Community Based Rehabilitation Forum

Project Evaluation and Assessment Report

Assessment Duration 11th to 12 December 2013 (2 Days)

Community Based Rehabilitation of Person with Disability Project

Submitted by

CBR FORUM, Bengaluru

Submitted to

Rasikashraya Sanskrutik Kala Va Bahuuddeshiya Sanstha
Parwa Road, Ghatanji
Dist. Yavatmal, Maharashtra State

Location

Ghatanji, Yavatmal District, Maharashtra

CBR FORUM
Project evaluation and assessment report

PART – A: Identification:

1. Evaluation Project No.:	**:**	**2012/006/CBR 31**
2. Title of the project to be evaluated:	**:**	***Promoting rights of persons with disability in 30 villages of Ghatanji block of Yavatmal district of Maharashtra State***
3. Assessment Project No.	**:**	
4. Title of the continuation project to be assessed:	**:**	***Promoting rights of persons with disability in 30 villages of Ghatanji block of Yavatmal district of Maharashtra State***
5. Name and Address of the Project Legal Holder (Complete Address with Mobile number and email ID)	**:**	Mr. Dharamvir Madavi Rasikashraya Sanskrutik Kala Va Bahuuddeshiya Sanstha Parwa Road, Ghatanji Dist. Yavatmal , Ghatanji, Yavatmal District - 445301 Maharashtra State Phone No. 07230- 202074, 277839 Mob. +91 9421771082 Email: rskbs_ght@gmail.com,
6. Name and Address of the person implementing the project :(Complete Address with Mobile number and email ID)	**:**	Mr. Dharamvir Madavi Rasikashraya Sanskrutik Kala Va Bahuuddeshiya Sanstha Parwa Road, Ghatanji Dist. Yavatmal , Ghatanji, Yavatmal District - 445301 Maharashtra State Phone No. 07230- 202074, 277839 Mob. +91 9421771082 Email: rskbs_ght@gmail.com,
7. Details of locations / villages where the project is being implemented	**:**	State: Maharashtra District: Yavatmal Block: Ghatanji Villages: List Enclosed
8. Dates of previous Evaluation carried out and name(s) of Evaluator(s)	**:**	Mr. Stephen P. &Mr. Aratatran Patra 22.11.2012 to 24.11.2012
9. Name of current Evaluator		Dr. Nandini Ghosh
10. Dates and period of current study (Assessment and Evaluation) carried out	**:**	11th to 12 December 2013

11. Participants in the process of assessment and evaluation	:	**Meeting with the following persons**: Mr. Dharmvir Madavi , Applicant and Trustee ,RSKBS Mr. Nitin Pawar, CBR Coordinator Ms. Manisha Turke-Accountant Mr. Sachin Fuse-CBR worker Mr. Kailas Nikode -CBR Worker Ms. Nisha Anewar- CBR Worker Ms. Mohini Golar- CBR Worker Ms. Sonali Patil– Counselors 8 DPO members of Jarang Viklang Gat 6 DPO members of Bhavani Viklang Gat Kumbhari Belora Child Support group 1 young girl with MR and MI
12. Documents consulted / verified		❖ Project Planner and Budget for current phase ❖ Documents/Records maintained of programme activities ❖ Administrative Files ❖ Children Records ❖ Village wise PWD list ❖ Records of meetings/ trainings ❖ Accounts: Cash book and vouchers
13. FCRA Bank Account details		
Name of the Bank	:	VIDHARBHA KONKAN GRAMEEN BANK
Address of the Branch	:	Ghatanji, Yavatmal District, Maharashtra – 445301.Phone: 07230 277460,
Bank Code No.	:	500059
Account Name	:	Rasikashraya Sanskrutik Kala Va Bahuuddeshiya Sanstha
Bank Account Number	:	702610101001044
RTGS/ IFSC Code	:	BKID0QAINGB

PART – B: Organization details:

(Kindly give detailed responses to the above queries.)

1. Background of the applicant:

Brief background with regard to applicant's **experience** in the field of disability, **credibility** and **capacity** to carry forward the proposed project to its desired conclusion.

