



The Disability Scenario in India: A Reality Check

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ABSTRACT: Are disabled people truly included in Indian society? This is a question that needs to acquire even greater thrust in the wake of the COVID-19 pandemic where "health" per se has become a wild goose chase even for the abled. This paper is based only on the literature review and tries to examine and assess the current situation of the disabled in India. The first part provides conceptual clarity to the definition as well as perspectives of disability and a brief description of the disability scenario at the global and national levels. An overview of the disability rights movements, legal provisions, and policy measures adopted by the Government to change the focus from disability to the ability to facilitate inclusion is presented in the ensuing part. This part is followed by a discussion on the assessment of disability inclusion. The paper ends with an analysis of the inclusion assessment measures, conclusion, and what could be the road ahead.

Keywords: disability inclusion, disability rights, assistive technology



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A worldwide increase in the number of persons with disabilities (PwDs) has forced governments and societies to examine their concerns. Despite the United Nations (UN) declaring PwDs as the largest minority of the world and recommending several measures, the disabled globally face multiple issues to access rudimentary necessities in their routine lives. They face issues of depression, isolation, loneliness, and poor physical health. Disability is, therefore, both a determinant and a consequence of socioeconomic inequalities (Graham et al., 2017), making it intricately linked with poverty.

The Centre for Disease Control and Prevention (CDC) defines disability as (2019) "any condition of the body or mind (impairment) that makes it more difficult for the person to do certain activities (activity limitation) and interact with the world around them (participation restrictions)".

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A person can face disability right from birth or at any other time in life, possibly due to medical complications or life-altering events (Shrivastava, 2018), which can impact their personal, emotional, and social relationships. As per the World Health Organization (WHO) (2018), a staggering number of over one billion, i.e. one in seven people globally, experience some form of disability. According to Crow (1996), as cited by Goering (2015), medical professionals consider physical abnormality as the root cause of disability and address the same only through medical interventions. Disability professionals suggest that PwDs face discrimination and live under social apartheid. Society further disables people having impairments and solutions must be directed towards changing the society rather than expecting only the disabled individual to make all adjustments (Oliver & Barnes, 2010).

Although the needs of the disabled are the same as those of the abled, they are twice less likely to locate adequate facilities and skilled healthcare providers. They are three times more likely to be denied healthcare and four times more likely to be poorly treated in the healthcare system (WHO, 2011).

WHO reports that children with disabilities (CWD) are almost four times more likely to experience violence than children without disabilities. As cited by Graham et al. (2017), Filmer 2005; Mizunoya et al., 2016; WHO and World Bank, 2011, state that children having disabilities have reduced opportunities of attending school; and even if they do, there are skewed possibilities of sustaining them and being promoted to higher grades. It negatively impacts their employment opportunities in adulthood.

Women and girls with a disability are at a greater risk of experiencing violence, abuse, or neglect due to their inability to protect themselves (Better Health Channel, 2019). Consequentially, the disabled may manifest shame, poor self-esteem, fear, and have an impact on mental and physical health. Hence there is a need to design inclusive interventions to minimize environmental and social barriers (WHO, 2011).

Disability inclusion comprises "including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability" (Centers for Disease Control and Prevention, 2019a). To ensure inclusion, efforts have been taken by NGOs and disability activists at various levels for activating governments of respective countries to provide welfare services and protect the rights of the disabled by formulating relevant laws and policies.

The Indian Scenario

As per Census 2011, as cited in the Ministry of Statistics and Programme Implementation (MoSPI) (2016), 2.21% of the Indian population is disabled, from which 69% belong to rural areas. The gender distribution pattern indicates 56% are males and 44% are females. Regarding types of disabilities, data indicates that 20% have locomotive disabilities, 19% each have visual and hearing disabilities, nine percent are mentally retarded, and eight percent have multiple disabilities. Among the States/ UTs, Sikkim has the highest prevalence of disability (2.98% of the population). The highest number of disabled persons are in Uttar Pradesh followed by Maharashtra, Bihar, Andhra Pradesh, and West Bengal. The data shows that 17% of the disabled are in the age group of 10 to 19 years. According to Joshi et al. (2017), the most common reasons for disabilities among preadolescents are attributed to poor health conditions and among older adolescents (15 to 19 years) it is assigned to self-infliction among girls and road injuries among boys. Depressive disorders are common for both genders. India has taken efforts to protect the rights of the disabled through its Constitution, and the formulation of specific laws. The following section elucidates on the same.

