

# **INCLUSIVE CARE REFORM IN INDIA:**

## **Analyzing States' Readiness & Responsiveness**







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# ACKNOWLEDGEMENTS

The Children and Families Together - India (CAFT-India) consortium was led by Keystone Human Services International (KHSI) with Hope and Homes for Children, Child in Need Institute (CINI), and Keystone Human Services India Association (KHSIA) as partners, supported by USAID with match funding from the Rural India Supporting Trust (RIST). This report documents the process through which CAFT-India planned to select the 11 states in which it intended to implement inclusive care reform interventions. The data collection and analyses work were undertaken between September and December of 2024. Unfortunately, with the shutting down of USAID, the CAFT-India program ended abruptly. The program, though short-lived, brought the disability and child protection movements together to lead disability inclusive care reform in India. Given this, KHSI and KHSIA decided to convert into a report, the information gathered through the process undertaken to assess how states in India are faring on care reform and disability, and their readiness for inclusive care reform. This data is rich and stands to inform the larger discourse around inclusive care reform, and it would have been a huge loss if this was not available to the larger public. It is with this in mind that KHSI and KHSIA decided to develop and publish this report.

We are grateful to Karuna Kumari for leading the data collection and development of the template, Sharique Usman for support with desktop research, Dorodi Sharma, Sangita Bhatia, Sachin Kumar, Subhadeep Adhikary, Tessa Boudrie, Mark Riley and Joseph Sebastian for their technical expertise, and the overall guidance of the team at KHSI, HHC and CINI. We thank Severine Chevrel, who in her role at USAID, was a guiding force behind this exercise. We also thank Jamie Gow, Nikki Enerson, Katherine Guernsey and Sharmila Neogi of USAID for their support.

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We hope that actors in the child protection, care reform and disability rights space would benefit from the learnings documented in this report.

# BACKGROUND

Inclusive Care Reform is a relatively new concept in India. While significant progress has been made in promoting protection of children with strong legal and operational frameworks in place, inclusion of children with disabilities has remained a less talked about area. Part of the disconnect arises from the neglect of disability in mainstream child rights discourse, and partly from multiple government agencies and civil society actors operating in silos with few cross-sectoral engagements.

The Supreme Court Juvenile Justice Committee during its ninth round of national consultation, held in September 2024, focused on children with disabilities for the first time, bringing the issue centerstage within the child protection discourse.

Inclusive Care Reform received a shot in the arm with the launch of the Children and Families Together (CAFT) India project in 2023, an ambitious system change initiative that sought to contribute towards strengthening local capacity, build on the care reform momentum already underway in India, with a key focus on children with disabilities as a priority. Supported by USAID in alignment with Advancing Protection and Care for Children in Adversity: A U.S. Government Strategy for Children to Thrive (2024–2029) and with match funding from the Rural India Supporting Trust (RIST), the CAFT-India consortium was led by Keystone Human Services International (KHSI) and included Hope and Homes for Children (HHC), Child in Need Institute (CINI), and Keystone Human Services India Association (KHSIA).

The program's overriding objective was that children at risk of separation from their families and communities, benefit from a supportive, protective, and nurturing family environment that helps them develop to their full potential; and that there are pathways developed for children already in residential care to be reunified with families. The consortium aimed to draw from existing care reform networks, ongoing interventions, and complement successful strategies and national programs such as Mission Vatsalya<sup>i</sup>. Meaningful partnerships with representative organizations and those with lived experience were at the core of this program and the consortium took proactive steps to include care reform networks, and civil society organizations working in child protection, Organizations of Persons with Disabilities (OPDs), networks of young people with care experience and associations of families and parents, in decision-making processes.

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<sup>i</sup> Mission Vatsalya is a child protection and development scheme launched by the Ministry of Women and Child Development (MWCD) that aims to create a healthy and happy childhood for all Indian children by strengthening the child protection system and promoting non-institutional care.

## CAFT INDIA OBJECTIVES

**OBJECTIVE 1: Strengthening Collective Will:** Up to 11 states are supported with strengthening disability Inclusive care reform strategies, with children with disabilities as a priority. CAFT-India will work collaboratively to create an ecosystem that supports Disability Inclusive Care Reform. Through these learnings, CAFT-India will support States to create momentum to strengthen national Disability Inclusive Care Reform strategy and action plan.

**OBJECTIVE 2: Technical Know-how:** Children, including children with disabilities as a priority, from Jharkhand benefit from integrated systems that support family care and disability inclusive community-based support to children and families. Learnings from Jharkhand as a model state informs broader disability inclusive care reform strategies across the country.

