as critical by over half the sector's long-term respondents but is practically absent from funded work.
- **Leadership continuity left to chance** — succession planning and second-line development require dedicated investment that uniform grant models do not provide.
- **Differentiated need met with uniform models** — the pressures facing a rural, founder-led organization under INR 1 crore are categorically different from those facing a mid-sized urban one; the funding architecture does not yet reflect this.

Bridgespan's field-building framework offers funders a precise vocabulary for what this sector is already attempting and what it needs resourced.

Our research emphasizes that the core needs of nonprofit organizations are met most effectively when momentum is directed toward field building. This is achieved through collaborative action designed to consolidate outcomes and strategically influence funders.

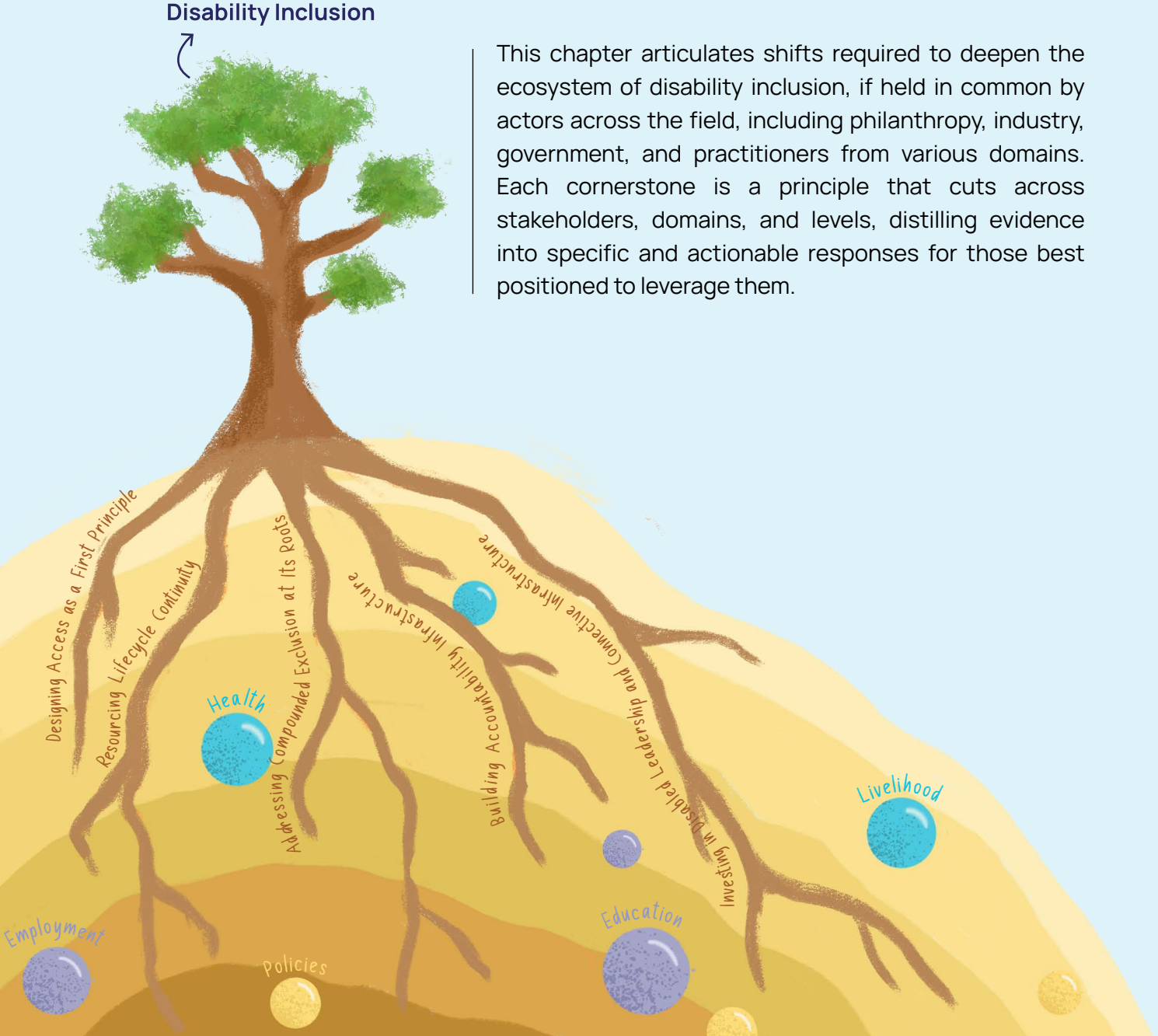
Leadership development, so organizations can sustain themselves beyond their founders. Network-building and coordination, so collaboration becomes structural rather than episodic. Research and knowledge generation, the sector can speak from evidence. Narrative change, so nonprofits can act from a position of shared purpose rather than fragmented survival.

These efforts are preconditions for the ecosystem's work being credible, sustainable, and heard. The sector has named them consistently and in detail, across both survey data and qualitative testimony. The gap lies in whether funders are willing to resource the field-building capacity that determines whether organizations can sustain their leadership, advocate for their work, and shape the systems they are trying to change. Capacity, understood this way, is not a support function. It is the condition through which everything else becomes possible.

The preceding chapters show that disability inclusion is constrained by fragmentation across systems, funding, and accountability. Nonprofits are often required to bridge these gaps informally, sustaining continuity where formal systems do not. Breakpoints reveal where exclusion is reproduced; funding flows reveal why responses remain uneven.

The cornerstones that follow do not propose new actors; they clarify the conditions required for collective action across those already present: government, philanthropy, industry, civil society, and disabled people themselves. The task is not to add complexity, but to build alignment around what makes inclusion durable.

