

# Disability Inclusive Livelihoods Initiatives

## Project

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# **A realist evaluation of the impact of a disability livelihoods program for people with disabilities in northern India**

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## Background

### Disability in India

Over one billion people worldwide have a disability, with the majority in low and middle income countries<sup>1</sup>. Disability is defined as the interaction between people with long-term impairments (physical, sensory, mental or intellectual) and different barriers, which results in participation limitations in society on an equal basis with others<sup>2</sup>.

As a populous middle income country, India has an estimated 35% of people living under the poverty line in addition to an estimated 4-8% of the population with a disability<sup>3</sup>. However this figure alters depending on the source of the information, with an 18% discrepancy between the census data and the national sample survey<sup>3</sup>. In Uttarakhand, the Rapid Assessment of Disability completed in 2014 found a prevalence of 6.2% of people living with a disability<sup>4</sup>.

There has been increasing focus on disability as a national priority by the Indian Government, with the recent passing of the Rights of Persons with Disabilities Act (RPD)<sup>5</sup>. The 2017-2018 annual report by the Ministry of Social Justice and Empowerment highlighted initiatives the government has been implementing including the awareness campaign “Accessible India”, several economic and social protection schemes including the disability certificate and disability pension, a health insurance scheme for people with intellectual disabilities and equipment and assistive devices schemes to name a few<sup>6</sup>. A caveat to this is the targets set are based on the 2011 census data, which has been demonstrated to be a significant underestimate of the reality<sup>6</sup>.

### Importance of Livelihoods Initiatives

Poverty and disability are closely connected, with each factor influencing the other<sup>7</sup>. Poverty has been shown to increase the risk of disability, which in turn can exacerbate or lead to poverty<sup>8</sup>. In the north-east state of Uttarakhand in India, survey data undertaken in 2014 demonstrated that for people with disabilities, 55% were living in poverty with a 35% unmet need in relation to work<sup>4</sup>.

There are significant barriers to accessing social protection mechanisms such as attaining a disability certificate and government pension for people with disabilities. For example, to get a disability certificate (which is a requirement before applying for a pension), the person has to have

an arbitrary 40% disability to be considered <sup>9</sup>, which excludes many with mental health conditions. Furthermore, only specific government hospital doctors are able to complete these <sup>9</sup>, which provides extra hurdles for people with disabilities in accessing the service.

Livelihoods are “means through which the individuals or households are able to meet their basic needs”<sup>7</sup>. Livelihoods programs are seen to be fundamental in ending the cycle of poverty and disability, as they can help to address some of the barriers to social inclusion, by providing economic opportunities through employment along with developing the skills and capabilities of individuals<sup>8</sup>.

In a report by the UNDP on livelihood programs for people with disabilities, it highlights the paucity of research and programs being undertaken for this purpose in India<sup>10</sup>. Where there are livelihoods programs, results are not being published and disseminated<sup>10</sup>.

Women with disabilities are often faced with double discrimination, related to both their gender and their impairment, where they experience increased barriers to access opportunities, not simply employment, compared to their male counterparts <sup>10</sup>. When comparing participation rates across both genders for those with disabilities, only 8.7% of women are reported to be working compared to 25.8% of men <sup>11</sup>. However, this is significantly below the levels reported for non-disabled people (26.5% for females, 51.7% for males) <sup>10</sup>.

### **What is DILIP?**

The Uttarakhand Cluster of Community Global Health Network (CHGN-UkC), in partnership with Anglican Overseas Aid and the Nossal Institute developed a pilot program of delivering livelihoods initiative for people with disabilities across their program sites. Given the region is predominantly a subsistence farming region, agriculture and horticulture based programs were implemented to provide contextually-relevant opportunities for participation<sup>10</sup>. Furthermore, from baseline data taken prior to commencing the program (n=90), the average age of people with disabilities was 25 years, highlighting there is a key working-age demographic. This data is available from the researcher on request, as it is not published.

The project (Disability Inclusive Livelihoods Initiatives Program) was developed to offer livelihood opportunities to people with disabilities with a focus on encompassing a range of disabilities. There have been no previous large-scale livelihoods programs for people with disabilities in this area.

