THE RISHI REVIEW

OF PROJECT RISHI

AT THE UNIVERSITY OF SOUTHERN CALIFORNIA

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Letter from the Editor

Dear reader,

This is the first annual *RISHI Review* published by the USC Chapter of Project RISHI. We are proud to present four proposals written by undergraduate students from the University of Southern California. This year's authors come from various undergraduate colleges and class years.

Project RISHI fills a somewhat unique role in the advocacy and service sphere at USC. As a non-profit organization whose mission is to promote the sustainable development and growth of rural Indian communities, the organization prioritizes a search for practical solutions to social problems. In partnership with local community members and social enterprises, Project RISHI identifies issues central to our target communities and provides the resources to implement solutions through extensive field research and on-campus initiatives.

The *RISHI Review* was founded to encourage members to enact real progressive policy change at the rural, regional, state, and national levels in India. By addressing key developmental disparities that challenge target village populations, policy analysts of the *RISHI Review* research proven solutions developed by social enterprises and ideate frameworks for local policy change. In the inaugural year of publication, our policy analysts hope to use the *RISHI Review* to catalyze positive change by effectively bringing these affordable solutions to our partnering villagers and igniting sustainable change.

I am honored to have served as the Founder and Editor-in-Chief of the *RISHI Review* in the 2018-2019 academic year. In this publication, our authors address the most pressing and complex problems of our time in rural India. These solutions are innovative in their conception and elegant in their presentation. I hope that you will find them both informative and thought provoking.

To our policy analysts, editors, and executive board members, thank you for your hard work. It has culminated in the first successful issue of the *RISHI Review*.

Sincerely,

Manushri Desai
Founder and Editor-in-Chief of the *RISHI Review*

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Expanding Access to Diabetes-Centered Health Care in Rural India: A Telemedicine Approach

By Mahima Chillakanti and Nika Shroff

Thesis

To address diabetic health issues prevalent in rural villages in Bihar, India due to inadequate health care, the Ministry of Health and Family Welfare should coordinate with state governments to increase funding towards telemedicine initiatives driven by World Health Partners in order to solidify a foundation for preventative care centered around diabetes-related complications.

Background & Analysis

The Constitution of India declares that state governments are responsible for implementing health care policy. Despite this, India's health care system is primarily rooted in the private sector. Mathur et al. from the University of Arkansas for Medical Sciences indicates that public spending towards health care in India in 2017 comprised of only 1% of India's GDP. Meanwhile, total health care spending, which includes private costs, was 4.1% of the GDP[1]. Due to the lack of government spending for health care, individuals are forced to directly pay for health care services from the funds in their pockets, and the 68% of India's population, which resides in low-income, rural areas, struggles to keep up with this expense[1]. Adding to this, as reported by Forbes, 80% of doctors in India practice in urban areas, making proper health care inaccessible to rural residents and creating wide socioeconomic disparities in India[2].

As a result of this issue, rural residents who are not receiving diagnoses, treatments, and education for common health problems including diabetes are most impacted by the inaccessibility of India's health care system in rural areas. Rural Indians are at high risk of developing detrimental health complications such as diabetic retinopathy, neuropathy, and nephropathy because they remain undiagnosed and uninformed, allowing complications to progress without proper early interventions. Furthermore, according to the American Diabetes Association, between 1990 and 2012, the prevalence of diabetes in rural regions around the world rose from 1.8 to 7.5 percent, and continues to rise each year, demonstrating the urgent need for a Response[3].

Telemedicine, an emerging field that utilizes technology to transfer medical information, offers promising solutions to improve rural health care. This concept can be used to increase connectivity between health professionals and members of Indian communities that lack proximity to hospitals[1].

Talking Points

- Private spending towards health care creates socioeconomic gaps in health care. An increase in government spending will reduce these health disparities by making care more attainable.
- The increased funding should be directed towards health care in low-income areas because rural residents are most impacted by this problem.
- The proposed policy specifically focuses on diabetes due to its continuing rise in rural areas as well as its long-term, detrimental health effects.