# 05
# CORNERSTONES FOR COLLABORATIVE ACTION: STRATEGIC SHIFTS FOR GOVERNMENT, PHILANTHROPY, INDUSTRY, AND CIVIL SOCIETY




This chapter articulates shifts required to deepen the ecosystem of disability inclusion, if held in common by actors across the field, including philanthropy, industry, government, and practitioners from various domains. Each cornerstone is a principle that cuts across stakeholders, domains, and levels, distilling evidence into specific and actionable responses for those best positioned to leverage them.

# 5.1 Cornerstone 1: Designing Access as a First Principle

Access is most powerful when it is assumed from the start. When systems, products, and services are designed around a non-disabled norm, access becomes an accommodation made for something or someone that is an 'outlier'. On the other hand, when access is a founding condition, it shapes what gets built, who is consulted, and how success is evaluated. Universal design must be understood as an institutional disposition and ethic around which resources, capabilities, and representation must be oriented.

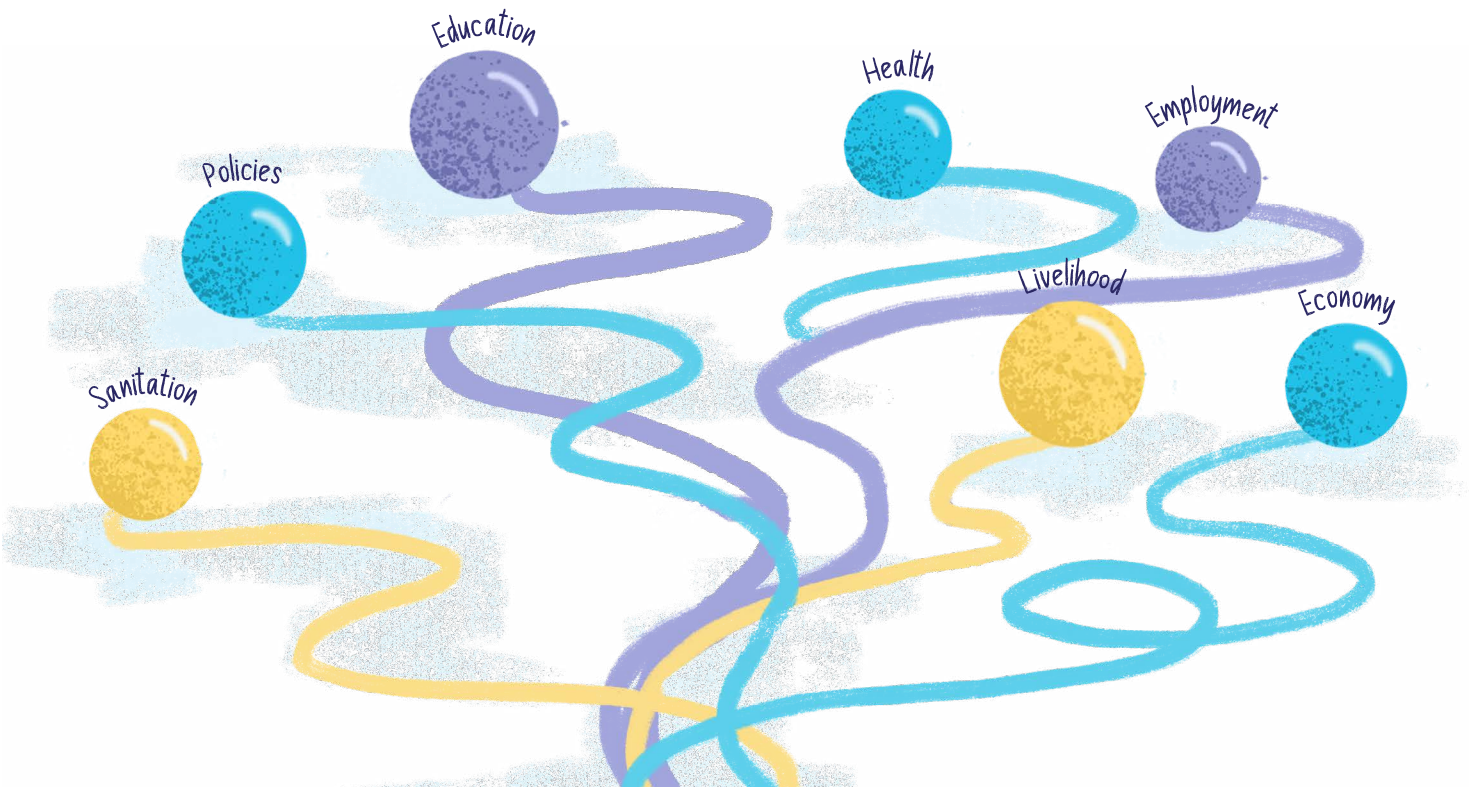
The pace at which new infrastructure is being built in India calls for this principle to be integrated with urgency. Digital public goods, financial systems, and built environments all emerge as domains that can become new access points or create new barriers, depending on how they are designed. Access as a first principle provides a window of opportunity to embed universality and inclusion before standards around new services and environments calcify. When inaccessibility is embedded instead, it can also become expensive and cumbersome to undo, excluding users by default until it is corrected – illustrating how human costs cascade. Testing and designing with the most excluded users first, building feedback loops into implementation, and accounting for maintenance and upgrades all help unpack and respond to inaccessibility that begins as a design problem.

| Stakeholder | Nudges |
|---|---|
| Industry & Philanthropy | • Fund and scale community-led solutions and innovative pilots that help strengthen access and build a proof of concept<br>• Make accessibility at the point of design an explicit criterion in investment and grant decisions, rather than in post-facto compliance checks |
| Government | • Strengthen budgets and capacity for disability inclusion across constituencies, levels, and departments<br>• Establish proactive accessibility audit measures for new digital, physical, and climate infrastructure before it is deployed at scale |
| Intermediaries & Field-Builders | • Integrate user-testing and participatory feedback mechanisms across both simple and complex solution portfolios<br>• Treat maintenance, upgrades, and community-level support as core components of a product or service, focusing on long-term sustenance |

# 5.2 Cornerstone 2: Resourcing Lifecycle Continuity

Disability inclusion is a condition that must be maintained across the full arc of a person's life. Early identification, school participation, the education to employment transition, and access to social protection in adulthood: each stage shapes the next, and anything that is missed at one point typically compounds forward. The organizations in this ecosystem understand this intuitively. Many of them describe following the person as a core feature of their work. This is what helps services and programs stay present across transitions that formal systems are yet to acknowledge and bridge, holding continuity that single program budgets cannot account for.

