## BASIC INFORMATION

### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Parent Project ID (if any)</th>
<th>Project Name</th>
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<tbody>
<tr>
<td>India</td>
<td>P176404</td>
<td></td>
<td>RIGHTS: Inclusion, Accessibility and Opportunities for Persons with Disabilities in Tamil Nadu (P176404)</td>
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<table>
<thead>
<tr>
<th>Region</th>
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<td>SOUTH ASIA</td>
<td>Feb 15, 2022</td>
<td>Apr 15, 2022</td>
<td>Social Protection &amp; Jobs</td>
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<tr>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
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<tr>
<td>Investment Project Financing</td>
<td>Republic of India</td>
<td>Department for Welfare of Differently Abled Persons</td>
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### Proposed Development Objective(s)

To improve inclusion, accessibility and opportunities for persons with disabilities in Tamil Nadu by strengthening social protection systems and last mile service delivery.

## PROJECT FINANCING DATA (US$, Millions)

### SUMMARY

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Total Project Cost</td>
<td>232.00</td>
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<tr>
<td>Total Financing</td>
<td>232.00</td>
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<tr>
<td>of which IBRD/IDA</td>
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<tr>
<td>Financing Gap</td>
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### DETAILS

#### World Bank Group Financing

| International Bank for Reconstruction and Development (IBRD) | 162.00 |

#### Non-World Bank Group Financing

| Counterpart Funding       | 70.00 |
| Borrower/Recipient        | 70.00 |
B. Introduction and Context

Country Context

1. India’s Gross Domestic Product (GDP) growth was already slowing when the COVID-19 outbreak unfolded. Real GDP growth had moderated from an average of 7.4 percent during FY15/16-FY18/19 to an estimated 4.0 percent in FY19/20. The growth deceleration was due mostly to (i) impaired balance sheets in the banking and corporate sectors affecting credit and investment, and (ii) a marked decline in private consumption growth. Against this backdrop of pre-existing weakness, the outbreak of COVID-19 has had a significant impact, with real GDP contracting by 7.3 percent in FY20/21. On the fiscal side, the general government deficit widened significantly in FY20/21, owing to higher spending and lower revenues. Given the significant uncertainty pertaining to epidemiological developments, real GDP growth for FY21/22 is likely to be in the range of 7.5 to 12.5 percent.

2. Although India has made remarkable progress in reducing absolute poverty in recent years, the COVID-19 outbreak has reversed the course of poverty reduction. Between 2011-12 and 2017, India’s poverty rate is estimated to have declined from 22.5 percent to values ranging from 8.1 to 11.3 percent. However, recent projections of GDP per capita growth, taking into account the impact of the pandemic, suggest that poverty rates in 2020 have likely reverted to estimated levels in 2016. Labor market indicators from high frequency surveys -including from the CMIE- suggest that vulnerability has increased, particularly for urban households. Overall, the pandemic and its economic impacts are estimated to have raised urban poverty, creating a set of “new poor” that are relatively more likely to be engaged in the non-farm sector and to have received at least secondary education.

3. Tamil Nadu is the sixth most populous state in India with a population of 72 million (Census 2011). About 52 percent of the population resides in rural areas, while 48 percent in urban areas. It is one of the most urbanized states in India. Demographically, the state’s population is older compared to the national average, and a larger share of the population is of working age. The state’s dependency ratio is 43 percent compared to the national average of 57 percent. Between 2000 and 2010, the population grew by 15.6 percent, but the total fertility rate has declined from 2.2 in 1998–99 to 1.6 in 2015–16. According to Census 2011, SCs represent 20 percent of Tamil Nadu’s population, STs comprise 1.1 percent, OBCs form 68 percent, and other castes constitute 10.5 percent. From 2004 to 2012, the state’s GDP grew at an annual average of 9.3 percent – around two percentage points higher than the national average– while per capita income witnessed a compound annual growth of 15.9 percent in the same period.