Evolution of Rights of the Disabled in India

The Constitution bestows equal rights for all, including the disabled. Article 243-G 11th and 12th schedule of the Constitution ensures social welfare and safeguards the interests of PwDs (Srivastava & Kumar, 2015).

The Disability Movement

During the pre-independence era, disability was not a priority in the administrative affairs of the country. Rehabilitation services were offered only by charity organizations (Adibi, 2016). Post-independence under the Nehruvian Model of Welfare, centralized and institutionalized services emerged for the welfare and rehabilitation of PwDs. The National Council of Handicapped Welfare was set up to issue policy guidelines and regulate the activities of Government and voluntary sectors for the disabled (Dalal, 2002).

The seventies witnessed the voice of the disabled for recognition of their rights. To confer global visibility for the disabled, the UN declared 1981 as 'International Year of the Disabled Persons' (Singh, 2014) and 1983-1992 as the 'UN Decade of Disabled Persons'(UN DESA, n.d.). Subsequently, the Indian Government took several steps to address the concerns of the disabled such as capturing information about the disabled in the 1981 Census for the very first time (Adibi, 2016).

Under the influence of the UN and international developments, the Indian Government gradually began to address the issues of the disabled. The Ministry of Social Welfare in 1986 institutionalized The Rehabilitation Council of India (RCI) for developing the capacities of human resources to work with the disabled. The nineties saw heightened demands from local NGOs for the rights of the disabled, which gave momentum to the disability rights movement in India (Bhambani, 2005 as cited in Mehrotra, 2011).

Legal Protection

As an outcome of the disability movement in India, the Government of India enacted the following laws:

1. The Rehabilitation Council of India Act, 1992 deals with the development of the workforce for providing rehabilitation services. It promotes research, long term and short term training in the area of rehabilitation and special education. It conducts inspections and determines the professional conduct of registered persons (Rehabcouncil.nic.in, 2020).
2. Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, provides for education, employment, social security, creation of a barrier-free environment, and so on. It stipulates three percent reservations for PwDs in government institutions, state educational facilities, poverty alleviation programmes, and other rights and entitlement (Srivastava & Kumar, 2015). The Act introduced the concept of disabled-friendly infrastructure at schools, public spaces, and workplaces.
3. National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999. The Trust works towards safeguarding the rights of PwDs, capacity development, and creating an inclusive environment (The National Trust, 2019).

Auxiliary Institutions

To facilitate the creation of disability professionals and rehabilitation services, the Government has set up seven institutes as well as Composite Rehabilitation Centres, Regional Rehabilitation Centres and District Disability Rehabilitation Centres (DDRCs) which provide rehabilitation services to PwDs (MSJE, 2006). The Ministry of Health and Family Welfare (MoHFW) and State Governments have also set up institutions for the provision of rehabilitation services (MSJE, 2006). This will help train rehabilitation professionals. Government, as well as private institutions, also offer short term and long term courses.

National Policy for Persons with Disabilities, 2006

The change in the intellectual climate of the country gave impetus for formulating the

National Policy for Persons with Disabilities in 2006. The key intervention areas spelt in the policy comprise of early detection, prevention of disability through immunization, sanitation, awareness generation and training of caregivers, It proposed interventions to ensure disabled children to have access to pre-school, primary and secondary level education by 2020. Directions were laid for designing appropriate plans for modification of school infrastructure, teacher training, curriculum development, creation of special schools, adult learning centres, and resource groups. The policy outlines specific measures and strategies for ensuring the protection of rights of PwDs and their inclusion in society. It details steps to be undertaken for the employment of PwDs, the creation of a barrier-free environment and encourages participation in all spheres of life (MSJE, 2006).