**OBJECTIVE 3: Capacity, knowledge (sharing and learning), and inclusion:** CSO networks, care leavers networks, association of parents/families, OPDs and academic networks are strengthened to participate in and sustain disability inclusive care reform. CAFT-India will facilitate the sharing of learning and expertise to ensure that disability inclusive care reform best practices are captured and the learnings influence scaling across different States as well as inform global best practices.

CAFT-India was the first ever intervention at this scale to bring together both the child protection, care reform, and the disability movement together. It had an objective to work in up to 11 states of India. Given the pioneering nature of the program, there was no readily available information that could inform the choice of these states. To ensure that the state selection process was informed by evidence, the consortium decided to undertake research on the situation of care reform and disability across the states of India. While with the closure of USAID support following an Executive Order of the US administration the CAFT-India project ended abruptly, the findings from the research and the process undertaken to select states in India for inclusive care reform work is rich and stands to inform the larger work on this issue. It is with this intention that Keystone Human Services International and Keystone Human Services India Association decided to consolidate and publish the findings. The report has been reviewed also by Hope and Homes for Children and CINI. Our hope is that the experience and learning from this process will benefit allies and partners and other actors undertaking disability inclusive care reform in India in the foreseeable future.

# APPROACH AND METHODOLOGY

As the CAFT India project aimed to cover up to 11 states over its duration, identification of the states was one of the key initial exercises undertaken by the team. To identify the most relevant states for interventions on inclusive care reform, CAFT-India embarked on an information gathering exercise to be able to make the decision in an informed manner. The CAFT-India team developed a comprehensive State Selection Criteria Template, designed to systematically collect and analyze data on the conduciveness of inclusive care reform work across Indian states<sup>ii</sup>. This template was presented to a small group of experts from the child protection, care reform and disability space; and the inputs received were incorporated to finalize the template.

The approach and methodology were carefully designed to ensure that the process was strategic, evidence-based, inclusive, and aligned with the overall objectives of advancing disability-inclusive care reform. The approach combined both quantitative scoring and qualitative assessment to inform decision-making, thereby ensuring that selected states were ready for reform while at the same time, representative of diverse care contexts across India.

This template served as a practical tool to guide the decision-making process by capturing critical data across three key domains: general overview of the states, care reform practices, and disability inclusion.

## The objectives of the state selection exercise were as follows:

1. To gain a nuanced understanding of the current situation in Indian states regarding:
  - a. General overview of the states
  - b. Existing care reform frameworks and practices
  - c. Status of disability inclusion
2. To identify states that are not only ready to adopt inclusive care reform strategies but are also positioned to benefit from and contribute to the development and scaling of these efforts.
3. To ensure that the selected states reflect diverse stages of progress within care reform and disability inclusion, providing rich learning and demonstration value for a national scale-up.

This document outlines the **three-stage approach** used for the selection process:

- **Stage One** details the data collection exercise using the State Selection Criteria Template to gather quantitative and qualitative information about the states.
- **Stage Two** presents the criteria developed to assess and shortlist states once the data collection had been completed. These criteria focused on essential and non-negotiable conditions that were deemed vital for the successful introduction of inclusive care reform.

<sup>ii</sup> All states and the Union Territory of Jammu and Kashmir were included in this exercise. The remaining UTs were excluded due to size, limited reach, and program feasibility.



- **Stage Three** describes the final layer of qualitative criteria followed by a collaborative decision-making process involving key stakeholders, including the Expert Consultation Group (ECG), to review the data and criteria and finalize state selection for the project to ensure a balance of states at various stages of care reform and inclusion.

## Stage One

A **comprehensive template** was developed to gather consistent data across all 28 states. The template was structured into **three core thematic areas**:

1. **General Overview of the States:** This category of indicators attempted to understand the status of the states on specific political, socio-economic, and contextual factors. These included the ranking of states as per the NITI Aayog's SDG Index, the total number of aspirational districts in the state as specified by the NITI Aayog, the presence of key stakeholders like USAID, and UNICEF's care reform program, and the ease of working in the state in terms of geographical accessibility from Delhi and other regions, as well as security conditions.
2. **Care Reform Criteria:** These criteria focused on the initiatives taken by the state government and civil society to promote family based alternative care, the presence of operational systems, and specific state programs for orphan and vulnerable children.
3. **Disability Inclusion Criteria:** These focused on the presence of statutory bodies and positions like the Disability Commissioner, the number of children with disabilities in the state, and the presence of active organizations for and of persons with disabilities.