DHARAMVIR AMBADAS MADAVI is one of the governing body members of Rasikashraya Sanskrutik Kala Va Bahuuddeshiya Sanstha. He has a M.A. B.Ed. from Amravati University and teaches at the VJNT Ashram School in Ghatanji. He has additional experience of teaching computer education at an institute in Ghatanji and at the closest Industrial Training Institute. He has been associated with the organization since its inception and takes an active interest in the CBR programme. Although he does not have any disability

experience, he has taken an interest in learning about the basic issues and gets involved in the programme on a regular basis.

2. Background of the legal holder (Organization):

a. Brief background with regard to Organization's experience in the field of community development and disability. Comment on the credibility of the organization?

Rasikashraya a group of young activists engaged in social work has established the organization in 1999. It has gained lot of experience through working with experienced and leading organization in the field of rural development. It has implemented various programmes sponsored by NYK, Yavatmal. The main objective of the organization I to undertake integrated development of poor rural communities involving women, child, youth, farmers & especially the disables by drawing suitable programmes covering social, cultural, educational, & human development aspects. Rasikashraya has established rapport with the people in the operational area. Farmer's forum, youth forum, women forum & forum of adolescents are the platforms through which the developmental activities for relevant sectors are being carried out. Rasikashraya is playing its role in organizing community development program, promoting participation, strengthening their decision making abilities as well as being directly involved in service delivery.

Its area of operation is spread over in twenty villages in Ghatanji, Kalamb & Yavatmal blocks of Yavatmal district. It has created good rapport with the people under its area of operation. It works in partnership with beneficiaries by undertaking various developmental programmes especially relevant to the field of agriculture, health, employment & skill up gradation. Their different programmes are funded by the State Social Welfare Board, Mumbai, Central Social Welfare Board, New Delhi, NABARD, Pune, Government of Maharashtra, Sir Dorabji Tata Trust, Mumbai. It has a devoted and dedicated team of workers. It has a General body and Executive committee comprising of 7 members each.

Although they have not taken up any programme for disabled persons before the CBR programme, but their good contacts in the field gives them the credibility to run this programme.

b. FCRA NO: (Please verify photocopy with the original document)

084010041

c. Latest 12A registration details: (Please verify photocopy with the original document)

12 A: AA-II/Nag/ Takniki / 12A/ R6/ 04-05 Dated 26.07.2005
80 G – AA-II/Nag/ Takniki/ 80G/ R9/ 05-06 Dated 10.02.2006

d. Composition of the Governing Body (whether family based/ broad based, representatives of women, disability, etc.): Please ask the applicant to submit the latest Governing Board members list. If the Governing Body members are related to one another, please specify the nature of relationship.

e. Changes, if any, in the management.

Governing Body elected on 9.12.2009

S.N.	Name of member	Address with Telephone Numbers	Nationality	Designation
1.	Shri. Mahesh Shankarao Pawar	GurudeoWard Ghatanji Dist Yavatmal 9423435255	Indian	Chairman
2.	Ms. Madhuri Narendra Ambare	Rukmini Nager Nagpur 9423526507	Indian	Vice-chairman
3.	Ms. Punam Sudhakar Dudhe	Dev Peth Washim Dist Washim	Indian	Secretary
4.	Shri. Dhananjay Vishnupant Bhore	M.G. Ward Ghatanji Dist. Yavatmal	Indian	Treasurer
5.	Shri. Nazi Jaffar Khan	Gurudeo Ward Ghatanji Dist Yavatmal	Indian	Member
6.	Shri. Dharmvir Ambadas Madavi	M.G.Ward Ghatanji Dist Yavtmal	Indian	Member
7.	Ms. Rekha Shashikant Jamdar	Plot No 10 Gurudeo Nagar, Nagpur	Indian	Member

3. Infrastructure/ Administration/ Personnel:

a. Does the organization have the required infrastructure/ administrative requirements and personnel to take forward the programme?
b. Comment on the capacity of the staff to take forward the current programme. Comment on the quality of training received from training centers during the year. What additional training would they need?
c. Are they working exclusively for this programme or do they have other responsibilities within the organization. Are the staff giving sufficient time to take forward the objectives of this project?
d. Please ask the applicant to give the list of those staff who are involved in the CBR programme. Kindly point out if there has been any staff turnover.