Key Facts

- 67% of India's population resides in rural areas while only 80% of doctors in India practice in urban areas[1,2].
- Public spending towards health care in India in 2017 comprised of approximately 1% of India's GDP, while total health care spending was 4% of the GDP[1]
- Between 1990 and 2012, the prevalence of diabetes in rural regions of the world rose from 1.8 to 7.5 percent[3].

Policy Idea

The implementation of telemedicine models in rural villages in Bihar enables patients to collect medical information without the presence of a professional, and to virtually transfer it to doctors who could then examine the patients' conditions remotely and establish an effective treatment plan. This is useful in increasing the provision of diabetes screening for early diagnosis while also saving time and money. Therefore, the Ministry of Health and Family Welfare should provide categorical grants to World Health Partners, which can use the funding to implement telemedicine programs focused on combating diabetes-related complications.

Policy Analysis

World Health Partners (WHP) is a nonprofit organization that uses telemedicine in the form of digital teleconsultations, connecting rural residents with trained providers in cities[4]. Currently, WHP manages 1100 telemedicine operational centers throughout India. It has previously launched a project through private funding from the Gates foundation in Bihar centered around improving detection and treatment of tuberculosis, pneumonia, and diarrhea[5]. However, due to an absence of support from the government, hospitals and patients were reluctant to partner with the program's telemedicine centers[6]. As a result, the impact of the program was limited. Additionally, while previous focus has been towards improving health related to recurrent infectious diseases as mentioned above, there has been a lack of focus on diagnosing and treating long-term conditions like diabetes, which is growing issue in rural Bihar. Therefore, the Ministry of Health and Family Welfare should provide WHP with grants directed towards telemedicine in the context of preventative diabetes care. Not only will this provide WHP with further resources in expanding its telemedicine initiatives, but it will also increase the organization's credibility and foster more partnerships with local hospitals and villages.

The success of a governmental partnership is seen in the model of the Odisha Trust of Technical Education and Training (OTTET) Telemedicine Network[7]. Despite being an NGO in Odisha, India, OTETT has partnered with the state government to construct 127 Telemedicine Operation Centers in rural villages. These centers, which link to private care providers, contain cameras, mobile diagnostic equipment, and software to store health records. Through this public-private partnership, 900 telemedicine technicians have been trained, most of which were unemployed local youth, and

500,000 patients have received treatment since 2009. Radha Mahapatra, professor in Operations Management at the University of Texas Arlington, and Sahadeva Sahoo, former employee of the Indian Administrative Service, have analyzed this model and determined that the program remains sustainable as it continues to expand; therefore, they believe that other initiatives should use this model as a blueprint.

Next Steps

Diabetes is a lifelong condition that requires periodic medical examinations to monitor health status and adjust treatments accordingly to ensure severe health complications do not arise. Thus, in order to create impact, the diabetes telemedicine initiative must provide a long-lasting sustainable telemedicine network that can exist for a number of years to provide patients with effective care.

WHP, Indian Governments, and Ministries of Health and Family Welfare will collaborate to maintain this network. Furthermore, because the rising telemedicine field will continue to expand, organizations will be more inclined to invest into the industry, ensuring a steady flow of funds towards the diabetes telemedicine initiative over time.

Action Plan Snapshot

At the community level, Ministries of Education will play vital roles in ensuring that villagers are receptive to these new initiatives through sensitization campaigns and educational programs. Furthermore, by following OTTET's model and employing villagers to operate technologies themselves, these programs will quickly gain community acceptance.

In the upcoming year of 2022, January through April will be spent planning and cross-collaborating between WHP and Indian governmental agencies to properly allocate grants and develop effective programs that fit the villagers needs. Between April and July, awareness campaigns will commence to educate and prepare the villagers for diabetes-centered telemedicine programs. Villagers in particular will be trained to use devices such as a smartphone attachment that images the retina, as this is a measure that can be used to diagnose diabetes-related eye issues. They will also be trained in operating electronic health records and will communicate digitally with local hospitals. From August to December, following training, WPH's programs will be implemented in the villages at newly constructed telemedicine centers, and WPH will begin employing locals to ensure that the program remains sustainable in the long-term. The telemedicine centers will also prioritize education surrounding the causes of diabetes and will promote health lifestyle changes. The Ministry of Health and Family Welfare will oversee this entire process to make sure WPH is receiving a steady flow of funds for the programs and adhering to the timeline. The ministry will also be involved in releasing information about this new public-private partnership with WPH to the media through press conferences and official news releases.