Each thematic area consisted of mandatory data points that reflected essential structural, policy, or implementation capacities. These indicators were further classified as "Mandatory" or "Non-Mandatory":

- **Mandatory indicators:** These served as core eligibility filters, helping to ensure only those states with the most essential foundations in place were taken forward.
- **Non-Mandatory indicators:** These provided added nuance, allowing refinement in selection once the baseline mandatory criteria have been met.

Together, these indicators form the **State Selection Score**, a tool for measuring baseline readiness, guiding prioritization, and enabling cross-state comparison.

The mapping of the states on the three core areas as outlined above presented a rich source of information to understand how the different states stood in terms of creating a positive drive towards care reform and disability. However, this data needed to be analyzed through the lens of other qualitative parameters to identify not only states that are critical to the success of inclusive care reform, but also to have a range that provides contextual diversity such as geographical balance for example. It combines quantitative scoring, mandatory policy filters (non-negotiables), and qualitative contextual analysis, ensuring that only the most appropriate and ready environments are selected for impactful implementation.

This data provided a foundational understanding of each state's socio-economic, demographic, and political context—including the presence of USAID, UNICEF, and consortium partner programs, as well as the status of government-priority districts and upcoming assembly elections. A detailed review of this theme-wise data offered deep insights into the strengths, gaps, and reform priorities of each state. This comprehensive assessment formed the basis for further categorization and helped identify states most ready and strategically aligned for CAFT-India's inclusive care reform interventions.

Following the initial data collection and theme-wise scoring, a comprehensive assessment was conducted to ensure that identified states not only demonstrate readiness based on quantitative indicators but also fulfill critical prerequisites for effective implementation. This stage merges both required conditions and contextual factors into a robust filter to guide the state selection process under CAFT-India.

### Required Criteria

The thematic data gathered provides a rich foundation to understand how different states are positioned in their journey toward care reform and disability inclusion. However, to prioritize those with the highest potential for meaningful, scalable impact, the following **required criteria** were developed to guide state selection. These criteria help identify states where CAFT-India interventions can be most effective, given existing institutional frameworks, programmatic presence, and demographic need:

- **No Assembly Elections in 2025<sup>iii</sup>:** Political transitions often lead to administrative reshuffles, interrupt ongoing efforts and delay approvals. States approaching elections in 2025 were excluded to safeguard program momentum, ensure continuity, and uninterrupted collaboration with government counterparts.
- **Existence of Non-Residential Care Services:** Existence of non-residential care services for children in need of care and protection in the state to ensure family-based alternatives to institutionalization are available. These services would need to be adapted and strengthened to be disability inclusive, but their presence provides a strong foundation to build upon. Some examples of these services include the Palak Mata Pita Scheme in Gujarat, the Palanhaar scheme in Rajasthan, Ashirbad in Odisha, to name a few.
- **High Number of Child Care Institutions (CCIs)<sup>iv</sup>:** Prioritizing states with large institutional populations offers the greatest opportunity to reduce reliance on institutional care and promote family-based alternatives, particularly for children with disabilities. Several states in India have traditionally had a high number of CCIs supported by government, faith-based organizations, or private organizations. Studies have revealed that most children placed in these institutions may have one or both parents and families. Hence, there is a need to engage with the government and other stakeholders to advocate for phasing out such institutions and, instead, strengthen family- and community-based care.
- **High Percentage of Children with Disabilities (0–9 Years)<sup>v</sup>:** High percentage of children with disabilities in the state in the 0-9 years age group to ensure the highest impact of disability inclusive care reform efforts undertaken by this initiative, given that children with disabilities face a disproportionate risk of family separation.
- **Presence of Strong Disability Organizations:** The presence of strong organizations of<sup>vi</sup> and for persons with disabilities, including representative organizations in the state to ensure that a momentum on disability inclusive care reform can be generated and relatively quickly, built upon.

iii This was relevant for the CAFT India project but may not be relevant for a general understanding of inclusive care reform.

iv Based on Jena Committee Report 2018, MWCD.

v Census of India 2011.

vi Organizations of Persons with Disabilities (OPDs) are defined as civil society organizations led, directed, and governed by persons with disabilities, where persons with disabilities form a clear majority of the membership, staff, and board (UN Committee on the Rights of Persons with Disabilities 2018).

Once states were mapped on both the quantitative scoring and non-negotiable indicator filters, a third layer of qualitative and strategic review was conducted. This layer considered external environmental factors, institutional relationships, and strategic fit—all of which can significantly influence the feasibility and sustainability of the CAFT-India program. The factors considered under this stage included:

### **a. Relationship with Key Stakeholders**

States that have strong and established relationships with key stakeholders (such as government officials or civil society organizations) are more likely to support programmatic interventions, ensuring smoother implementation and long-term sustainability.