S. No.	Name	Sex	Present Position	Joined from	Qualification
1	Nitin Pawar	M	Project Coordinator	April 2012	B. Com
2	Mohini Golar	F	CBR Worker	April 2012	BA studying
3	Nishigandha Anewar	F	CBR Worker	April 2012	BA studying
4	Sachin Fuse	M	CBR Worker	August 2012	BA studying
5	Kailas Nikode	M	CBR Worker	August 2013	BA studying

The organization has the required infrastructure and staff to carry on the programme. They have their own building and complex where they are also planning to involve disabled people in farming and other related production activities. The entire CBR team has completed its training and the new staff member has started the training with the TC. The staff is competent and has a good rapport with the community. They know the field area well and are also known in the field area. They are using their knowledge from the training with inputs from the coordinator to help the disabled people in the locality. The programme is strong on advocacy but needs to improve in the home based component. The staff work exclusively for the CBR programme but also supports other activities of the organization on a needs basis.

They need more training on home based support, livelihood support, mentoring of DPOS and documentation.

4. Finance and Accounts:

a. Comment on the adequacy of the accounting system.
b. Are experienced/ qualified accountants available for this project?
c. Are salaries paid by cheque? If not give reasons.
d. Does the organization give PF/PPF to its employees? Please verify.
e. Kindly check detailed vouchers only in the case of purchase of capital items, if any, and confirm that the same have been purchased and are being used for this project.

The accounting system is adequate with the accounts being maintained in Tally 7. There were some problems with the vouchers as they did not have supporting documents or were vague in description. The organisation has been asked to make the necessary changes immediately, provide supporting documents in form of list of children and counter signature for whom services or assistance has been provided, detailed description for which expenses have been made and attaching of Xerox copies of attendance sheets with vouchers for meetings/ trainings.

There are no qualified accountants available for the programme. The main burden of the accounting is borne by the coordinator who is being helped by an assistant accountant, Ms. Manisha Turke, who does not have any accounting background either in education or experience.

Salaries are paid by cheque and PF is being paid to the staff.

PART – C: Assessment and Evaluation of the Project:

1. The Context:

a. Description of area:
Please give details of the socio-economic conditions of the project area and obtain an updated map of the blocks / mandals being covered, demarcating the project area.

The Project area is located in Vidharva region of Yavatmal district, Ghatanji Block. This is very backward are of the district having more tribal population. The basic facilities and infrastructure in the village is very poor. The education level and general awareness of public is low. Average literacy rate of the area is around 56 %. Although primary schools have been established in some of the villages, the educational climate is not sound. The health infrastructure is not serving the population as expected from it. Due to lack of basic sanitary facilities coupled with poverty the health condition in the villages are far from satisfactory.

b. Updated data on PWDs:
Please verify the updated data on PWDs sent along with this proposal and confirm that it is correct. (see annexure 02)

Attached

This was an interim evaluation and there was no brief given as to areas of concern or areas to be especially probed during the evaluation.

The other problem was that the project period began in April 2013 and the funds were received only in August 2013. The evaluator went in mid December 2013 and found that most of the activities planned had remained incomplete as funds had arrived late and the festive season had started. Moreover, this being an interim evaluation there was no need to prepare a planner and hence the questions in each segment whether these needs are reflected in the planner are irrelevant here.

Hence instead of the detailed report, here I am presenting the information received and verified regarding their CBR programme.

General

Fr the CBR programme they work in 24 GPs 30 villages where they have identified 423 pwds of which 268 men and 155 women. Out of these 134 are children, 68 male 66 female

The nearest village is 4 kms farthest village 20 kms from their registered office.

One general recommendation is that they need to improve on 3 counts

a) Home based programmes
b) Group mobilization for community level advocacy
c) Accounting and documentation practices

Health

Of the 423 identified persons with disabilities, now 250 people have Disability certificates. However the problem is that now every person with disability will have to reregister for disability certificates for a computerized database and so they have to assist the people once again to approach the district hospital and enroll themselves online for the persons with disabilities database. The problem is compounded by the fact that each disabled person has to make at least 3 trips to finally receive the disability certificate, which is difficult and expensive too.

In the field area there are 2 PHCs and 5 sub centres and 1 Rural hospital, but medicine for Mental Illness is not available in PHC or sub centres

Due to advocacy by the organization, ANMs now visit homes of children with severe disabilities

1 PWD has been provided financial assistance for surgery through MLA funds

However the organization has not planned any advocacy activities with the hospital authorities regarding disability certificates or access to medicines. It has been suggested to them to take these up as DPO level advocacy activities.