Making accountability to the lifecycle a shared principle entails applying this orientation at the level of systems, not just on-ground practice. Infrastructure across education, employment, health, and other domains must speak to one another across stages. Siloed action on these fronts leads to entire stages in the diverse lifecycles of disabled people where support and protections are simply missing altogether. The cost of navigation and follow-through in these stages is often absorbed by caregivers and frontline actors. Accounting for this continuity is one of the sector's most tangible and least visible contributions. When no single actor is formally understood to be accountable for what happens in the move from one system or program to the next, handovers, follow-through, and long-term support become challenging to extend. Treating the lifecycle as a unit of accountability can help address these white spaces and deepen impact.



| Stakeholder | Nudges |
|---|---|
| Industry & Philanthropy | • Extend patient capital towards multi-year solutions that hold lifecycle accountability, instead of exiting programs at discrete handover points<br><br>• Invest in transition-specific support where funding is thinnest and compounding exclusion is acute – such as the education to employment gap |
| Government | • Build cross-department referral and tracking mechanisms to follow people with disabilities across education, health, employment, and social protection, reducing navigation burdens<br><br>• Design entitlements and welfare schemes to be continuous and responsive across life stages, with proactive outreach and fewer redundancies in documentation |
| Intermediaries & Field-Builders | • Strengthen structured handover protocols between health, early intervention, and education systems, to ensure seamless support to disabled children at each institutional threshold<br><br>• Train frontline actors like teachers, healthcare workers, and rehabilitation workers to identify and respond to transition points more robustly |

## 5.3 Cornerstone 3: Addressing Compounded Exclusion at Its Roots

Disability is shaped by the social and economic contexts in which it is situated. In India, these contexts are defined by caste, class, gender, religion, geography, age, and other markers in ways that compound, as opposed to being merely additive. A Dalit woman with a psychosocial disability in a remote district faces a specific configuration of exclusion that is qualitatively different from what any single marker can help predict. The field knows this. Practitioners describe such contexts with care, asking who gets counted in government data, who can physically reach a certification center, who is believed when they report violence, who is considered a viable candidate for employment. The pattern is consistent: the further a disabled person sits from the norm around which systems were built, the less legible they become to those systems.

Demarcating intersectionality as an analytical starting point changes how the field looks at inclusion and what it designs in response. Asking whose experience is not yet legible – within data, narratives, institutions, and entire systems – calls for identifying who sits at the last mile when it comes to specific and situated forms of access. Organizations that work at these intersections often have strong community linkages and hyperlocal impact, despite being small in scale and embedded in remote geographies. The populations they serve are typically the most difficult to make legible within funding architectures that reward scale and visibility. Shifting this requires deliberate choices across every stakeholder, built along intersectionality-first thinking.

| Stakeholder | Nudges |
|---|---|
| Industry & Philanthropy | • Explicitly prioritize funding for organizations working with intersectionally marginalized and excluded populations at the last mile<br>• Build intersectionality-first thinking into internal systems linked to grant design and due diligence, asking whose experiences are least legible within existing grants |
| Government | • Redesign administrative data systems like UDID and Census frameworks to capture disaggregated data on intersectional markers like caste, income, and gender<br>• Strengthen last-mile delivery mechanisms for welfare schemes with a specific focus on populations facing compounded exclusion and institutional invisibility |
| Media & Research Actors | • Invest in community-embedded research focused on lived experience through collaborations with DPOs and grassroots organizations<br>• Expand narratives around disability beyond visible and culturally recognized ideas of impairment, towards a broader and more heterogenous understanding |

## 5.4 Cornerstone 4: Building Accountability Infrastructure

In India, the RPwD Act, international commitments, and a sequence of judicial interventions have expanded the formal framework of rights for people with disabilities substantially over the last decade. Yet, the field increasingly recognizes gaps in implementation, ranging from provisions that lack implementation

infrastructure to entitlement processes that require navigating complex bureaucratic machinery and lack redressal mechanisms. Policy inclusion is often necessary, but not sufficient, for change in institutional behavior. Across domains, the cost of claiming a right is routinely borne by those that it was designed to protect. The lag in appointing State Commissioners and Special Courts mandated under the RPwD Act provides a visible manifestation of the problem – the grievance infrastructure envisioned by the law has not materialized at scale.