### **b. Zonal Representation**

Geographic diversity is crucial to ensure that the program reaches all corners of the country. This may involve selecting states from different zones to ensure equitable distribution of efforts.

### **c. Program Convergence Opportunities**

Priority was given to states where convergence with ongoing care reform or disability programs was feasible. For example, states already implementing family based alternative care pilots or hosting UNICEF-supported care reform projects provide a solid platform to build upon. This avoids duplication of efforts and fosters synergy between actors and resources.

### **d. Expert Consultation Group (ECG)**

The final stage of the state selection process for CAFT-India involved review by the ECG. The ECG comprised of organizations, experts and practitioners from the field of care reform and disability, including Organizations of Persons with Disabilities (OPDs), to ensure collective and participatory decision making on strengthening inclusive care reform in the states. The ECG was consulted at various stages of the state mapping exercise to ensure collaborative participation and decision making in the entire process.

# THE ANALYSIS

The enclosed worksheet provides the State Selection Score, populated with data as per the identified criteria. The excel sheet comprises of 3 sheets:

**Cover Page:** This sheet outlines the criteria used for the mapping, the definition of each criterion, and the data sources used to populate them.

**Stage 1 Analysis:** This sheet provides a summary of the states' analysis based on the first stage of criteria. The following 10 states have a high readiness on general, care reform, and disability inclusion criteria to initiate inclusive care reform.

Sl. No.	Name	Score (out of 17)	Geographical Zone
1	Maharashtra	16	West
2	Odisha	16	East
3	Karnataka	15	South
4	Uttar Pradesh	15	North
5	Rajasthan	14	West
6	Meghalaya	14	Northeast
7	Bihar	14	East
8	Chhattisgarh	14	Central
9	Jharkhand	14	East
10	Kerala	14	South

**Stage 2 Analysis:** This sheet provides the details of states with the cumulative score from stage 1 and the additional criteria identified as per stage 2 described above. The states scoring 5 and 4 (out of the total score of 5) are listed below:

Sl. No.	Name	Score (out of 5)	Geographical Zone
1	Maharashtra	5	West
2	Uttar Pradesh	5	North
3	Odisha	5	East
4	Karnataka	5	South
5	Jammu & Kashmir	5	North
6	Madhya Pradesh	4	Central
7	Jharkhand	4	East
8	West Bengal	4	East
9	Manipur	4	Northeast
10	Meghalaya	4	Northeast
11	Andhra Pradesh	4	South
12	Tamil Nadu	4	South
13	Telangana	4	South
14	Rajasthan	4	West

The stage 3 analysis was not completed as the consortium program ended due the Executive Order of the US administration leading to the closure of USAID.

# CONCLUSION

The state mapping exercise conducted under the CAFT India project offers a comprehensive overview of the status of inclusive care reform across Indian states<sup>[1]</sup>. This information serves as a valuable resource for stakeholders aiming to understand the existing landscape and design effective interventions in this area. The document outlines the methodology adopted by the CAFT India project, recognizing that it is not exhaustive. Rather, it marks the beginning of an evolving effort—intended to be expanded and enriched by others in the field. We present this report with the full realization that the data will change, and indicators may become redundant needing to be modified or replaced. However, the approach used by the project may provide insights, eliminating the need for reinventing the proverbial wheel.

# STATE SELECTION TEMPLATE

A. Key Objective	
	The key objective of this exercise is to understand the current situation of the states pertaining to their basic information (such as but not limited to, existence of USAID, UNICEF and/or Consortium programmes, government priority districts and Assembly elections), care reform and disability and inclusion status. This will help CAFT-India in the selection of priority states where the team could support up to 11 states to develop their own care reform strategies, with children with disabilities as a priority, and develop a momentum building strategy for states to support the national government to develop a care reform strategy at national level (based on the state strategies).
B Process Undertaken	
i	Review of all the existing and relevant document (Project Proposal, Logical Framework)
ii	Secondary Research primarily, review of USAID Disability Assessment Guide and Mission Vatsalya - a roadmap by Ministry of Women & Child Development to achieve development and child protection priorities aligned with the Sustainable Development Goals (SDGs)
iii	Developing the guiding framework
iv	Brainstorming among the CAFT-India team and consultation with small group of experts
v.	Incorporating the technical inputs and finalisation of the template and methodology
C Instructions	
i	All the fields are mandatory to fill. Please input N/A if the information is not available for the data point.
ii	Each mandatory questions listed in the input sheet holds weightage for the selection of scale states for CAFT-India project as the metric score are aggregated to a final scoring.
iii	There are 17 metrics, encompassing general information of the State, Care Reform and Disability Inclusion that make up the State Selection Score. Based on the scoring key, the states will be categorised in the preference of Low(0-9), Medium(10-13) and High (14-17) level of conduciveness to undertake inclusive care reform work.
iv	Please fill in the cells as per the instructions for each state. Name of the states are marked in columns. Most of the responses are to be selected from the dropdown.
v	Kindly add the data sources used for generating the information against each data points indicated in the Column AJ
vi	Do not write any detailed information in text as response to the question. You can add the additional information in Column AK of the input sheet if any specific information is not covered in the input sheet and needs to be highlighted.