Recruitment of people with different disabilities was encouraged, with an emphasis placed on inclusion of those with intellectual disabilities. According to Trickle Up Livelihoods Guidelines, type of disability does not determine level of success, it is the levels of support and structure that enable participation<sup>11</sup>. Previous research has shown people with intellectual disability are more likely than those with other impairments to experience reduced emotional support, limited social networks and barriers to access healthcare and services<sup>12</sup>.

Program activities included initial baseline surveys across ten participating project sites and selection of 43 participants in total was made. Selection criteria included those who were classified as “extremely needy” or “needy” from baseline survey, which represented those in the “below poverty line” category, measured as less than \$2 a day per head of household (approximately 3000 rupees per month)<sup>7,10</sup>. In addition a “vulnerability score” was calculated that evaluated aspects such as housing quality, food security, health, financial status and family support requirements of the person with disability.

This survey also demonstrated 80% of people with disabilities do not participate in any paid work, the majority of the respondents reporting “household activities” as their predominant daily activity. The major program activities included medical and allied health assessments, training for staff and subsequently participants, provision of trade options (and associated equipment) and networking with local organisations for ongoing support and resources.

## Aims and Objectives

The aims of the project were to complete an impact evaluation of the DILIP program by travelling to the project site in Uttarakhand, refine the program logic model, provide a collection of case studies to illustrate individual narratives and provide written recommendations to project staff for future. In doing this, it will enhance the development of disability livelihoods initiatives in CHGN and will provide context for the quantitative data that has been collected and analysed by DILIP project staff. The working hypothesis for this program was:

- That by participation in the livelihood program, people with disabilities would be equipped to meaningfully engage in social activities and work activities to generate regular income

The term meaningful engagement is defined as a process that “fulfills a goal or purpose that is personally and culturally important”<sup>13</sup>, and incorporates aspects of participants actively choosing to perform daily work with their respective trade and are involved in planning and decision-making for future. Participation involves the initial uptake of activity and adherence to the activity at two years.

A form of occupation, business or trade that provides a reward or “gain” (such as income) is considered to be gainful employment<sup>14</sup>. In this setting small-scale agriculture and horticulture practices are used, consistent with the local cultural context. Income is inclusive of money received from the sale of animals and savings that have been made once basic needs are fulfilled.

## **Methods**

### **Realist evaluation methodology**

Realist evaluation is defined as a theory-based approach that explores how and why specific program elements work in particular settings to explain change brought about by an intervention<sup>15,16</sup>. It asserts that knowledge of the context in which a program occurs is essential to determine the ways in which a program leads to change and the extent to which the program itself has generated change<sup>15,16</sup>. The analysis is often framed in terms of understanding aspects of the setting in which the program occurs (context), and subsequently examining how program elements interact with contextual factors (mechanisms) to achieve outcomes<sup>16,17</sup>. These CMO configurations then provide insights into how the program operates and informs what aspects need to be tested through data collection methods<sup>15,16</sup>.

The choice was made to use realist evaluation methodology to capture the complexities of a livelihoods’ program delivered to a diverse and heterogeneous group of people, those with disabilities, across several sites in northern India interacted with multiple factors to lead to the outcomes seen.

### **Evaluation Plan**

Lengthy pre-planning was undertaken by the researcher to complete a background review of the literature, analysis of existing program documentation provided by the researchers' supervisor and meetings with key stakeholders, including the program designer, funding agency (Anglican Overseas Aid) and the program coordinator. Key evaluation questions to target were identified prior to commencing evaluation planning (see Appendix 1). Concurrently to this qualitative evaluation, the program team was undertaking quantitative data collection for the funding requirements.

Prior to commencing data collection and field visits, two days of training was completed for the research assistants to familiarise themselves with the data collection methods. Concurrently a timetable was disseminated and presentation was completed on the initial day by the researcher for all the disability coordinators, so they could inform the participants and families about when to come for focus groups and to explain what the evaluation team will be doing.

## Data Collection

Several qualitative data collection approaches were chosen in order to triangulate data from different sources, which provided greater insight and understanding<sup>18</sup>. Data collection was completed over a four-week period in September 2018. Focus group discussions with participants and their family members were completed in culturally-appropriate and enclosed locations, with a local researcher facilitating the discussion in Hindi. This method was selected with the purpose of attaining a broader level of information through generating discussion that may not have been elicited if undertaken on an individual basis<sup>19</sup>. At each site, several participants opted in as case studies which involved a home visit and in-depth discussion on their personal experiences with the livelihood program.