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Establishing a Renewable and Infinite Source of Water: The Atmospheric Water Condenser Solution

By Mihir Kumar*, Khounish Sharma*, and Vineet Chauhan

Thesis

In order to potentially provide clean drinking water to millions of people in rural India, the Central Water and Power Research Station (CWPRS) in Pune should research the governmental funding for the optimal implementation of atmospheric water condensers.

Background & Analysis

India is currently in a "water crisis", where over 160 million Indians are affected by an inability to access clean water due to geographical and social conditions[2], including poor management, lack of government attention, and corporate privatization. Furthermore, the increasing shortage of water resources are elevating geopolitical tension between nations sharing transnational rivers, adding to the already existing sources of water insecurity such as climate-change and population growth. Although India has recognized the urgency of this issue and have implemented drinking water systems, rural villages are often disregarded, leaving only 33% of the nation with access to traditional sanitation[1].

Atmospheric condensers can be an effective and novel source of clean drinking water in inaccessible areas, mitigating these current problems. The condenser is most effective in arid, semi-arid, and tropical/subtropical climates as they extract clean water from natural sources, including fog, dew, and rain. Naturally occurring wind currents push the fog through a meshed material in the condenser, which condenses the water and drips it into storage tanks. As a result, evaporation naturally desalinates and purifies the water within the condenser. Water condensers have worked successfully in northern Chile, where the Chungungo community produced considerable amounts of water for the villagers to use. This success led to the creation of international NGO FogQuest, which works to spread the technology worldwide.

Talking Points

- India currently suffers from water-insecurity due to the lack of government attention, corporate privatization, and poor management, leading to elevated geopolitical tensions between various ethnic groups.
- Current efforts of India to improve drinking water systems have not addressed water scarcity in rural regions
- Atmospheric condensers can also clean and dehumidify air in addition to purifying water; thus, making air and water quality safer around target villages.
- Atmospheric water condensers function optimally in tropical/subtropical and arid/semi-arid climates, both of which are found in India.
- Water condensers have worked successfully in northern Chile, where the Chungungo community produced considerable amounts of water for the villagers to use.
- United States Agency for International Development (USAID) is a potential partner to help implement the use atmospheric water condensers.

Key Facts

- 21% of India's diseases are water-related[1], including cholera, malaria, typhoid, etc.
- Only 33% of the nation has access to traditional means of sanitation[1], including clean water
- India has only 4% of world's renewable water resources while containing more than 18% of the world's population[3], emphasizing the scarcity of clean water as the nation urbanizes.
- Atmospheric water condensers are a potential method of generating a sustainable and consistent source of clean water, as they are relatively inexpensive (approximately $800-$1000[6]).
- Such condensers can produce anywhere from 25 gallons of water per day to 150-200 gallons of water per day[6].
- USAID currently provides India with nearly $92 million of funding, but only $2.7 million of this funding goes towards water supply and sanitation[3]

Policy Idea

The Central Water and Power Research Station Branch of the Ministry of Water Resources, River Development, & Ganja Rejuvenation in Pune, which currently specializes in researching novel instruments for testing and maximizing efficiency of Indian rivers and reservoirs, should solicit USAID funding for the addition of a project in researching governmental funding and the potential implementation of atmospheric water condensers. Such condensers, which effectively generate water from air, have the potential to be significantly more impactful to the water crisis than continuously modifying rivers and reservoirs which are already approaching maximum efficiency.

Policy Analysis

USAID currently provides India with nearly $92 million of funding, but only $2.7 million of this funding goes towards water supply and sanitation[3]. Funding for improvement of HIV/AIDS rates, on the other hand, is currently at $11 million. With nearly 1 in 8 Indians being affected by water scarcity versus approximately 2 million people being affected by HIV as of 2011, some funding currently allocated for HIV/AIDS should be reallocated towards water supply [2, 5].