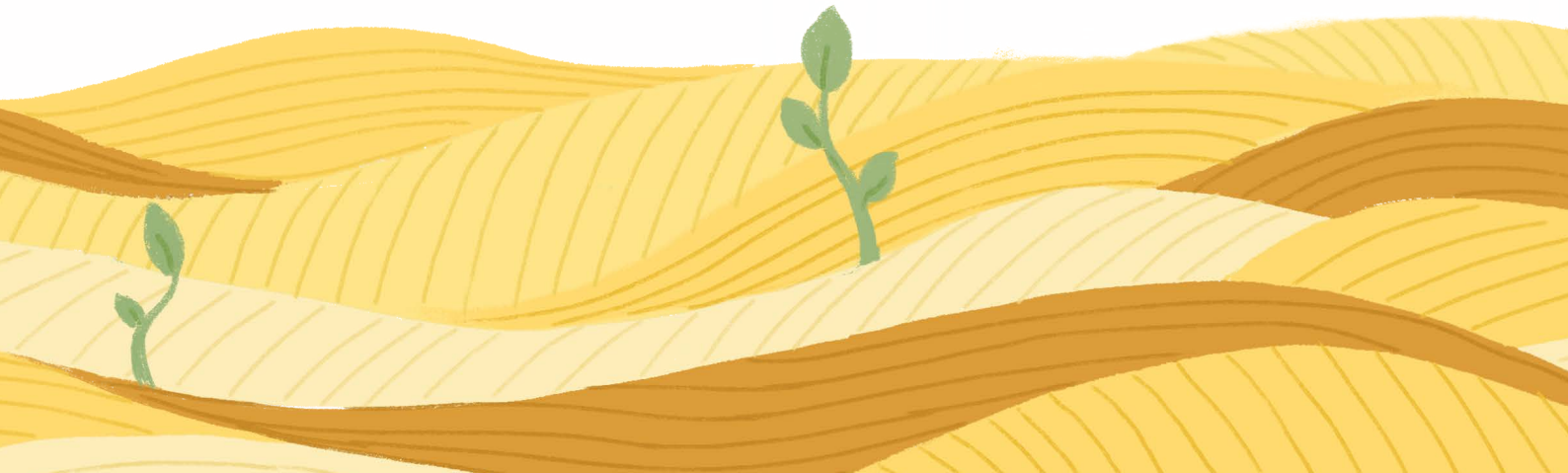
Closing this gap requires making the architecture of accountability proactive rather than reactive. This is as much a sociopolitical and institutional question as a technical one. It requires actors in the ecosystem to embrace accountability towards processes, timelines, and the people cross-located furthest from systems. Where this has worked, it has entailed sensitization and awareness by disability-led organizations and movements, independent monitoring, and resourcing that treats legal aid and advocacy with the same relevance as other service delivery. At a deeper level, bridging the gap between legal frameworks and on-ground implementation calls for strengthening capacities and commitments towards destigmatizing disability, particularly within government and legal institutions.

| Stakeholder | Nudges |
|---|---|
| Industry & Philanthropy | • Support organizations working at the intersection of disability and legal empowerment through documentation drives, navigating entitlements, and wider awareness<br><br>• Fund independent monitoring and evidence-building that can yield disaggregated data on scheme implementation, entitlement access, and on-ground gaps |
| Government | • Strengthen State Commissioners, Special Courts, and other RPwD Act provisions through dedicated budgets and clearly defined systems of accountability<br><br>• Design first access points and grievance redressal mechanisms within institutions with a focus on access, responding to communication, mobility, and documentation constraints |
| Intermediaries & Field-Builders | • Building stronger disability inclusion literacy among legal professionals through bar councils, law school curricula, and judicial training programs<br><br>• Expand disability-specific legal aid infrastructure, with dedicated outreach in rural and remote geographies where legal recourse is often most critical and missing |

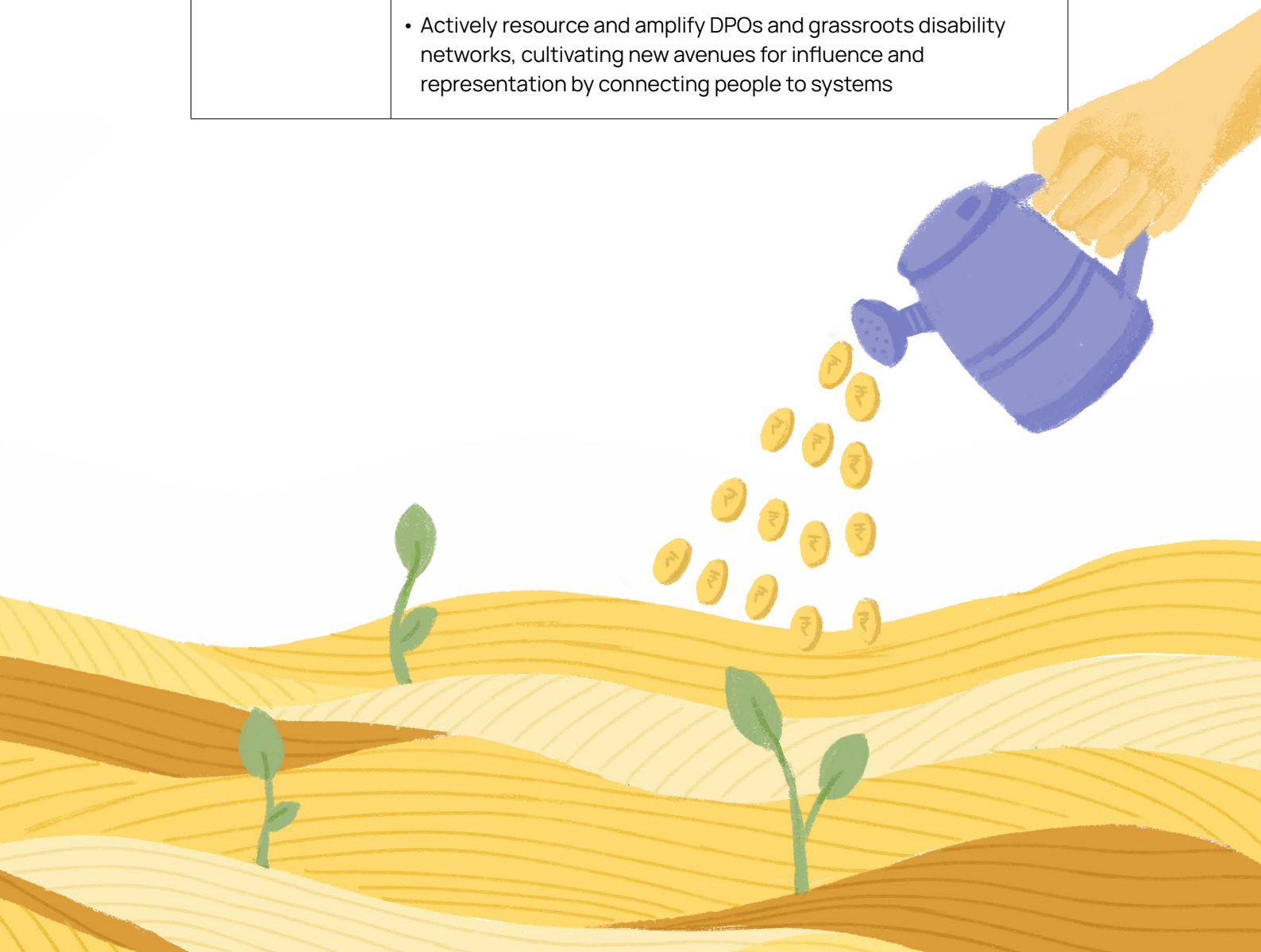
# 5.5 Cornerstone 5: Investing in Disabled Leadership and Connective Infrastructure