They are doing HBP with 28 cwds – 17 girls and 9 boys. However the home based component seems weak – they have good rapport with the families but have not been able to bring about positive attitudes in families to a large extent. They also have fostered a reliance on medical professionals which in the long run make impede community level involvement.

Education

There are 30 primary schools in field area. One of the major problems they have faced is enrollment and they have got 2 children enrolled after advocacy. However the existing situation is that most of the mainstream school teachers are unable and unwilling to teach these students with disabilities and refer them to resource teachers. 9 posts of resource teachers have been sanctioned but only 3 have been appointed who do not go to the schools in the villages or even the village schools. SSA schools have very little provisions for disabled students and aids and appliances are not being provided through SSA to all children. Although the organization has established some contact with the SSA in the area, but the relationship has proved to be ineffective as in the sensitization meeting held for teachers only 11 teachers attended. Only 4 students with disabilities are getting scholarship but they have put in application for 23 more children with disbailties studying in primary school in the project area. The organization also plan to train parents to use RTI to know more about the provisions that should be available for their disabled children in the local government schools.

Livelihood

The organization has done awareness generation and advocacy to ensure that 110 of their adults with disabilities receive job cards under the MNREGA programme. However till now only 1 person has got work and that too without the efforts of the programme. They have provided vocational training to 14 people of whom 8 are men and 6 are women in the trades of paper bag making, craft work, etc. CBRF revolving fund has been given to 2 groups/ DPOs. Of the 32 DPOs promoted by the organization, 14 are having savings credit activities of which 6 DPOs have now got funds in the tune of Rs. 15000/- per group from NRLM.

But they have planned the livelihood component of the programme well and are encouraging all the registered people with job cards to apply for work in the area under the MNREGA scheme. They also planned for vocational training to 60 people in different trades like paper conversion, local poultry and goat rearing. With the linkage with the Maharashtra State Rural Livelihood Mission they are now looking for funding DPOs for computer training, embroidery and cloth bag making. They also plan to apply to Maharastra State Handicapped Finance Development Corporation for loans to persons with disabilities to start shops

Social and Empowerment

The organization has promoted 32 DPOs where 390 persons with disabilities are members. Some of the groups are involved in savings credit activities, and most of them are engaged in doing advocacy for rights in schools, health and livelihood issues. However, it was clear that in every area there were core group members who were engaged in savings and credit and periphery members who cannot save but are also tagged on to the group. From the interactions with the group it was clear that the issues of people on the periphery are not the major concerns but the agenda is dictated by the saving members. Most of the groups spoke of pensions, ration cards in BPL category and IAY as rights and areas for doing advocacy. Some however did talk about being able to move out of the home as a need.

The staff team themselves have very limited ideas regarding the possibilities for DPOs. When stimulated they responded that DPOs should spread awareness in community after enhancing their knowledge of rights and acts and should also work with newly identified children with disabilities or persons with disabilities. The major focus of the DPOS and the BDPO should be to address issues faced by persons with disabilities and seek justice. However as livelihood has emerged as a primary need, there also have to think of viable business ideas for the DPOs to work together.

In their field area, 124 disabled people are receiving pensions and 107 people have availed of bus concessions. Indira Awas Yojana has been accessed by 34 disabled people. They have applied to ONGC and are expecting 35 people to receive aids and appliances in January 2014.

Married disabled adults in their field area are 281, but when it was pointed out they disaggregated the data as 206 married while other were either deserted or widowed.

The organization has engaged in advocacy with GPs involving GP secretary, Tehsildar etc., on issues like

a) Job card
b) Ration for disabled people
c) Accessible ramps
d) IAY

However from the discussions it emerged that in their field area, there are 22 very severely disabled people and they have done little to address the needs of this group of people. It was discussed about the possibilities for these 22 people in terms of not only rehabilitation but also support to the family in terms of care giving and financial and other support.