Although modern atmospheric water condensers can produce several liters of water per day, they are currently far too expensive for common use[6]. Many such condensers are currently made using zirconium, which costs nearly $150 per kilogram. Fortunately, some scientists, such as Omar Yaghi at the University of California, Berkeley, have developed certain methods to maintain the same efficiency as zirconium while using aluminum, a metal 100 times cheaper[7]. Further funding towards developing cheaper alternatives to our current water condensers can unlock a new source of water — our atmosphere itself.

By utilizing funding towards hiring independent contractors to develop cheaper water condensers, The Central Water and Power Research Station Branch in Pune (CWPRS) can accelerate research in this field by monetizing innovation. Companies

that are able to produce cheaper alternatives can be rewarded with more money, providing for an ongoing incentive for innovation.

Next Steps

USAID currently provides $374 million in funding towards water and sanitation worldwide[8]. As a widely respected organization for maintaining transparency in foreign aid ventures, funding and guidance from USAID is crucial towards implementing our policy. The CWPRS has been researching water sustainability for the last 70 years and emphasizes the importance of service through research[9]. USAID funding to the CWPRS allows for the streamlining of our efforts to ensure that money is delivered directly to research and results-based institution, in the CWPRS. USAID can then further guide its funding in the CWPRS and ensure that money is efficiently allocated to reputable water-innovation based companies, NGOs, and other research organizations in India to further evaluate the potential implementation of frugal versions of modern-day water condensers.

Action Plan Snapshot

The University of Southern California's chapter of Project RISHI (Rural India Social and Health Improvement) is currently partnering with multinational non-profit Ekal Vidyalaya. Founded in 1986, Ekal provides education-based initiatives to underserved communities in India and emphasizes the role of simultaneously implementing with health-, sanitation-, and sustainability-based initiatives. USC's relationship with Ekal may be instrumental in establishing communication with the Central Water and Power Research Station in Pune, as Ekal is widely recognized in India and can help greatly in navigating any governmental, bureaucratic, or political boundaries that may impede the success of this policy.

Another contact that is critical for the success of this project is a representative from USAID that is responsible for facilitating water-based initiatives in India. Mark A. White is currently the Mission Director of USAID in India and it is important to establish communication with him as a means of finding a more specific representative that will direct our policy in funding the CWPRS specifically.

After establishing communication with both of these important entities, it is necessary that the CWPRS can develop a research proposal discussing the usage of the newly acquired USAID funding towards hiring independent contractors to facilitate the innovation of a cheaper, more economical atmospheric water condenser. This proposal must include a balance sheet describing all planned transactions between the CWPRS and other companies, as well as a timeline for the research. These critical pieces of information will bolster transparency with both Ekal and USAID.

At this point, the search for reputable water-condenser manufacturers in India can begin and funding from USAID can be utilized by the CWPRS (according to their research proposal) to initiate the policy.

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Increasing Equality within the Haryana Community: An Education-Centered Reform

By Serish Thakker

Thesis

Through methods of private- public sector integration, a successful educational environment can be cultivated in Haryana. This can be accomplished with streamlined education governance, including reduced fragmentation and improved data collection and transparency, enforced quality standards, and established frameworks to encourage involvement of education actors like low- cost schools, social enterprises and TVET providers.

Background & Analysis

An unequal distribution of educational facilities in India, and in Haryana specifically revolves around four facets of inequality: inequality in opportunity in education, inequality in educational attainments, inequality in occupational attainments and inequality in incomes seen as rewards of education. Education includes core delivery- consisting the student life cycle from pre-primary, to K-12, to higher education, including teacher training, supplementary education (after-school tutoring, language learning, and test preparation), education technology, student finance, institutional finance, and publishing. Though educational attainment is available at every level and the literacy rate in Haryana is higher than India's average (76.64% versus 74.04% respectively), promoting the quality of education sustainably remains the goal. Investors and and policy- makers can help to address Haryana's educational pitfalls, while also creating a framework for other Indian states to mimic. Research from DISE data finds that between 2010 and 2015, 17.5 million students were being educated in the private sector. Private refers to provision of finance and services outside of the public realm, including charitable, non-governmental, for- profit and community based. In Uttar Pradesh, a neighboring state of Haryana, 50% of children studied in private schools, yet government schools still performed at a superior level in reading skills in local languages with controlled household and parental characteristics, according to a statewide analysis in ASER in 2014. This proves an investment need in private sector education in the Haryana of significant amounts over the next 5 years. The complementary role of the private education sector in educating Haryana's market, and will help with emerging education.