The principle of "nothing about us without us" is widely cited across the disability inclusion ecosystem. In practice, however, people with disabilities are more often the recipients of programs than the architects shaping them. Disabled people's leadership is an epistemological gesture. The knowledge that comes from the lived experience of disability, particularly when they're situated at the intersections of markers like caste, gender, and geography, is not replicable through good intent or removed technical expertise. When these perspectives are underrepresented in corridors of influence, the field continues to obscure what is happening on the ground no matter how sophisticated frameworks become.

Alongside leadership, the ecosystem has historically relied on connective infrastructure that is rarely prominently visible and supported. Convenings, peer networks, coalition work, and knowledge-sharing platforms are key to enabling a sector to operate as a field. DPOs occupy a particular place in this infrastructure. Typically emerging from within the folds of movements, they are among the field's most credible and proximate accountability mechanisms, remaining under-resourced. When this connective infrastructure is sustained, it allows the field to learn together, build shared agendas across organizations and mandates, and generate a wider body of evidence that can inform policy engagement. It also creates the conditions required for disabled leadership to develop and persist as an institutional norm that can be replicated across the ecosystem, emboldening voices from the ground.



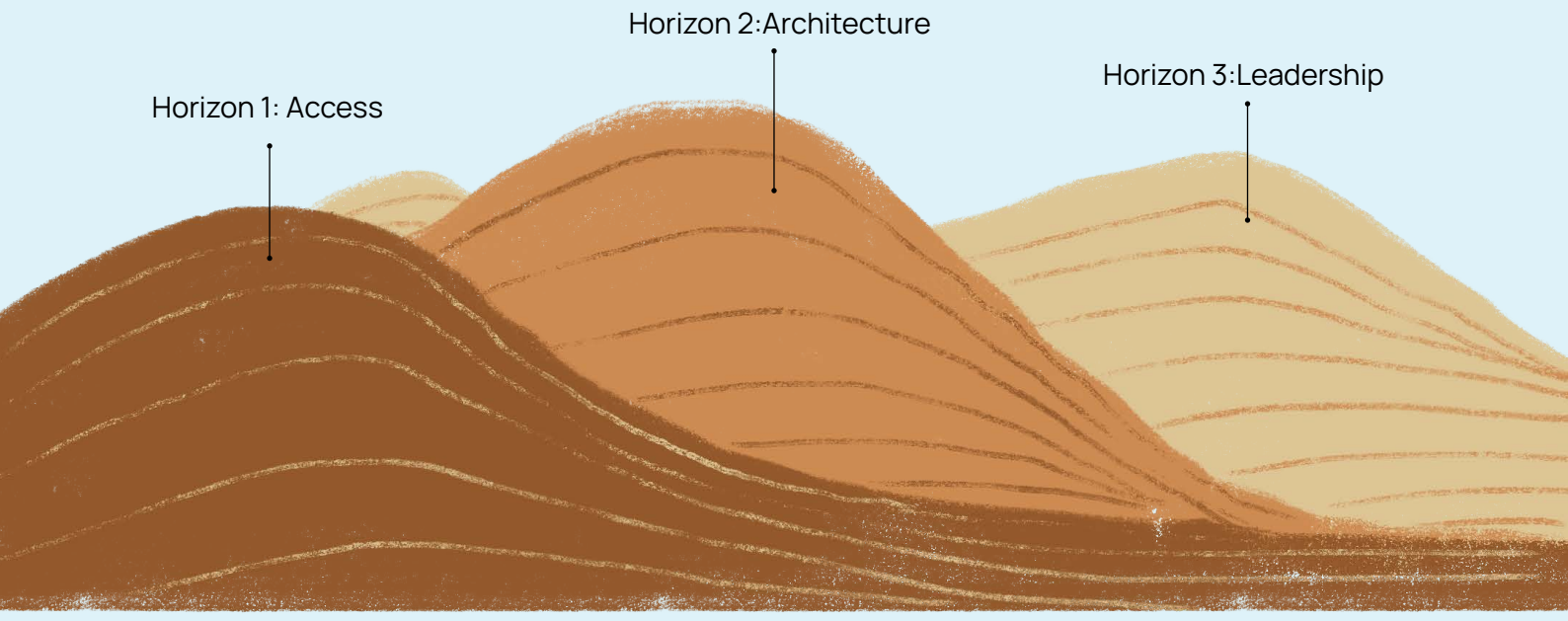
| Stakeholder | Nudges |
|---|---|
| Industry & Philanthropy | • Extend flexible capital for institutional development, with a focus on proximate leadership pipelines, robust governance systems, and organizational resilience<br><br>• Partner with DPOs and disabled people in participatory grant design and evaluation, enabling lived experience to shape funding priorities for the sector |
| Government | • Build formal channels for DPOs to engage closely with policy design, welfare implementation, and monitoring at national, state, and hyperlocal levels<br><br>• Invest in the development of disabled leaders within public institutions through targeted recruitment, retention support, and career progression mechanisms |
| Intermediaries & Field-Builders | • Strengthen convening, open knowledge-sharing, and coalition-building as explicit organizational functions that account for staff time and resources<br><br>• Actively resource and amplify DPOs and grassroots disability networks, cultivating new avenues for influence and representation by connecting people to systems |