Semi-structured interviews were selected to elicit detailed knowledge of disability coordinators and allowed probing in-depth on topics as they arose. The researcher chose to use a field journal simultaneously as a method to reflect on data. The templates used for the focus group discussions and the semi-structured interviews are located in Appendix 2.

Recruitment of participants was completed by a key informant (local disability coordinator at each program). A verbal consent and assent process was used, in line with support for disability inclusion in research <sup>20</sup>, which involved the research assistant reading the plain language statement in the local language then participants who were able to do so provided verbal consent (see Appendix 3). Those with family members were able to indicate assent and the family member provided verbal consent. Illiteracy was high in this sample therefore it was deemed ethically appropriate to obtain oral consent as opposed to signed forms <sup>21</sup>. If participants were unable to attend, a family member did on their behalf. The size of the sample was determined by saturation levels of information, indicated by no new data arising <sup>22</sup>. This occurred following visits to both rural and urban sites, and therefore no further recordings took place after the 6<sup>th</sup> focus group and interview. Information regarding the demographic data of the focus group participants is detailed in Table 1.

Quantitative information was collected concurrently by the program coordinator, focusing on resource allocation and income generated per participant specifics, with part of this being captured in Table 1 for the participants who were involved in our data collection only. All data captured for the 43 participants across the 10 projects is included as a separate attachment.

## Data Analysis

Interviews and focus group discussions were translated and transcribed into English by an independent professional, who was familiar with the local dialects. A confidentiality agreement was signed to ensure not to discuss or reveal information about individuals on recordings outside of research team and for material to be returned back to the researcher or deleted accordingly once completed. All recordings were to be kept on a password-protected computer for the duration of the transcription.

As the interview and focus group discussion theme lists were derived from background literature and program documentation, the data analysis was synthesised inductively by thematic analysis<sup>23</sup>, with patterns identified and organised into major themes in the initial transcripts, in order to refine themes and develop a coding framework for subsequent transcripts. Software was not a

consideration for facilitating this process for fear that meaning and context may be lost given the research was already translated and transcribed from Hindi to English.

Initial coding was completed by hand in all transcripts, firstly with focus groups and then with disability coordinator interviews. Codes were then grouped by similarity under categories that best explained the data. Finally these categories lent themselves to two predominant themes. See the final coding framework below as an example:

<b>Codes</b>	<b>Categories</b>	<b>Themes</b>
Trust	Responsive Program Staff and Structures	Participation in Livelihoods Activities
Support		
Inclusion		
Opportunities		
Innovation	Empowerment	Social Inclusion
Training and learning		
Decision-making		
Sitting together	Changing attitudes	
Self-perception		
Own beliefs	Stigma	
Shame		
Curse/sins cause disability	Environment	
Geographical distance		
Travel		

CMOs were refined between site visits as data emerged and the configurations are presented in Table 2.

Case studies with selected participants were undertaken and are outlined in Appendix 4. Selection was based on participant availability and accessibility of the participants' home.

## Ethics

Research was undertaken with ethics approval by the Community Global Health Network Ethics Committee in July 2018.

## Results

Results from the analysis were grouped under the broad themes of participation in livelihood activities and social inclusion, with sub-themes generated under four main areas: (i) Responsive Program Staff & Structures (ii) Empowerment (iii) Changing Attitudes & Stigma (iv) Physical Environment. Each area has several corresponding CMO configurations (see Table 2). A final program logic demonstrating the theory of change is located in Appendix 5.

### *Responsive Program Staff and Structures*

The nature of the livelihoods program employed local coordinators at each site (disability coordinators) who were in charge of the day-to-day responsibilities which included delivering and setting up trades, problem-solving and mentoring participants. Advocacy measures, such as linking people in with social protection schemes and facilitating linkage with local support groups, was completed.

An important contextual element was involving program staff with previous experience in the disability field, as they were better equipped to foster positive working relationships with participants and facilitate linkage of participants into community (ie. via DPGs, government schemes) by building trust and being responsive to the needs of participants to solve issues.