Talking Points

Because of a lack of investment in quality education available to the Haryana population, inequality at all four levels hinders sustainable development.

- Nationally, India spends about 3% of its' GDP on education, the lowest figure from the BRICS (Brazil, Russia, India, China, South Africa) group.
- If students in Haryana, are not provided with sufficient educational services, they will not know about or understand the resources available to them, leading to larger economic disparities
- A private- public partnership (PPP) will improve data collection and transparency, enforce quality standards, and establish frameworks to encourage involvement of education actors like low- cost schools, social enterprises and TVET providers.

Key Facts

- Investing in education business is thus attractive through five economic principles;
    1. Demand is greater than supply
    2. Prices grow faster than inflation
    3. Long term revenue visibility
    4. Access to negative working capital
    5. High barriers to entry
- There are 14,500 government schools in the state, of which 8,500 are primary.
- Between 2006 and 2013, public expenditure on school education increased from 2.2% to 2.68% of the GDP. But India's education policy must be thoroughly revised to put in place better accountability and monitoring mechanisms to exploit the gains of increase in fiscal outlays on education according to
- Private sector involvement will allow local conglomerates to become education providers, which diversifies the education

Policy Idea

Private sector operations in engaged, flexible and concordant relation to the government will boost access, quality and innovation in education. PPP will facilitate access to areas poorly covered by the government as well as reduce the fiscal burden on government budgets. Innovatively, the private sector will seamlessly and rapidly trial and scale new projects, models and learning methods, which will work to improving not only public provision, but also the education structure. Private providers will prioritize relevant education, through employment incentives.

Policy Analysis

Private sector operations in engaged, flexible and concordant relation to the government will boost access, quality and innovation in education. PPP will facilitate access to areas poorly covered by the government as well as reduce the fiscal burden on government budgets. Innovatively, the private sector will seamlessly and rapidly trial and scale new projects, models and learning methods, which will work to improving not only public provision, but also the education structure. Private providers will prioritize relevant education, through employment incentives.

Currently, in Haryana contributions of the private sector are impeded by weak policy environments which limit the current effectiveness and hinder future expansion. Therefore, the governmental Department of School Education in Haryana must perform a variety of roles as one partner, while policymakers must encourage and regulate participation of the private sector as the second partner. Government roles include expanding business environments in education through reduced fragmentation, and considerably improved data collection and transparency, setting and enforcing quality standards, whilst also establishing structures to include and advocate education actors like TVET

providers and social enterprises. Governments additionally have the capacity to determine licensing, regulation and operations that establish the space for socially beneficial private provision. Licensing includes refining the private providers requirements, and encouraging expansion within Haryana and between other Indian states. Operationally, governments can facilitate policy structures to deduct transaction costs, by introducing incentives for private firms. Financially, removing restrictions on private involvement and FDI will improve availability of finance.

Through engaging with the private sector, consequences can surface, including inequities in provision, from being out of reach for societies on the outskirts. Additionally, private provision also faces the challenge of variable quality, wherein credible regulations and licensing becomes essential. Finally, competition between and public and private sector education is a potential source of tension. The benefits of private education- and PPP- supersedes the risks.

The potential to expand access and improve quality through PPP, is through education delivery in school funding, developing infrastructure, managing education facilities and procuring services like teacher training and technological advancements. Impact, commercial and strategic investors in education business can deliver sustainable models, across ancillary education and specifically in services like teacher training, edtech and other innovations, and experimenting with new finance models that will transform the sector.