# 06

# TIME HORIZONS FOR DISABILITY INCLUSION — FROM IMMEDIATE ACCESS TO LONG-TERM SYSTEMS CHANGE

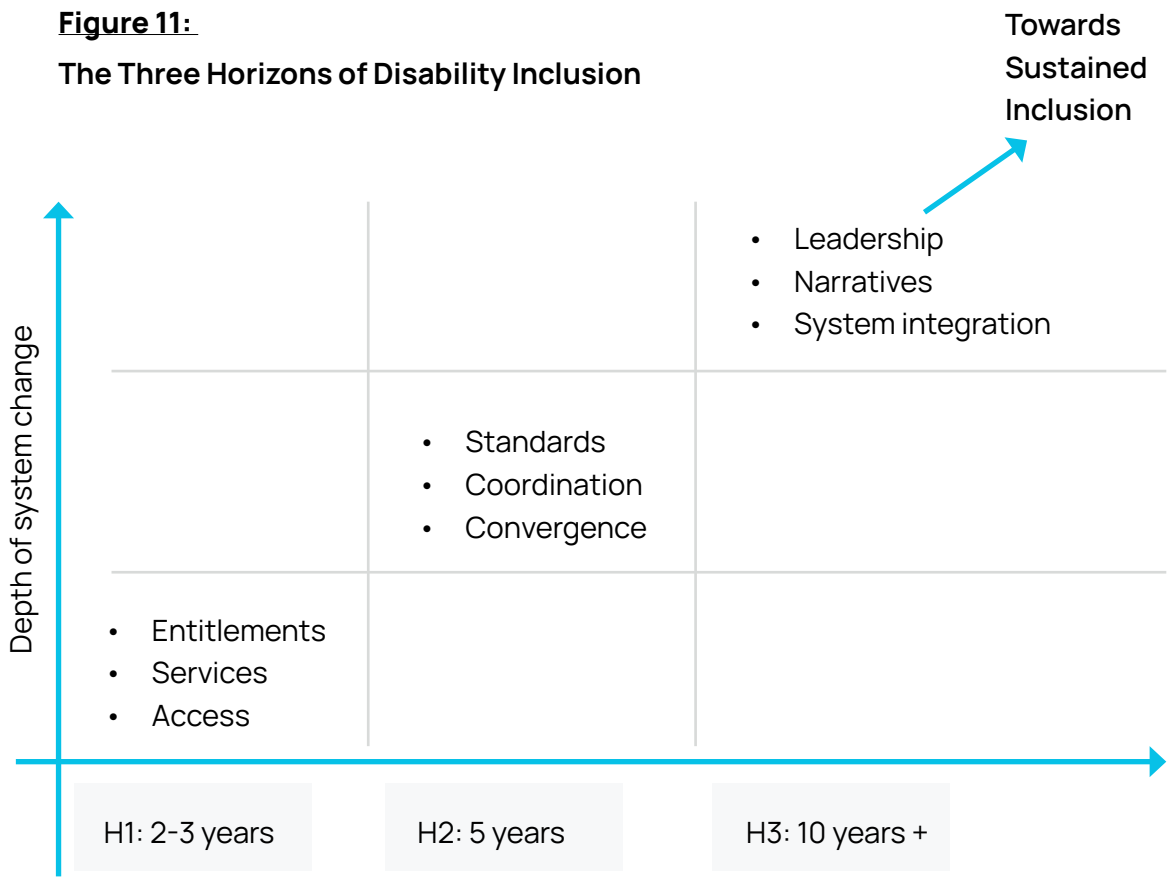
Change in disability inclusion does not happen at a uniform speed, necessarily. Some priorities require immediate strengthening within existing systems, while others depend on longer-term institutional and narrative shifts. The three horizons framework helps locate these efforts across time: from access to formal recognition and services, to institutional pathways for inclusion, to systems integration and field leadership. Read this way, the horizon model is a map of overlapping responsibilities that must deepen together.



The Three Horizons framework offers a lens to understand this evolution as a set of overlapping and mutually reinforcing shifts in focus and ambition. Rather than *moving on* from earlier roles, ecosystem actors are required to operate across horizons simultaneously: strengthening existing systems, embedding inclusion within institutions, and enabling long-term alignment and leadership across the field. The cornerstones identified in this report act as pathways through these horizons, deepening inclusion for the future, while remaining grounded in present realities.

**Figure 11:**

**The Three Horizons of Disability Inclusion**




**Horizon 1: Strengthening Access to Existing Systems and Services**

The foundation of the ecosystem lies in formal recognition and access—legal entitlements, disability certification, service delivery, assistive technology, and rehabilitation support. These are not transitional activities; they remain essential for millions of people still outside the reach of even basic provisions. Horizon 1 focuses on strengthening reach, quality, and continuity—ensuring that existing systems work more effectively, even as the ecosystem builds toward deeper change.