*“What we did is that we kept on meeting these families frequently and individually also. And as we kept on meeting them at a time they started to accept those things” (Male disability coordinator)*

In addition, participants who were familiar with the disability coordinator in the past felt increased confidence and chose to participate, such as one male participant, age 39:

*“he (the disability coordinator) has been working for some time. When we got to know he had helped someone, got them work, we felt that this is a good team who will support... they are not frauds”*

Furthermore it became evident that those who were working in a team had increased resources and capacity to make informed decisions on the selection of participants and program implementation, which resulted in improved participants selection and less drop-outs than in areas where staff work alone.

*“We did all this in team meetings, it was not my decision alone. This was a team and more than me they knew about them [people with disabilities]” (Male disability coordinator)*

Early identification and networking with existing non-governmental (i.e. Disabled Peoples' Organisations or Groups) and governmental organisations (i.e. agricultural institute, veterinarians) in local regions by program staff enabled greater support for program participants and improved resources available for trade capital to thrive. This CMO configuration is explained in more detail in Table 2.

*“He (the disability coordinator) gives us suggestions... he told us about the veterinarian and helped us contact the doctor... he keeps doing all that he is capable of” (Female family member, age 55)*

It also assisted in building awareness of disability rights for people with disabilities, with most having obtained a disability certificate and receiving a pension. For example a participant replied to a question regarding disability rights,

*“We had no idea about it before, but now we are aware of such things” (female, age 22)*

### Empowerment

Empowerment is described as the process of increasing the autonomy of an individual to make informed decisions and increase self-reliance in order to participate and contribute to the wider community<sup>24</sup>.

The employment of disability coordinators as key contacts and mentors for participants enhanced their confidence and facilitated independence in information seeking behaviours. For example one male family member explains,

*"[Information] sources were many but we could not approach them, maybe due to mentality or some draw-backs, or being detached with society but when we got involved with this project they gave us information, and when we went with that information to other places, then we got more information. They made us realise the resources in our area and how we can use them..."*

Another important contextual component was addressing the previous unfamiliarity with training and formal learning settings by participants. The mechanism of provision of trainings with participants alongside family members was beneficial not only as a way of learning information and skills, but also in terms of meeting others and experiencing new environments. Family members were able to then understand how to assist in the trade management at home.

*"We like their teaching... at training we get the opportunity to learn and meet people and also get to learn many things. Those things are concerned with our job, it is our drawback if we are unable to follow them but if we follow them, then our poverty will also end" (Male participant, age 39)*

*"In the meetings we used to learn from each other and also got to go here and there. We also learned how to live a good life..." (Female participant, age 22)*

Participants who opted into the program and had family support were more likely to identify ownership over the animals provided and would be empowered to make decisions about sale of produce and what is to be done with income generated.

*"We came to meetings and were given hens. We got profits. We then built our home from the money we received from the hens. Then the other hens laid eggs, and we sold them and are now able to bear my mothers' (medical) expenses". (Male participant, age 35, who lives with parents who also have a disability)*

There was an aspect of ongoing development and eagerness to continue learning elicited by participants in the discussions. Fostering of creativity and innovation was another aspect seen in these groups. In one program, a participant had made a modification to his hen cage to enable easier cleaning of waste. The disability coordinator then had him assist other participants in his area to modify their cages using a local welder.

*“The best thing I feel was that we all got to learn through meetings... there was continuous improvement and it was an excuse to go out and led to an improvement in us” (Male participant, age 38)*

### Changing Attitudes and Stigma

Attitudes of participants', family members and perceptions of community members were a common topic mentioned at all program sites. The cultural context of northern India also provided insight into the level of stigma associated with disability. Research has identified a culture of shared decision-making, with factors such as female gender, social position, dependency and living in an extended household contributing to the culture of male dominance<sup>25</sup>. Further exacerbating this divide are the gender inequalities including lower female literacy levels compared to males in Uttarakhand <sup>26</sup>.

Gender norms (e.g. not allowing females to go out into the village for fear of safety) initially limited some female participants' involvement in joining DILIP and in attending trainings. The presence of a family that is supportive and engaged with the person with disability, combined with the staff guidance and program activities, enabled their participation in all aspects of the livelihoods program. Along with engagement strategies of the disability coordinators, this led to increased female participation, illustrated by the CMO in Table 2. A disability coordinator explained his experience

*“Her parents did not send her anywhere. The first time there was a meeting in Thatur so they did not send her as someone can harm her as she is mentally less capable...I got her husband one day and showed him everything and now they send her in every meeting”*

Stigma related to disability remains prevalent, with common perceptions held that disability is a result of sin or punishment. Feelings of shame held by the person with disability along with their family were reported.