Sectoral and Institutional Context

4. More than 26.8 million people in India and 1.18 million in Tamil Nadu live with some form of disability (Census 2011). However, some recent studies in Tamil Nadu estimate that these figures may just have doubled. As per

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1 Rakhi Dandona, Anamika Pandey, Sibin George, G. Anil Kumar, Lalit Dandona, India’s disability estimates: Limitations and way forward, 2019
Census 2011, the proportion of persons with disabilities was about 1.63 percent in Tamil Nadu compared to national average of 2.21 percent. Estimation of prevalence of disability remains a key challenge both for India and Tamil Nadu due to paucity of prevalence data. Data on prevalence of disability remains largely dependent on census 2011 which estimated 1635 persons with disabilities amongst every 100,000 people in Tamil Nadu. A recent study\(^2\) that used pooled data from the DLHS-4 (2012-13) and AHS 2\(^{nd}\) updation round (2012-13) reveals that there are 4550 persons with disabilities amongst every 100,000 population in Tamil Nadu thereby indicating a much higher prevalence of disability in comparison to the census data. Moreover, even these estimations appear on the lower side especially since the type of disabilities has undergone a change to include a larger population groups since the promulgation of the RPWD Act 2016.

5. **Disability is a complex development issue and persons with disabilities and their families are more likely to experience economic and social disadvantage than those without disability.** Persons with disabilities have poor health outcomes, lower educational achievements, lower economic engagement, higher rates of poverty and vulnerabilities and they are often isolated from mainstream social, cultural, and political opportunities. They experience exclusion and barriers in accessing health services, education, employment, transportation, information as well as care and support services. Children with disabilities are less likely to attend school, thus experiencing limited opportunities for human capital formation and facing reduced employment opportunities and decreased productivity in adulthood. Persons with disabilities are more likely to be unemployed and generally earn less even when employed\(^3\). As per Census 2011, among the total persons with disabilities, 45 percent are illiterates. 13 percent of the population has matriculation / secondary education but are not graduates and 5 percent are graduates and above. Only about 8.5 percent among the literates are graduates. Youth with disabilities are amongst the poorest, most marginalized and experience more adverse socioeconomic outcomes than youth without disabilities. Although there is no data on youth with disabilities not in education, employment, or training (NEET), global evidence suggests that they are twice as likely to be NEET in comparison to youth without disabilities\(^4\).

6. **The prevalence of disability increases drastically with the onset of old age.** About 5 percent of the elderly population (Census 2011) in the country are affected by some form of disability, with almost half of them suffering from locomotor and visual disabilities. A 2018 Study\(^5\) found that with aging, disability increased, and one in every five elderly persons aged 60 years and above and one out of two elderly aged 75 years and above, had some form of disability. In Tamil Nadu, too, people aged 60 years and above are the most affected by some form of disability. This burden is predicted to increase substantially due to rising life expectancy, associated population aging and higher risk of disability amongst them as well as increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders, among others.

7. Tamil Nadu compared to other states has taken a range of initiatives for persons with disabilities; yet, challenges remain in terms of fragmentation, coverage, outreach, and last mile delivery. With an annual budget allocation of about US$ 80 million for the Department for Welfare of Differently Abled Persons, the state is far ahead of other state governments in terms of making enabling provisions for persons with disabilities. At present, there are about 74 small schemes for persons with disabilities with each implemented by multiple departments in silos lacking

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\(^2\)Ibid.

\(^3\)World Report on Disability 2011, The World Health Organization & The World Bank

\(^4\)Singh S, Raja D.S 2021, Thematic Note Issue 2, Digital Jobs for Youth with Disabilities, Solutions for Youth Employment & the World Bank


\(^6\)Velayutham B, Kangusamy B, Mehandale S. Prevalence of disability in Tamil Nadu, India. Natl Med J India 2017;30:125-30 found that disability rates increased as age advanced with highest prevalence rate amongst people aged 60 years and above in Tamil Nadu.
coordination and convergence. Identification, targeting, and selection is largely supply driven in the absence of data and systems. At present, most of the Department’s expenditure is on social security cash transfers and grants to NGOs. Most significantly, care and rehabilitation services seem to be most deficient in terms of resource allocation making these services inaccessible to a sizable proportion of the vulnerable population. The Government of Tamil Nadu in the recent past has accorded high priority to the disability sector. As part of its vision to strengthen the implementation, outreach and coverage of programs for persons with disabilities, the Government of Tamil Nadu has approached the World Bank for this proposed Project aimed at improving inclusion, accessibility and opportunities for persons with disabilities in the state by strengthening social protection systems and last mile service delivery.