**Horizon 2: Embedding Institutional Pathways for Inclusion**

The next frontier is institutional. This requires moving beyond individual service delivery to embedding inclusion within how systems operate. It includes developing standards and protocols, advancing accessibility norms, enabling cross-sector coordination, and strengthening government partnerships. Horizon 2 focuses on building consistency and scale—shifting inclusion from isolated programs to practices embedded within institutions.

**Horizon 3: Enabling Systems Integration and Field Leadership**

The long horizon requires two reinforcing shifts: strengthening field leadership and enabling systems integration. This includes shaping narratives and leadership—building disability-led networks, advancing representation, and influencing discourse—while embedding inclusion across systems through integrated policy, financing, data, and accountability mechanisms. Horizon 3 focuses on sustaining inclusion through alignment—where systems, leadership, and institutions move together toward long-term coherence.

Taken together, the Three Horizons underscore a central insight of this report: the future of disability inclusion in India will be built on holding the tension between immediate delivery and long-term transformation. Progress will be driven by actors and investments capable of working across horizons, responding to urgent needs while simultaneously building the institutional, systemic, and leadership foundations required for durable inclusion.

**Supporting this mandate is not only a strategic imperative for the sector, but a necessary condition for achieving equitable and inclusive development at scale.**

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Please note: The Three Horizons Framework is a foresight model used to manage transformational change. Horizon 1 represents the current system and its declining relevance; Horizon 2 involves the "pockets of the future" or innovations that disrupt the status quo; and Horizon 3 envisions the long-term systemic shifts required for a sustainable future. Organizations use this to balance immediate needs with long-term field-building goals.

# ANNEXURES

## Methodology Note

This report draws on a mixed-methods research design combining secondary research, primary qualitative inquiry, and a nonprofit diagnostic survey.

The secondary research included a review of laws, policies, schemes, judicial developments, published literature, and available sectoral data relevant to disability inclusion in India. This helped situate the study within the current policy and institutional landscape and informed the analytical lenses used in the report.

The primary research consisted of 23 semi-structured interviews with stakeholders from the disability ecosystem, including nonprofit leaders, disability rights practitioners, philanthropic actors, researchers, and other sector enablers. In addition, two FGDs were conducted with 9 nonprofit practitioners to deepen understanding of shared organizational realities, including collaboration, capacity constraints, and ecosystem gaps.

To complement the qualitative inquiry, Dasra administered the *Disability NGOs Capacity & Ecosystem Diagnostic Survey,* which was circulated online through Dasra's networks as well as partner and ecosystem networks. It was designed as a structured diagnostic tool to gather information on organizational scale, budgets, geographic reach, leadership composition, disability focus, areas of work, collaboration patterns, operational bottlenecks, and short- and long-term capacity needs. Following final data cleaning, three duplicate survey responses were removed. The final analytical sample comprises 109 organizations.

The study used purposive and convenience sampling across its primary research components. As a result, the findings are indicative rather than statistically representative of the disability ecosystem in India. Organizations and actors that are smaller, less networked, more informally organized, less digitally connected, or based in remote or conflict geographies may be underrepresented.

**Limitations**: While this research surfaces critical patterns, tensions, and operating realities across the ecosystem, several limitations must be acknowledged. First, the study may underrepresent smaller, informal, or less networked actors who often operate outside established visibility. Furthermore, the analysis maintains an implicit focus on civil society; consequently, the specific roles of the family, community, the state, and the market in ensuring disability inclusion have been explored only in a limited manner. Finally, the findings and interpretations may be influenced by our inherent bias and positioning as a sector intermediary within the philanthropic landscape.

# Acknowledgements

This report was developed as part of HSBC India's partnership with Dasra to strengthen the disability ecosystem in India through a landscape study, stakeholder consultations, a nonprofit diagnostic survey, and the design of a longer-term ecosystem-strengthening initiative. It builds on a shared commitment to examining disability inclusion not as a narrow sectoral concern, but as a structural question that cuts across institutions, lifecycles, and systems.

We are grateful to HSBC India for their support, partnership, and belief in the importance of investing in evidence, institutional strengthening, and long-horizon thinking for disability inclusion. We are especially thankful to Aloka Majumdar for her stewardship of this work and for helping anchor the report within a broader commitment to strategic, sustained action on disability inclusion. The research and report were led by the Research and Insights team at Dasra, in collaboration with Cohorts & Training, and Catalytic Philanthropy teams, with contributions spanning research design, stakeholder engagement, analysis, synthesis, and strategic direction. The broader project team and leadership team guiding this work included Neera Nundy, Deval Sanghavi, Ami Misra, Pratyaksha Jha, Yash Thakoor, Rukmini Banerjee, Arshiya Uraizee, Unaiza Rajan, Kavneet Kaur, Jija Dutt, Harshita Maheshwari, Shrestha Satpathy, Divya Puri, Jessica Bernard, Gaurvi Singhvi, and Ayush Mehrotra. We extend our sincere appreciation to the nonprofit leaders, disability rights practitioners, funders, researchers, intermediaries, and other ecosystem actors who shared their time, experiences, and reflections with us through interviews, focus group discussions, and consultations. Their insights made it possible to understand the disability ecosystem through the operational realities, tensions, and forms of care, translation, and continuity that hold it together in practice. The report also draws on the responses of 109 organizations that participated in the online survey, whose contributions helped anchor the analysis in patterns visible across the broader nonprofit landscape. We would like to extend our sincere gratitude to Atypical Advantage for serving as the accessibility consultant for this report and for their valuable guidance in helping make this publication more inclusive and accessible.