Next Steps

The Department of School Education in Haryana, together with private sector investors should develop a structural framework that allows and encourages expanding business environments in education. Through reduced fragmentation, improved data collection and transparency, setting and enforcing quality standards, and establishing structures to include and advocate education actors like TVET providers and social enterprises. A refinement of the Haryana education structure, through a strengthened PPP will serve as an innovation platform that can be pivoted to develop solutions for replication in and outside of India.

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Disability Rights in LDCs: Increasing Accountability and Transparency of USAID through Disabled People's Organizations

By Manushri Desai* and Shivam Saran

Thesis

To increase the accountability and transparency of disability-related USAID initiatives in LDCs, USAID should establish a grant and contract process in which USAID funds are directed to regional Disabled People's Organizations (DPOs) as a means to increase solicitation and reporting processes.

Background & Analysis

The United States Agency for International Development's (USAID) disability rights policy and inclusive development strategy addresses the needs of disabled individuals through two main statutes: USAID will (1) not perpetuate discrimination against people with disabilities in any of its programs[1] and (2) stimulate an engagement of host country counterparts to promote a climate of equal opportunity for people with disabilities.[2]

USAID has provided support for 150 programs in 65 countries through disability inclusive grants since 2005.[3] $6 million were available in funds to USAID Disability Policy missions over FY 2015-2018; USAID missions are limited to the submission of up to (2) small fund proposal ($20.000 to $300.000) and (1) large fund proposal ($300,000 to $600,000).[3] Approximately half of the organizations that receive USAID Disability Policy Funding are DPOs.[3]

Unfortunately, the absence of a systematic approach to disability inclusive development at USAID makes tracking investments difficult.[1] The existence of multiple funding sources, lack of a disability coordinator, and presence of an outdated agency policy creates a perfect storm that perpetuates the unintended exclusion of disability rights policy in USAID's work.

Researchers from the Perkins School for the Blind found that of 85 reviewed public USAID Disability Policy solicitations (in a six-month period) only 14% of reviews actually mentioned disability related initiatives.[4] The findings reaffirm the absence of accountability and transparency for USAID Disability Policy funding.

Talking Points

- Disabled People's Organizations (DPOs) are crucial implementing partners for USAID Disability Policy initiatives; USAID funds DPO field work via grants, cooperative agreements, and contracts. [4]
- The absence of a systematic approach to disability inclusive development through USAID makes transparency and accountability of disability policy funding extremely difficult. [4]
- Grant and Contract processes between USAID and DPO partners (501 (c)(3) organizations) help facilitate an acquisition and assistance (A&A) plan which is used to (1) acquire funding via contracts and (2) transfer funding from USAID to DPOs in order to implement mission initiatives. [4]
- Grant and Contract[1] processes can be revised to hold regional DPO partners accountable of stricter reviews of disability policy solicitation as a prerequisite for receiving a USAID Disability Policy grant.[5]

Key Facts

- Of USAID's 85 Disability Policy Solicitations (between 2012-2013), only 14% of solicitations reference initiatives targeted at improving disabled individuals' rights. [5]
- USAID allocated approximately $6 million[3] in Disability Policy funds through small and large grant programs through FY 2015-2018.
- By revising the USAID Grant and Contract process to include a clause requiring Disabled People's Organizations to be held accountable of disability policy solicitations as a prerequisite to receiving a small ($20.000 to $300.000) or large ($300,000 to 600,000) USAID grant[3], USAID funding can more effectively track disability inclusive development.

Policy Idea

USAID, which funds DPO partners to implement disability policy initiatives in LDCs, should revise the USAID Grant and Contract process to include better mechanisms for tracking investments and accountability of disability policy initiatives. Through a revision of the Grant and Contract process, DPO partners will be held accountable of stricter reviews of disability policy solicitation before they are issued a USAID Disability Policy grant. Increased solicitation and reporting on the efficacy of disability inclusive development by USAID funding and through DPOs will most effectively uphold disability rights in LDCs.