## DEFINITION REFERENCE SHEET

Last updated on : 18/09/.2024

A	General Overview of the States(5)	Definition	Potential Data Source
1	State's position in NITI Aayog's SDGs ranking	NITI Aayog, the policy think tank of the Government of India, periodically publishes rankings of states based on their progress towards achieving the Sustainable Development Goals (SDGs). These rankings are intended to track and encourage progress in various sectors like health, education, and environmental sustainability.	SDG India Index and Dashboard   iTech Mission (niti.gov.in)
2	Percentage of aspirational districts present in state	The aspirational districts program was launched by the Government of India to promote the development of backward districts across the country. Phase-1 included 115 districts, while Phase-2 aimed to focus on additional districts that were identified based on various socio-economic indicators. the total number of aspirational districts in India, which including both Phase-1 and Phase-2, is 112.	List-of-112-Aspirational-Districts (1).pdf (niti.gov.in)
3	When are the next Assembly elections due in the State?	The Assembly elections in a state are generally scheduled based on the term of the current legislative assembly. To get the exact date for the next Assembly elections in a specific state, we would need to refer to the Election Commission of India's announcements or official state government communications, as they provide the definitive schedule and details for upcoming elections. However, this will provide us with an approximate timeframe for when the state elections are likely to occur, barring any unforeseen or urgent situations.	
4	Presence of USAID funded programmes	The data point refers to the involvement and implementation of development initiatives or projects in a particular states that are financially supported by the United States Agency for International Development (USAID).	USAID's official website or India specific reports
5	Presence of UNICEF Care Reform programme	It refers to initiatives financially supported by United Nations International Children's Emergency Fund (UNICEF) aimed at improving and transforming child care systems and services in specific states.	UNICEF's official website or India specific reports
6	Consortium partner presence in the state (CINI, KHSI, KHI, HHC)	This is to understand the presence of any consortium organizations( CINI, KHSI, KHI, HHC and THF) in specific states for the implementation of the programs or projects.	Interaction with Consortium Partners and their POC
7	Other Civil societies working in care reform practices in the state	INGOs and other CSOs with presence in multiple states to be counted here	
8	Ease of Work	Ease of work is measured in terms of good travel connectivity, strong safety and security measures, affordable travel costs, and minimal impact from insurgency which will eventually offer a more conducive environment for project related activities.	Secondary Research: Websites
i	Travel Connectivity, safety and security, cost of travel)		
ii	Insurgency-affected areas		