Relationship to CPF

8. **The proposed operation is fully aligned with the India CPF focus on building human capital, gender and engaging the federal nature of India through state governments.** This operation directly supports two of the three CPF “Whats” and all four “Hows” of the India CPF. Amongst the priority areas (“whats”) of the CPF, the operation supports namely the second: enabling job creation with a focus on women and the third: investment in human capital. Amongst the “Hows”, the operation directly contributes to the first: Leveraging the Private Sector by aiming to secure at least 10 percent of funds through private sector engagement, the second - strengthening public sector institutions by strengthening the capacities of the line Department and the implementing agency (Directorate for Welfare of Differently Abled Persons) at all levels in terms of a comprehensive social protection platform and delivery systems, fourth – Supporting a Lighthouse India by facilitating design and implementation of an innovative intervention for persons with disabilities. Finally, it supports two of the three cross-cutting themes of the CPF on reducing gender-based inclusion gaps and harnessing high impact technologies for development. This project contributes to the CPF goal of promoting investments in human capital by strengthening inclusion, accessibility and opportunities for persons with disabilities.

C. Proposed Development Objective(s)

To improve inclusion, accessibility and opportunities for persons with disabilities in Tamil Nadu by strengthening social protection systems and last mile service delivery.

Key Results (From PCN)

The key results targeted under this project would include the following:

(i) **Number of beneficiaries receiving selected** services:
   a) Share of beneficiaries who are female
   b) Share of project beneficiaries who are vulnerable and marginalized people (SC, ST)

(ii) Percentage of urban & rural wards covered by community-based rehabilitation service

(iii) Integrated social registry and service delivery platform, including system for identification of persons with disabilities, established, operational and in use

(iv) Number of persons with disabilities in paid employment after receiving skills training through the project
   a) Share of trainees who are female
   b) Share of project beneficiaries who are vulnerable and marginalized people (SC, ST)

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7 The services will be enumerated in the PAD, but they include identification, care, rehabilitation, training, and career services. This indicator will count both community and center-based services.
D. Concept Description

9. **Building human capital of persons with disabilities requires a transformational and multisectoral approach** that can be embedded within the “Inclusion – Access – Opportunities” framework. The framework for building human capital of persons with disabilities requires to focus on these three pillars. The overall approach and framework require to be contextualized into a preliminary project design for describing the specific components and the proposed activities.

10. **Disability is a complex development issue and therefore requires comprehensive and cross-sectoral approach for its management.** The Project will play a catalyst role in streamlining Government of Tamil Nadu’s policy and programmatic response for inclusion, accessibility and opportunities by bringing together all key stakeholders, identifying their major roles and responsibilities, and building capacities of their key personnel (Disability Focal Points) from the major line Departments in the state government. This will be done by ensuring multisectoral convergent action facilitated by a Statewide Framework for Action on Disability.

11. **The project’s theory of change is shown in Figure – 1 highlights the strategic approach that is essential for addressing the binding constraints to inclusion, accessibility, and opportunities for persons with disabilities.** In summary, the project will invest in establishing a robust mechanism for identification and inclusion of persons with disabilities (Component 1); improving coverage and outreach of care and rehabilitation services (Component 2); enhancing resilience and productivity of persons with disabilities (Component 3); and building institutional capacity of the DWDAP to efficiently implement and supervise the disability program (Component 4).

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**Figure – 1: Theory of Change**

[Diagram showing the theory of change with four components: Improved inclusion, accessibility, and opportunities for persons with disabilities in Tamil Nadu, Lighthouse Experience to Replicate in Other India States, Robust mechanism for identification and inclusion of persons with disabilities, Institutional capacity building and implementation support, Improve coverage and outreach of prevention, care, and rehabilitation services, Enhance resilience and productivity of persons with disabilities.]

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**Outcomes:**
- Improved inclusion, accessibility, and opportunities for persons with disabilities in Tamil Nadu
- Lighthouse Experience to Replicate in Other India States