Above all, we acknowledge persons with disabilities, caregivers, and community actors whose lives, labor, and daily negotiations with exclusion sit beneath every institutional question this report asks. Even where they are not always directly visible in the research process, their realities shape the field, and their experiences remain central to any meaningful account of disability inclusion in India. We are conscious that this report draws on knowledge produced through lived experience, movement-building, practice, and long years of work across the ecosystem. We hope it contributes, in however partial a way, to efforts aimed at building a more accountable, inclusive, and dignified social order.

# List of Sector Experts and Practitioners (A-Z)

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- Archana Chandra, Jai Vakeel Foundation
- Bashir Ahmad Lone, Voluntary Medicare Society (VMS)
- Beverly Louis, Mann
- Bhavana Mukherjee, ADAPT (formerly Spastics Society of India)
- Bhumika Modh, Association of People with Disabilities (APD)
- Birbal Prasad, Manav Vikas Jharkhand
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- Nargis Khatoon, Srijan Mahila Vikas Manch
- Neha Soneji, Tech Mahindra Foundation
- Nidhi Goyal, Rising Flame
- Nipun Malhotra, Nipman Foundation & The Quantum Hub
- Paul Ramanathan, SAMA Foundation
- Payal Wadhwa, Jai Vakeel Foundation
- Prashant Sude, GSP India Grameen Shramik Pratishthan
- Prateek Madhav, AssisTech Foundation (ATF)
- R.A. Gopal, Global Trust
- Radhika Kannan, Mariwala Health Initiative (MHI)
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- Shamin Mehrotra, Ummeed Child Development Center
- Shilpi Kapoor, BarrierBreak
- Siddharth Agarwal, Upadhyaya Foundation
- Sonali Saini, Sol's ARC
- Srilakshmi Bellamkonda, Dr. Reddy's Foundation
- Sudeep Goyal, Asha Ka Jharna
- Sushri Sangita Deo, Sadbhabana
- Subhojit Goswami, The Leprosy Mission Trust India
- Usha V, Akshay Akruti

# List of Survey Respondents (A-Z)

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- Acc-Red
- ACT2Enable Aadhaar Counselling and Therapy Council
- Action for Autism
- Amar Seva Sangam
- Amhi Amchya Arogyasathi
- Anushkaa Foundation for Eliminating Clubfoot
- Arj Foundation
- ARVI TRUST
- Autism Welfare Trust
- AWMH Maharashtra
- Bijapur Integrated Rural Development Society (BIRDS)
- Blink Foundation
- Buzz Women
- Calcutta Blind School
- Centre for Community Initiative
- Centre for Mental Health Law and Policy, Indian Law Society
- Chehak Trust
- CORD
- Craftizen Foundation
- CULP - Centre for Unfolding Learning Potentials
- Dantan Manav Kalyan Kendra
- Darbar Sahitya Sansada
- Diocese of Varanasi Social Welfare Society
- Dr. Anjali Morris Education & Health Foundation
- Ekalavya Educational And Charitable Trust
- EKTA
- Evoluer Solutions
- Future Hope
- Ganpati Educational Society
- Geohazards Society
- Global Trust for the Differently Abled
- Gramin Vikas Sansthan
- Hind Yuva Shakti
- Jai Vakeel Foundation & Research Centre
- Jan Vikas Samiti
- Jeevandeep Health Education and Charitable Trust
- JYOTIRMAY NGO (Under the aegis of Lila K Jagtiani Foundation)
- Kalp Samaj Sevi Sanstha
- Kandhamal Zilla Sabuja Vaidya Sangathan
- Karnataka Hemophilia Society Davangere
- Kaveri Counselling Empowerment & Gifted Centre
- Kenduadihi Bikash Society
- Krida Vikas Sanstha (Slumsoccer)
- Lohardaga Gram Swarajya Sansthjan
- Lok Kalyan Seva Kendra
- Manav Vikas Foundation
- Mitra Jyothi
- Movement for Alternatives and Youth Awareness
- Muskaan-PAEPID
- Muskan Foundation
- National Association of the Deaf
- Navkshitij

- NEAID
- Odisha Rising Foundation
- Prabhat Education Foundation
- Pranjal Welfare Foundation
- Pratham Education Foundation
- Prerak
- Prodigals' Home
- Rainbow Special Education and Rehabilitation Foundation
- RampMyCity
- Raphael Ryder Cheshire International Centre
- Rising Star Khilte Chehre
- SaaD
- Sadbhabana
- Saheli HIV AIDS Karyakarta Sangh
- SAMA Foundation
- Samarthanam Trust for the Disabled
- Samerth Talim Kendra Operated by Samerth Charitable Trust
- Samhita
- Sanchar AROD
- Sangath
- Sankalp Sanskritik Samiti
- Santhivardhana Ministries
- SARDS
- Satya Special School
- Service Initiative for Voluntary Action Trust
- SEWA Punjab
- Shanta Memorial Rehabilitation Centre
- Shikshit Yuva Sewa Simiti
- Sisu Vikas Samiti
- Snehadhara Foundation
- Sri Nrusingha Dev Anchalika Yuba Parisada (SNDAYP)
- Srijan Mahila Vikash Manch
- Sristi Foundation
- Tamana
- Team Vision Foundation
- The Association of People with Disability
- The Banyan
- The Education Audiology and Research Society
- The Leprosy Mission Trust India
- The Stephen High School for the Deaf
- The Victoria Memorial School for the Blind
- Torchit
- Udayan Care
- Udbhav Vision Foundation
- Ummeed Child Development Center
- Umoya Sports
- UNNATI - Organisation for Development Education
- V Can Autism Foundation
- Vidhi Centre for Legal Policy
- Vidyaranya
- Vipla Foundation (Save The Children India)
- Vivekanand Lok Vikas Sansthan
- Voluntary Integration for Education and Welfare of Society (VIEWS)
- Voluntary Medicare Society (VMS)
- Youth4Jobs Foundation

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