*“I felt ashamed because of myself... Now we come to the meetings eagerly... we do not feel ashamed anymore” (Female family member, age 50)*

*“People think good about (participant) because she works now... before she was nothing for the people around here but now she does matter to them” (Female family member, age 50)*

However for some participants this has not changed.

*“The people of the village still make fun of me... it is still the same... I don’t feel like going anywhere” (Male participant, age 17)*

Engagement with program staff and regular interaction appeared to have made a difference. Participants were reporting satisfaction with their lives as *“I got busy”* (Female participant, age 22, ) or *“I’m working now”* (Male participant, age 39).

Some staff had referenced the change in the overall approach to working in disability inclusive livelihoods, with a shift away from the traditional or biomedical models of health service provision.

*“After working for so many years in community health, we were stuck to the disease.. an individual is having this illness, he needs to get medicines... we never thought of such things [referencing livelihoods]” (Male disability coordinator)*

Furthermore families were noticing changes in the behaviour of the participants. Some who had been shy and rarely talked began welcoming people when visitors came to the home and speaking to new people in the village and at meetings.

### Environment

The physical environment being discussed in this section relates to the structural and geographical barriers that exist in this region. Uttarakhand is a hybrid of plains and hills regions. In the latter, access to roads is difficult, with many people living in remote areas. One disability coordinator described the challenges of this

*“The geographical condition of this place means places are far away... the places are like 20km away so this travel can be a problem for me”*

Sites in remote areas, without access to established DPOs/DPGs, differing sources of information or access to transport, are more reliant on program staff to problem-solve issues, highlighting a key contextual component.

*“Training takes place in far away places... but we have no problems now because we go by car... [DC name] books a vehicle and we go together” (Female participant, age 22)*

In comparison, sites in urban areas have more opportunities to connect with information sources and less physical barriers to reaching program trainings.

Staff developed initiatives in order to reduce the impact of geography through the use of mobile technology, as a means to communicate with participants and using platforms such as Whatsapp to connect with disability coordinators. This connection between context and mechanism led to opportunities being available to participants to continue with livelihood activities regardless of location.

### Quantitative Data

With reference to the raw data collected (Table 1), the average savings made by participants were 500 rupees per month in urban areas, and 120 rupees per month in rural areas. The average income generated from sale of animals was 4200 rupees per year on average at urban sites, and 2300 rupees per year on average at rural sites.

In terms of income generation, 15 of 21 participants were about to attain profits from their trades directly and 18 of 21 were able to save money. Reasons for not doing so included participants choosing not to sell their animals but keep them until a suitable time and difficulties for horticulture with lack of rain in some rural areas.

## **Discussion**

The findings demonstrated that people with disabilities in a north Indian context were able to engage in a livelihoods program that led to ongoing occupation in trades resulting in income generation, creation of savings and increased social inclusion. Activities such as providing training opportunities, networking with existing community structures and employing experienced staff assisted in addressing the various barriers faced by those with disabilities.

All participants involved in this study had taken up trades they had selected and were continuing this at two years post introduction of the program. Involvement of the family varied depending on the level of experience or familiarity in the trade, learning needs of the individuals and visits by the disability coordinator. Some participants with more severe intellectual and psychosocial disability

required more family assistance and were visited more frequently by staff. This is consistent with literature which suggests increased supports are required for those with more severe disabilities<sup>11, 12</sup>.

Engagement for people with disabilities in the program was high, with trades relevant to the setting, however, their inclusion during the program planning and decision-making stages did not occur. Previous programs have consulted people with disabilities when designing programs to ensure it will meet their needs and provide a level of ownership over what is being undertaken<sup>8</sup>. Furthermore, some participants expressed interest in alternative activities including sewing and mobile phone repairing. The program involved choosing a specific trade that may not have been personally fulfilling or “meaningful” and this may affect long-term adherence to trades in these participants.

Despite evidence of most participants identifying as illiterate, this was not a hindrance to completing training and teaching activities to people with disabilities. The response by participants was favourable towards not only the skill-based training but also the social opportunities that arose from travelling outside of their local areas and interacting with new people. Gender equality was achieved for program participation in DILIP (21 females and 22 males) however in our sample, 40.9% were female. This is still higher than the average level of participation for women with disabilities more widely<sup>10, 11</sup>, and perhaps this illustrates the shifting in attitudes towards the role of women and capabilities for work.