**Activities:**

<table>
<thead>
<tr>
<th>Institution &amp; SP Systems</th>
<th>Institutional Capacity</th>
<th>Last Mile Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisectoral Framework</td>
<td>Social Registry line with ID system (AADHAAR, UIDAI)</td>
<td>Early interventions</td>
</tr>
<tr>
<td>State Policy &amp; Rules</td>
<td>Integrated MIS</td>
<td>F&amp;CRR</td>
</tr>
<tr>
<td>SP Platform &amp; Integrated systems</td>
<td>Build capacity for improved service delivery at State, District &amp; local levels</td>
<td>Frontline workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistive devices</td>
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<td></td>
<td>OSCs</td>
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**Challenges:**
- Fragmentation due to multiple schemes & lack of systems
- Supply driven identification & targeting
- Inadequate coverage & outreach
- Deficient social care services
- Deficient last mile delivery of benefits & services
- Weak institutional capacity & monitoring systems
12. The four major components include:

a) **Component 1: Establish a robust mechanism for identification and inclusion of persons with disabilities (INCLUSION):** Under this Component, the focus would be on creating an enabling environment and streamlining mechanisms for better identification and targeting of persons with disabilities and their needs. Specifically, the component will focus on following major interventions: (i) Enabling environment for persons with disabilities through adequate policy and standards, mobilization and behavior change communication; (ii) Screening, early identification and disability management; (iii) Integrated program and robust system for equitable, efficient, and transparent service delivery; (iv) Strengthen outreach and participation of persons with disabilities and their Organizations.

13. **Component 2: Improve coverage and outreach of care and rehabilitation services (ACCESSIBILITY):** Under this Component, the focus would be on developing accessible public infrastructure, housing and transportation as well as improving access and quality of care and rehabilitation services for persons with disabilities. Specifically, the component will focus on following major interventions: (i) Family and community-based early intervention for care and rehabilitation of children / persons with disabilities; and (ii) Integrated one-stop social care and rehabilitation services; and (iii) Facilitate convergent action on creating choices for beneficiaries through specialized component under the Health Insurance Scheme and accessible public infrastructure, housing, and transportation services for persons with disabilities; and (v) Mainstreaming and inclusion of children with disabilities in schools.

14. **Component 3: Enhance resilience & productivity of persons with disabilities (OPPORTUNITIES):** Under this Component, the focus would be on ensuring opportunities for persons with disabilities for completion of secondary education, market-linked skills training & placement services. This will be done by: (i) Prepare youth with disabilities for equitable access to education, skills training, and employment opportunities; (ii) Increase opportunities for completion of secondary education and linkage with higher education; and (iii) Provision of wage and self-employment opportunities for productive inclusion.

15. **Component 4: Build Institutional capacity and support implementation:** The focus would be on building institutional capacity of the Department & Directorate for WDAP as the nodal Directorate for managing the disability program throughout the state. Both Government of Tamil Nadu and the Bank team sees this investment as catalytic support that will lay a strong institutional foundation for the efficient, transparent and effective disability program in the state for the several decades and beyond. Therefore, these investments are expected to contribute to an enabling policy environment for inter-departmental convergent action, efficient service delivery through a comprehensive social protection delivery platform, partnership management system and stronger accountability relationships through clearly defined, standardized, and simplified standard operating procedures (SOPs). An institutional assessment will be conducted to understand the current implementation arrangement to inform the Project design. In addition, this component will also support day-to-day project implementation at all levels.

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<td>Projects on International Waterways OP 7.50</td>
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<tr>
<td>Projects in Disputed Areas OP 7.60</td>
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**Summary of Screening of Environmental and Social Risks and Impacts**
16. The project will result in many positive social and physical environment benefits as it builds on the “Inclusion – Access – Opportunities” framework. The framework was designed based on a series of discussions, and feedback sought from Disabled Peoples Organizations (DPOs) and other stakeholders during a state-wide consultation in November 2019. The project will create an enabling environment and streamline mechanisms for better identification and targeting of persons with disabilities and their needs. It will improve access and quality of care and rehabilitation services for persons with disabilities. The proposed intervention of ‘accessibility audit’ offers an opportunity to strengthen systems to eliminate barriers and promote universal access for public infrastructure, housing and transportation. Furthermore, the project aims towards improving access of persons with disabilities in completion of secondary education, market-linked skills training and placement services.

17. The environmental and social risks and impacts may arise from construction/upgradation of one-stop Social Care Service Centers, Early Intervention Centers (EICs) and pilot interventions for accessibility within existing housing projects proposed under Component 2. Based on the assessment carried out, the environment and social risks are expected to be moderate. The risk ratings will be reviewed during preparation, considering additional information and analysis.