Impact of the CBR programme till date:

- Children with disabilities are now going to school – not learning much but socialization is ensured and other children are supporting them
- People have received job cards the next step is to claim for work
- People are now called by names and not referred to by their disability
- Previously families that used to neglect the disabled children now pay attention
- In the village meetings disabled people never used to be called now 15% persons with disabilities are attending the village level meetings

Activities planned based on Situation Analysis

- Advocacy with GPs and block level authorities to make the physical environment more accessible, especially the government offices.
- Advocacy with health officials to make medicines for MI and epilepsy available locally
- Ensure more scholarships for students with disabilities
- Advocacy with SSA to ensure that resource teachers visit the village schools to teach the children with different disabilities.
- Awareness generation and advocacy to allow extra time to students with disabilities during the examinations
- Working with adults with disabilities to ensure that they get work under MNREGA
- Promote skill development training for persons with disabilities
- Linkages of DPOs with banks and other government schemes
- Advocacy at GP level for utilization of 3% development funds at GP level and for inclusion in other schemes like IAY

They also have planned some activities in the next year like:

- Mothers' training for better home based interventions
- Exposure visit for staff and DPO leaders to Baba Amte's ashram
- Tailoring training, mobile and cycle repairing and computer training to be started

Overall recommendations

I would rate this organization to be average to good for the following reasons

- They have good rapport with the community and are well known in the field area.
- They have moderate to good relationship with the families and are capable of transferring skills to families and communities.
- They have done advocacy with GPs and government officials on different issues concerning disabled people and have achieved a degree of success.
- They have focused more on the livelihood concerns of disabled people and achieved a good degree of success.
- They have good rapport with block and district level officials.
- The CBR team is good and management very supportive

However things that they need to work on and improve are:

- Home based programmes
- Management and interventions for people with severe disabilities
- Advocacy strategy for DPOs and their role in the mentoring process.
- Better linkages with health departments
- Better advocacy with SSA
- Proper documentation of their work
- Better accounting practices in terms of records

2. **Major areas of intervention foreseen**
(Kindly give qualitative information. Also, while commenting on the status of all PWDs, do comment specifically on what is being done for priority groups of CBRF: severely disabled, women and children.)

a. Health:

i. How has the current project contributed to changes (outcomes/impact) in the health scenario of PWDs?
ii. With the above in mind, do you consider the proposed planner for the continuation project relevant? Do you have anything additional to suggest?

b. Education:

i. How has the current project contributed to changes (outcomes/impact) in the education scenario of PWDs?
ii. With the above in mind, do you consider the proposed planner for the continuation project relevant? Do you have anything additional to suggest?

c. Livelihood:

i. How has the current project contributed to changes (outcomes/impact) in the livelihood scenario of PWDs?
ii. With the above in mind, do you consider the proposed planner for the continuation project relevant? Do you have anything additional to suggest?

d. Social

i. How has the current project contributed to changes (outcomes/impact) in the social life of PWDs?

ii. With the above in mind, do you consider the proposed planner for the continuation project relevant? Do you have anything additional to suggest?

e. Empowerment

i. Has the organization/DPO taken up advocacy issues with regard to the needs and concerns of PWDs? Have they resolved the same?
ii. Comment on the status of DPOs.
    a. number of members in the DPO
    b. their understanding of rights
    c. their understanding of their role
    d. how PWDs/DPOs participate in the decision making bodies
    e. need for training at this time (please specify nature of training required)
    f. to what extent have they been prepared to carry forward their own agenda
iii. With the above in mind, do you consider the proposed planner for the continuation project relevant? Do you have anything additional to suggest?

f. Mainstreaming/ inclusion:

i. Comment on the steps taken to promote the mainstreaming of PWDs:
    a. at organizational level (policy changes, staff composition, accessible environment etc.)
    b. within the various programmes and activities of the organization.
ii. How has the organization influenced (how does it think it could influence) other NGOs in the locality to Mainstream PWDs?

g. Cross cutting issue: Mainstreaming of HIV and AIDS.

i. Comment on the steps taken to promote the mainstreaming PWDs with HIV/AIDS:
    a. at the organizational level (policy changes, staff composition, accessible environment etc.)
    b. Within the various programmes and activities of the organization.
ii. What are the constraints/challenges?
iii. What plans are in place to overcome the challenges?

3. Planning, Implementation, Monitoring and Evaluation Mechanisms:

a. Organizational systems: What systems are in place for organizational level monitoring and evaluation of the programme?

b. Community participation: Plans to involve PWDs/ family members and community in the process of planning, implementation, monitoring and evaluation of the programme.

4. Strengths and weaknesses of the programme:

Strengths	Weaknesses

5. **Documentation:**

   a. Do they have a system of documenting at various levels: CBRW (daily documentation), Coordinator (consolidated documentation), Director's Report etc.? Are adequate records of activities and finances maintained? If not, what would you suggest?
   b. Is process documentation done? Documentation of learning?
   c. Documentation of best practices?