B	Data points related to Care Reform(6)	Definition	Potential Data Source
1	Has the state notified JJ Rules?	It means whether the state has established and is implementing the necessary rules and regulations under the Juvenile Justice Act 2015, to govern and manage the care and protection of children	State Government Reports, <a href="https://wcd.nic.in/act/juvenile-justice-care-and-protection-children-model-amendment-rules-2022">https://wcd.nic.in/act/juvenile-justice-care-and-protection-children-model-amendment-rules-2022</a>
2	Does the state have state specific Mission Vatsalya guideline?	Refers to whether any state has developed and implemented its own set of guidelines and operational procedures based on the central Mission Vatsalya framework	<a href="#">vatsalyaguideline.pdf</a> (wcd.gov.in)
3	Does the state have Non Institutional Care Services for children?	It means whether a specific state has established and implementing the services that provide alternatives to institutional care for children in need. Here for the state to have non- institutional care, it should have any one of the services: Foster care/Aftercare/Sponsorship	state government reports, <a href="https://missionvatsalya.wcd.gov.in/public/pdf/children-related-law/vatsalyaguideline.pdf">https://missionvatsalya.wcd.gov.in/public/pdf/children-related-law/vatsalyaguideline.pdf</a>
i	Foster Care		
ii	Sponsorship		
iii	Aftercare		
4	Does the state have special provisions for orphans/ children without parental care/ at risk of being without parental care?	Refers to specific measures and programs implemented by a state to address the needs of these vulnerable groups - e.g. Schemes like Palanhaar in Rajasthan, Palak Mata Pita in Gujarat, or 1% reservation for orphans in Maharashtra.	
5	Does the state have State Child Protection Society in place?	It indicates if a particular state has established and is operating a State Child Protection Society to coordinate and manage child protection services and programs within the state.	State Child Protection Society, State Portal
6	Does the state have a State Commission for Protection of Child Rights ( SCPCR)?	State Commission for Protection of Child Rights (SCPCR) is a statutory body established under the Commission for Protection of Child Rights Act to safeguard and promote the rights and welfare of children at the state level. The metric tries to understand if the state has the Commission on the protection of child rights	Reports from the National Commission for Protection of Child Rights (NCPCR), State Portal
7	Does the state have a care leavers network?	Care Leavers Network is a network which assists individuals who are transitioning out of institutional or alternative care settings into independent living. The data point refers to whether the state has such a network - established by the state or NGOs or by care leavers themselves.	
C	Data points related to Disability & Disability Inclusion (6)	Definition	Potential Data Source
1	Has the state notified rules for Rights of Persons with Disabilities (RPwD) Act 2016?	It tries to understand whether a particular state has formally issued the rules necessary to implement the provisions of the RPwD Act, 2016	Department of Social Welfare, Official State Government Website

C	Data points related to Disability & Disability Inclusion (6)	Definition	Potential Data Source
2	Has the state notified rules for Mental Healthcare Act (MHCA) 2017?	Similar to the RPwD Act, the implementation of the MHCA requires individual states to notify specific rules to enforce the Act effectively within their jurisdictions. This data point tries to determine if a specific state has notified the rules for the MHCA 2017 or not.	Official state government websites or in government publications
3	Does the state have a Disability Commissioner?	The State Commissioner for Persons with Disabilities is a statutory position mandated under the RPwD Act 2016. The SCPD serves as a point of contact for addressing issues related to disability rights and ensuring that the mandates of the RPwD Act are upheld. The data point seeks to determine whether a particular state has appointed an official known as the Disability Commissioner	Department of Social Welfare or Department of Empowerment of Persons with Disabilities
4	If Yes, are they exclusively working for this issue?	It refers to whether the Disability Commissioner, once confirmed to be appointed by the state in Q. no,3, is dedicated solely to addressing disability-related matters or if they have additional responsibilities.	
5	Does the state have Disability Advisory Board as mandated by RPwD Act 2016?	The data point refers whether a particular state has established a Disability Advisory Board as required by the Rights of Persons with Disabilities (RPwD) Act, 2016.	Department of Social Welfare, Official State Government Website
6	Does the state have a State Mental Health Authority (SMHA) under the MHCA?	The SMHA is established to oversee the implementation of mental health policies and programs within the state under the MHCA 2017. This question tries to determine whether a particular state has established an SMHA as required by the Mental Healthcare Act (MHCA), 2017.	State Government Health Department Websites
7	Does the state have a mental health review board as per the MHCA?	Mental Health Review Board (MHRB) is established to protect the rights of persons with mental illness and ensure their treatment and care are in accordance with the provisions of the MHCA, 2017. The question tries to understand if the state has established a Mental Health Review Board (MHRB) as required by the Mental Healthcare Act (MHCA).	State Health Department Websites
8	% of persons with disability in the State/ UTs- Census, 2011	The percentage of disabled persons in a State or Union Territory (UT) refers to the proportion of individuals with disabilities relative to the total population of that geography.	State-Specific Reports Ministry of Social Justice and Empowerment
9	% of children with disability in the State/ UTs - Census, 2011 (0-6 Years)	The percentage of children with disability in a State or Union Territory (UT) refers to the proportion of disabled children in the 0-6 years age group relative to the total population of that geography. The percentage will provide insight into the prevalence of disability among the young children within the given state or UT and helps in understanding the scale of disability-related needs and services required.	