Changes in self-perception and behaviour were interestingly most obvious in people with psychosocial disabilities. Adherence to medication regimes, increased social interaction and the improved ability to provide for oneself and others’ were commonly mentioned during discussions. This is consistent with literature that shows livelihood activities play a pivotal role in enhancing psychological wellbeing and in fact, when implemented concurrently with a mental health program, has “mutually reinforcing” effects<sup>29</sup>.

Strategies for engagement were largely driven by the program staff and occurred at several different levels (individual, household and community levels). Initial engagement with participants and their families by disability coordinators was essential for building platforms of trust and reciprocity. This began at the baseline survey stage and continued over the program through mentorship and regular visits.

Networking with local organisations, community leaders and government agencies was an important activity. Not only did this provide much-needed expertise to program staff and participants, it acted as a learning experience for government organisations regarding disability. The nature of agricultural work means it is vulnerable to external shocks such as unfavourable weather conditions, animal illness or other factors<sup>28</sup>. Integration with government sectors allows increased opportunities for people with disabilities to access resources and assistance if and when required.

A majority of participants were considered to have achieved a level of gainful employment, with 71.4% generating income from their trades and 85.7% were able to implement savings strategies compared to baseline levels. Participants found they were also using the produce for their own households (in terms of plants and eggs) therefore they were able to save money that would normally be spent on weekly food supplies. Considering the number of participants in the below poverty line level, even the smallest income is significant for some of the poorest families.

Participation in livelihood activities across rural and urban sites remained steady over the two years, despite the presence of significant environmental barriers. This is in contrast to arguments made suggesting livelihood programs in rural settings are disadvantageous due to physical and attitudinal barriers and focus instead should be on supporting relocation to urban sites, with more resources<sup>30</sup>. People with disabilities in rural areas did require an increased amount of support by disability coordinators and families in comparison to urban settings, with regards to travel and information access. The activities capitalised on using resources in the home environment to bridge these gaps.

## Recommendations

- Importance of pre-planning
  - Gathering good quality baseline data to understand the background in which the program is working
  - Design programs according to the needs of people with disabilities including considerations of what extra supports might be needed for people with more severe disabilities
  - Ensure comprehensively trained and experienced staff familiar with livelihood programs are recruited

- Strategies to empower people with disabilities
  - Involvement in the planning stage with program design is essential to target holistic needs of those with disabilities
  - Provide leadership roles to increase their decision-making abilities i.e. technical advice, advocacy, encouraging innovation and sharing their ideas with others
  - Develop employment opportunities for people with disabilities as disability coordinators or disability advocates in the future
  - Link in with Disabled Persons' Organisations or Groups in the local area
  
- Capitalise on existing resources
  - Networking from the planning stages with local government authorities, local veterinarians, agriculture institutes
  - Utilise local experts in implementing continuous training and development opportunities for people with disabilities
  - Consider alternatives for funding including consultation with local government organisations, options for loans
  
- Community Integration
  - Identify local market options for trades
  - Equip people with disabilities with knowledge on how to access markets for their products
  - Implementation of livelihoods should involve community leaders and those in leadership roles at local government levels to facilitate integration into existing

## Limitations

As this study methodology focused on this particular context, the findings are not able to be generalised. However recommendations provided will be useful for future directions of this livelihoods program.

The research team involved had no personal lived experience with disability, which may have affected the quality of data obtained and the nature of the questions asked during the interviews and discussions.

Program staff were involved with the recruitment of participants which may have introduced bias, as the responses obtained were largely complimentary about the program and the staff working with them.

## **Conclusion**

Livelihoods strategies have been promoted as essential to removing barriers to employment opportunities and fostering autonomy and social inclusion for people with disabilities.

This study demonstrates that people with disabilities are able to participate in agriculture-based activities that generate income. Strong working relationships with program staff, opportunities for learning and support by family led to empowerment of people with disabilities and adherence to livelihood activities two years into the program. Connections built with local government and community groups were vital for building trust between staff and participants, and ongoing development of these connections are essential to the long term sustainability of an agriculture-based livelihoods program.

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