Policy Analysis

The absence of a systematic approach to disability inclusive development through USAID stems from the existence of multiple funding sources and the lack of investment and outcome tracking through USAID.[7] As a result, USAID has allocated roughly $6 million in disability policy initiatives from FY 2015-2018[7], however, the lack of accountability of how USAID funding is being used by local NPOs perpetuates the exclusion of disability rights from USAID work.

Traditionally, USAID has used the Grant and Contract process to facilitate acquisition and assistance (A&A) plans between itself and crucial policy implementing partners (NGOs or NPOs).[7] Disability People's Organizations (DPO's), however, are the most effective implementation partners for USAID's disability policy grants.[1] Thus, by directing USAID Disability Policy funds to DPOs, USAID can most effectively target disability inclusive development in less developed countries (LDCs).

A revised Grant and Contract process between USAID and DPOs would also address the current absence of transparency and accountability for USAID Disability Policy funds. By adding a clause to the Grant and Contract process to hold DPO partners accountable of stricter reviews of disability policy solicitations as a prerequisite for receiving a USAID Disability Policy grant, USAID can more effectively track the disability policy

solicitations as a prerequisite for receiving a USAID Disability Policy grant, USAID can more effectively track the disability policy funding.[8] Increased accountability, as facilitated through regional DPOs in LDCs, will increase transparency between DPOs and persons with disabilities as well as increase the effectiveness of disability inclusive development in LDCs.

Next Steps

Because an aggregate $6 million in funding for disability policy initiatives under the USAID has already been allocated, this policy, focusing on revising the Grant and Contract process, should be attractive to policy makers and easy to implement[8]. The addition of the clause requiring regional DPOs to be held accountable for stricter reviews of disability policy solicitations in LDCs, in order to receive a USAID Disability Policy grant, would be established through a revision of USAID's Grant and Contract process and Acquisition and Assistance (A&A) plan[8]. By restructuring USAID's approach to disability inclusive development, streamlining funding through DPOs (effective regional actors in LDCs), and increasing accountability and transparency of USAID Disability Policy funds, a strong case can be made to federal legislators as to why revising USAID's Grant and Contract process is a pertinent and simple solution to upholding disability inclusive development in LDCs.

Action Plan Snapshot

At the campus & community level, local Disability People's Organizations in the United States will be effective at mobilizing support. The VoSAP, as U.S.-based DPO, connected to a partner organization, the Blind People's Association (BPA), in India, would be a crucial liaison and a strong advocate for strengthened USAID-DPO partnerships.

By engaging with the USAID Disability Team, the Grant and Contract processes for all USAID-DPO partnerships can be revised. The revision will include the addition of a clause that mandates DPOs to provide stricter reviews of disability policy solicitations as a prerequisite to receiving a USAID Disability Policy grant.

Partners that would be crucial to the facilitation of a revised USAID Grant and Contract process would include U.S.-based DPOs, LDC-based partner DPOs of the organizations located in the U.S., the USAID Disability Team, the USAID Grant and Contract process team, as well as the USAID Acquisition and Assistance (A&A) team.

The media message at the heart of this policy started with my work on the 2018 Indian Supreme Court case—Purswani Ashutosh vs. Union of India. The Medical Council of India was denying a visually impaired minor admission to medical colleges despite his outstanding academic credentials. Working closely with the Blind People's Association (BPA), my colleague and I developed a legal framework urging the justices of India's Supreme Court to recognize the discrimination inflicted against the disabled. We were overjoyed to find that our paper (attached below) was read in court by lawyer Prashant Bhushan and successfully marked the first time that a visually impaired person had been granted admission to medical college in India. We understood that we could strengthen legal representation of persons with disabilities by appropriating resources through DPOs; this became the inspiration behind the presented policy. With the support of India's Supreme Court Justices and DPOs, I hope to mobilize the policy.

In the upcoming six months, December through January will be used to facilitate conversation between U.S.-based DPOs, LDC-based DPOs, and the USAID Disability Team. Once the contacts are established, February through March will be used to work in tandem with DPOs and the USAID Disability Team to restructure the USAID-DPO contract. March through April will be used to implement the Grant and Contract process in select LDCs and May will be used to review the efficacy of the revised Grant and Contract process in USAID facilitated disability inclusive development.

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