C	Data points related to Disability & Disability Inclusion (6)	Definition	Potential Data Source
10	Does the state have representative organizations pertaining to persons with disabilities?	The data point tries to understand whether there are formal groups or entities within a particular state that represent and advocate for the interests of individuals with disabilities.	State health or social welfare departments
i	Organizations of Persons with Disabilities (OPDs)	Organizations of Persons with Disabilities, are groups operated by individuals with disabilities for advocating for the rights and interests of people with disabilities with a key focus on issues such as accessibility, inclusion.	Ministry of Social Justice and Empowerment, State-Specific Health or Social Welfare Departments
ii	Networks with persons with disabilities, families and caregivers of children with disabilities	Refers to formal or informal groups and systems that connect persons with disabilities, their families, and caregivers to share resources, knowledge, and support.	
iii	Other disability organizations	Refers to the organizations dedicated to disability inclusion	

STAGE 1: ANALYSIS						
Sl. No.	Name of the States and UTs	A. General Overview of the States(5)	B. Sum Total (Care Reform)(6)	C. Sum Total (Disability and Disability Inclusion)(6)	Sum total: A+B+C (Out of 17)	Zonal Representation
1	Andhra Pradesh	3	5	5	13	SOUTH
2	Arunachal Pradesh	1	4	3	8	NORTH EAST
3	Assam	3	4	4	11	NORTH EAST
4	Bihar	4	6	4	14	EAST
5	Chhattisgarh	4	6	4	14	CENTRAL
6	Goa	2	5	5	12	WEST
7	Gujarat	3	5	3	11	WEST
8	Haryana	1	5	5	11	NORTH
9	Himachal Pradesh	2	5	5	12	NORTH
10	J&K	2	4	6	12	NORTH
11	Jharkhand	4	5	5	14	EAST
12	Karnataka	4	5	6	15	SOUTH
13	Kerala	3	6	5	14	SOUTH
14	Madhya Pradesh	4	6	6	16	Central
15	Maharashtra	3	6	5	14	WEST
16	Manipur	3	4	5	12	NORTH EAST
17	Meghalaya	4	4	6	14	NORTH EAST
18	Mizoram	2	6	4	12	NORTH EAST
19	Nagaland	2	4	4	10	NORTH EAST
20	Odisha	4	6	6	16	EAST
21	Punjab	3	4	5	12	NORTH
22	Rajasthan	3	6	5	14	WEST
23	Sikkim	1	5	4	10	NORTH EAST
24	Tamil Nadu	3	5	5	13	SOUTH
25	Telangana	3	4	4	11	SOUTH
26	Tripura	3	4	2	9	NORTH EAST
27	Uttar Pradesh	4	5	6	15	CENTRAL
28	Uttarakhand	3	5	5	13	CENTRAL
29	West Bengal	3	5	4	12	EAST

### A. STAGE 2: CRITERIA FOR SELECTION

States/UTs	1		2		3- TOP 11			4		5- TOP 11 States					6
States/UTs	No Assembly elections in 2025 to ensure government engagement and buy-in, avoid government turnover and maintain continuity of disability inclusive care reform efforts undertaken by this initiative	When are the next Assembly elections due in the State? (DD/MM/YY)	Existence of non-residential care services for children	Does the state have Non Institutional Care Services for children? Scoring	High % of children with disabilities in the State in the 0-9 years age group	% of children with disabilities in the State/ UTs - Census, 2011 (0-9 Years)	Scoring	Presence of strong organizations pertaining to persons with disabilities including representative organizations in the State	Does the state have representative organizations pertaining to persons with disabilities?	High number of CCIs for children in need of care and protection, and number of children in them to ensure highest impact of disability inclusive care reform efforts undertaken by this initiative	CCI	Total Children	Scoring (Top 11 states in terms of column P and Q)	Total - Score	Zonal Representation
Punjab	No	5/8/2027	Yes	1		0.2%	0	Yes	1		73	1932		3	NORTH
Chhattisgarh	No	20/7/2028	Yes	1		0.2%	0	Yes	1		122	3192		3	CENTRAL
Madhya Pradesh	No	29/7/2029	Yes	1	Yes	0.3%	1	Yes	1		146	3090		4	CENTRAL
Uttar Pradesh	No	11/8/2027	Yes	1	Yes	0.3%	1	Yes	1	Yes	170	4677	1	5	CENTRAL
Uttarakhand	No	12/8/2027	Yes	1		0.2%	0	Yes	1		56	1116		3	CENTRAL
Bihar	Yes	19/7/2025	Yes	1	Yes	0.4%	1	Yes	1		84	2680		3	EAST
Jharkhand	No	26/7/2024	Yes	1	Yes	0.3%	1	Yes	1		127	4752		4	EAST