18. **Environment Risks/Impacts**: The preliminary assessment considers, in an integrated manner, the following: (i) type/nature and magnitude of activities; (ii) geographical spread of sub-projects; (iii) baseline conditions, characterized by significant variation in topography, natural environmental conditions, population density and physical/built environment conditions; (iv) involvement of multiple/diverse stakeholders with varying institutional capabilities; (v) risks pertaining to inappropriate design of buildings and infrastructure, making the facilities difficult to use by persons with disabilities (due to limited availability of skills/experience in the market on dealing with requirements of ‘universal access’); (vi) potential impacts related to construction and renovation works, including occupational health and safety risks to workers and near-by communities; (vii) requirements for Life and Fire Safety (L&FS) and Emergency Preparedness and Response (EPR); (viii) water stress during construction and operation of buildings (as the urban areas in the state face high to extremely high water shortage in summers); (ix) lack of experience of DWDAP in managing design and construction of buildings/other infrastructure and associated environment, health and safety (EHS) issues and; (x) inadequate inter-departmental coordination and monitoring mechanisms on environment management aspects.

19. **Social Risks/Impacts**: The preliminary assessment indicates the risks and impacts are: (a) exclusion of persons with disabilities belonging to other vulnerable sub-groups such as women, Scheduled Tribes/Schedule Caste (ST/SC) and Other Backward Class (OBC), sexual minorities from targeting mechanisms that are not comprehensive; (b) temporary or permanent loss of land and assets leading to loss of livelihood, in case land is required for any physical investments under the project; (c) construction induced impacts such as workers’ health and safety and project-induced labor influx during construction works; (d) SEA-SH (Sexual exploitation & Abuse - Sexual Harassment) at the workplace and construction sites where women with disabilities are found to be more vulnerable; and (e) inadequate monitoring, implementation and inter-departmental coordination on social management for efficient service delivery under Project. The SEA/SH risk score is 8 (on a scale of 0 to 25) and is therefore categorized as low risk.

20. **Management of Environment and Social Risks/Issues**: The Bank’s preliminary assessment found that ESS 1, ESS 2, ESS 3, ESS 4, ESS 5, ESS 7 and ESS 10\(^8\) are relevant to the Project. The country’s laws are largely aligned with the

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\(^8\) Environmental and Social Standard (ESS) 1: Assessment and Management of Environmental and Social Risks and Impacts, ESS 2: Labor and Working Conditions, ESS 3: Resource Efficiency and Pollution Prevention and Management, ESS 4: Community Health and Safety,
requirements of ESS 2, ESS 5 and ESS 7. The project will strengthen systems to address the limited gaps identified to comply with the Bank’s requirement. Management of environment and social risks will be undertaken by adopting the principle of ‘mitigation hierarchy’ in consonance with Bank’s ESF. The Directorate for WDAP, which is the nodal implementing agency for the proposed project, does not have any prior experience of handling projects financed by multi-lateral agencies and managing environment and social risks. The project proposes to focus on strengthening institutional capacity of the Directorate for WDAP for day-to-day project implementation at state, district, and local levels, which will include support for assessing and managing E&S issues/risks as part of Component 4. Environmental and social focal points will be housed at the Directorate of WDAP to manage, monitor and report on compliance. By project appraisal, Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), Indigenous People Development Framework (IPDF), Resettlement Policy Framework (RPF), and Environmental and Social Commitment Plan (ESCP) will be prepared to guide preparation of impact assessments and mitigation plans for investments. The ESCP will include preparation of follow-on mitigation plans – Labour Management Procedures (LMP), Environmental and Social Management Plans (ESMPs), Resettlement Action Plans (if required), Indigenous Peoples Development Plans (if required), LMP, and any other instrument necessary to mitigate identified impacts. SEA/SH risks mitigation measures will form part of the ESMF and sub-project ESMPs. It will also include commensurate capacity-building/training measures, MIS system and mobile apps for real-time tracking and evidence-based reporting of implementation of environmental and social activities.

**CONTACT POINT**

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ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement, ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities and ESS 10: Stakeholder Engagement and Information Disclosure
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APPROVAL

<table>
<thead>
<tr>
<th>Task Team Leader(s):</th>
<th>Srinivas Varadan, Pravesh Kumar</th>
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Approved By

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<tr>
<th>Practice Manager/Manager:</th>
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<tr>
<td>Country Director:</td>
<td>Hideki Mori</td>
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