6. **Networking with the Government and other NGOs:**

   a. To what extent has the organization/ DPO succeeded in networking with the Government/ other NGOs to promote the rights of PWDs?

7. **Is the partner in line with the Country Strategy from 2014 and onwards? Explain.**

8. **Proposed Budget:**

   a. What are the plans of the organization to raise 15% of the total budget?

9. **Final assessment and evaluation of the Resource Person:**

   a. Based on your assessment and evaluation, how do you grade this project? VERY GOOD, GOOD, AVERAGE, POOR (justify your grading)
   b. Would you recommend the project for funding? Please give specific reasons for your recommendations.

Confidential information:

Do you have any confidential information to be shared with CBRF? Please specify ***(Note: This information will not be shared with the concerned partner/Training centre. This is only for the knowledge of CBRF).***

Annexure 01

Details of Grants received

Other Agencies			
Agency Name / Project No.	**Purpose**	**Amount in Rupees**	**No. of Years**
Maharashtra State Social Welfare Board, Mumbai Project No. MSB/0007(51)/2013-14/G/707 Dt.20.06.2013	Crèche Unit	42,384 (Per Year)	Contd from 2003
	Family Counseling Center	1,92,000 (Per Year)	Contd from 2004
	Awareness Generation Programme	1,50,000	2011-2013
	Condense Course	94,500	2010-12
NABARD, Pune,	Farmer's Club	80,000	2010-11
	REDP (Tailoring Training Prog)	59,000	2011-12
	Honey and Wax Collection (SDP)	30,000	2010-11
Ministry of Cultural Affairs Govt of Maharashtra Project No. MCA/Anu/11/1609 Date 6 May 2011	Cultural Activities	50,000	2011-12
Caring Friends, Mumbai through DILASA Sanstha	Rearing indigenous cow for strengthening livelihood of SHG women	1,,00,000	2012-13
Sir Dorabji Tata Trust, Mumbai Project No. SDTT/MUM/Health/RIfCaRD/2011-2012/0341 dt.28.12.2011	To enhance the capacity of advancement and enable the adolescents to become capable citizens	4,84,000	2012-13
Caritas India through CBR Forum, Banglore Project No. 2011/006/CBR/CG/03	Community Base Rehabilitation Project	4,98,500	2012-13
Panchayt Samiti Patur, Telhara & Balapur in Akola District	Hraiyali Training Program (Community Organization)	156,500 52,000	2009-10 2010-11
Panchayat Smiti Ghatanji	Child right (Lok Jagruti Abhiyan)	60,000	2011-12

Annexure 02

Statistics of Persons with Disabilities

Sl. No.	Type of Disability	0 - 5		6 - 14		15 - 18		19 - 59		60 +		Total	
		M	F	M	F	M	F	M	F	M	F		
1.	***Blindness***	00	00	00	01	00	00	07	03	00	00	**07**	**04**
2.	**Low vision**	01	00	04	02	06	00	20	06	00	00	**31**	**08**
3.	**Leprosy cured**	00	00	00	00	00	00	01	00	00	00	**01**	**00**
4.	**Hearing impairment**	00	02	10	09	05	03	17	11	00	01	**32**	**26**
5.	**Locomotor disability**	03	02	07	06	06	05	122	51	05	04	**143**	**68**
6.	**Mental illness**	00	00	01	00	00	00	07	01	00	00	**08**	**01**
7.	**Mental retardation**	00	00	06	13	04	09	13	09	00	00	**23**	**31**
8.	**Autism**	00	00	00	01	00	00	00	00	00	00	**00**	**01**
9.	**Cerebral Palsy**	04	02	06	06	03	02	08	02	00	00	**21**	**12**
10.	**Multiple Disabilities**	01	00	01	00	00	03	00	01	00	00	**02**	**04**
11.	**Others**	0	0	0	0	0	0	0	0	0	0	0	0
Total:		**09**	**06**	**35**	**38**	**24**	**22**	**195**	**84**	**05**	**05**	**268**	**155**

- **Total number of PWDs: Male 285 Female 155**
- **Number of Villages/ habitations covered:- 30**
- **Number of Gram Panchayat Villages covered:- 24**
- **Number of Mandals /Blocks/Taluks/Districts covered:- Ghatanji**
- **Number of DPO's/ Federations formed with number of members :- 32**