States/UTs	1		2		3- TOP 11			4		5- TOP 11 States					6
States/UTs	No Assembly elections in 2025 to ensure government engagement and buy-in, avoid government turnover and maintain continuity of disability inclusive care reform efforts undertaken by this initiative	When are the next Assembly elections due in the State? (DD/MM/YY)	Existence of non-residential care services for children	Does the state have Non Institutional Care Services for children? Scoring	High % of children with disabilities in the State in the 0-9 years age group	% of children with disabilities in the State/ UTs - Census, 2011 (0-9 Years)	Scoring	Presence of strong organizations pertaining to persons with disabilities including representative organizations in the State	Does the state have representative organizations pertaining to persons with disabilities?	High number of CCLs for children in need of care and protection, and number of children in them to ensure highest impact of disability inclusive care reform efforts undertaken by this initiative	CCI	Total Children	Scoring (Top 11 states in terms of column P and Q)	Total - Score	Zonal Representation
Odisha	No	4/8/2024	Yes	1	Yes	0.3%	1	Yes	1	Yes	427	19004	1	5	EAST
West Bengal	No	13/8/2026	Yes	1		0.2%	0	Yes	1	Yes	327	12651	1	4	EAST
Haryana	No	23/7/2024	Yes	1		0.2%	0	Yes	1		79	2619		3	NORTH
Himachal Pradesh	No	24/7/2027	Yes	1		0.2%	0	Yes	1		46	1345		3	NORTH
J&K	No	25/7/2024	Yes	1	Yes	0.3%	1	Yes	1	Yes	362	18290	1	5	NORTH
Arunachal Pradesh	No	17/7/2024	No	0		0.2%	0	Yes	1		8	202		2	NORTH EAST
Assam	No	18/7/2026	Yes	1		0.2%	0	Yes	1		131	3099		3	NORTH EAST

States/UTs	1		2		3- TOP 11			4		5- TOP 11 States					6
States/UTs	No Assembly elections in 2025 to ensure government engagement and buy-in, avoid government turnover and maintain continuity of disability inclusive care reform efforts undertaken by this initiative	When are the next Assembly elections due in the State? (DD/MM/YY)	Existence of non-residential care services for children	Does the state have Non Institutional Care Services for children? Scoring	High % of children with disabilities in the State in the 0-9 years age group	% of children with disabilities in the State/ UTs - Census, 2011 (0-9 Years)	Scoring	Presence of strong organizations pertaining to persons with disabilities including representative organizations in the State	Does the state have representative organizations pertaining to persons with disabilities?	High number of CCIs for children in need of care and protection, and number of children in them to ensure highest impact of disability inclusive care reform efforts undertaken by this initiative	CCI	Total Children	Scoring (Top 11 states in terms of column P and Q)	Total - Score	Zonal Representation
Manipur	No	31/7/2027	Yes	1	Yes	0.3%	1	Yes	1		62	1124		4	NORTH EAST
Meghalaya	No	1/8/2028	Yes	1	Yes	0.3%	1	Yes	1		84	1509		4	NORTH EAST
Mizoram	No	2/8/2028	Yes	1		0.1%	0	No	0		46	1077		2	NORTH EAST
Nagaland	No	3/8/2028	Yes	1		0.2%	0	No	0		67	1156		2	NORTH EAST
Sikkim	No	7/8/2024	Yes	1		0.2%	0	No	0		23	364		2	NORTH EAST
Tripura	No	10/8/2028	Yes	1		0.2%	0	No	0		44	811		2	NORTH EAST
Andhra Pradesh	No	16/7/2024	Yes	1	Yes	0.3%	1	No	0	Yes	762	37561	1	4	SOUTH
Karnataka	No	27/7/2028	Yes	1	Yes	0.2%	1	Yes	1	Yes	911	30246	1	5	SOUTH

States/UTs	1		2		3- TOP 11			4		5- TOP 11 States					6
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Kerala	No	28/7/2026	Yes	1		0.1%	0	Yes	1	Yes	1242	41584	1	4	SOUTH
Tamil Nadu	No	8/8/2026	Yes	1		0.1%	0	Yes	1	Yes	1647	87866	1	4	SOUTH
Telangana	No	9/8/2029	Yes	1		N/A	0	Yes	1	Yes	494	16286	1	4	SOUTH
Goa	No	21/7/2027	Yes	1		0.2%	0	Yes	1		70	2670		3	WEST
Gujarat	No	22/7/2027	Yes	1		0.2%	0	Yes	1		169	4914		3	WEST
Maharashtra	No	30/7/2024	Yes	1	Yes	0.3%	1	Yes	1	Yes	1284	58873	1	5	WEST
Rajasthan	No	6/8/2028	Yes	1		0.2%	0	Yes	1	Yes	277	5474	1	4	WEST



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## NOTES

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