Major Milestones

Besides policy measures, India has aligned with international organizations to support the cause of the disabled. India became a signatory to the 'Biwako Millennium Framework' (2002) for action towards creating an inclusive, barrier-free, and rights-based society. It also ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. In 2012, India adopted the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific (MoSPI, 2016). India has adopted the sustainable development framework to promote the rights of the disabled. "The 2030 agenda for sustainable development clearly states that disability cannot be a reason or criteria for lack of access to development programming and the realization of human rights" (World Bank, 2020). Given the essence of SDGs to 'Leave No One Behind: Reach the Furthest behind First', seven targets of the SDGs explicitly refer to the rights of PwDs.

Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016)

In alignment with the international frameworks to protect the rights and dignity of the disabled, the Government of India enacted the RPwD Act, 2016. The legal move indicated India's shift from a charity-based approach to adopting a rights-based approach (Balakrishnan et al., 2019). It replaces the PwD Act, 1995, and the subsequent RPwD Rules, 2017. The Act puts forth a more inclusive approach by increasing its scope to 21 disabilities including cerebral palsy, dwarfism, muscular dystrophy, chronic neurological disorders, blood disorders, acid attack victims, speech and language disability, and intellectual disability (ID); which includes specific learning disability (SLD) and autism spectrum disorder (Balakrishnan et al., 2019).

The Act specifies the eligibility criteria of having a minimum 40% disability to avail disability certificate. It directs employers to advertise posts open for PwDs, practice fair play in recruitment and create disabled-friendly workplaces by complying with the standards of

accessibility prescribed by the Indian Government. The Act also gives clear guidelines on penalties in case of non-compliance (Jumabhoy, 2017).

Certification for the Disabled

To facilitate inclusion, the Department of Empowerment of Persons with Disabilities (DEPwD) introduced 'Disability Certificate' for facilitating access to various educational, vocational, employment as well as unemployment allowance, travel concession, and rebate in income tax. The certificate also enables disabled to procure prosthetic aids and assistive devices at subsidized rates (Kasthuri et al., 2010). According to NSO Survey 2018, an abysmal 28.8% of persons with disabilities reported having a certificate of disability (The Economic Times, 2019). DEPwD has also created a central database and provided Unique Identification of PwDs (UDID) to enable PwDs to access various schemes launched by the Government.

Barrier-Free Environment

The disabled in general face problems of physical access. Gurpur & Sekhar (2017) cite a study conducted by Devi et al. (2013) which indicates that due to poor infrastructure, 52% of wheelchair users faced difficulties of accessibility. To facilitate inclusion, the disabled should have access to places, information, knowledge, public transport, and essential offices. To promote accessibility of the disabled DEPwD in 2015 launched the 'Accessible India Campaign' (DEPwD, 2016). The campaign has made provisions to enhance accessibility to government buildings, airports, railway stations, public transport, and create barrier-free infrastructure by 2019. Provisions were made to facilitate access to public documents, websites, training additional 200 sign language interpreters and increase the proportion of daily captioning and sign language interpretation through television and news programmes (DEPwD, 2018). To enable the disabled to practice adult franchise, the Election Commission of India (ECI) and DEPwD have released guidelines to facilitate electoral participation of the disabled (ECI, 2018).

Scholarship Schemes

To ensure that students with disabilities pursue higher education, DEPwD has introduced an umbrella scholarship scheme in 2018 that offers pre-matric, post-matric, national and overseas scholarships as well as free coaching. Under the scheme, every student enrolled in a vocational institution recognized by DEPwD shall receive an amount of INR 5000/- per month for the entire duration of the course (DEPwD, 2018a).

Financial Support

The National Handicapped Finance and Development Corporation (NHFDC), has designed Divyangana Swavalamban Yojana, which offers loans up to INR 50 lakhs at subsidized interest rates to pursue higher education, vocational training, income generation activity or purchase assistive devices (NHFDC, 2019).

Assistive Technology

Due to technological innovations, there is a range of aids and assistive devices available to the disabled to lead an independent life. Assistive technology (AT) for people with disabilities aids in improving the functional competences and independent living of PwDs (Senjam et al., 2019). AT can include aids for daily living (modified eating utensils, adapted books, page-turners); mobility aids (electric or manual wheelchairs, modifications of vehicles for travel); home or workplace modifications (ramps, lifts, bathroom modification), computer access aids (modified keyboards; seating and positioning belts, braces, and wedges to maintain posture); alternative and augmentative communication devices (AAC) (voice amplification aids and communication software for those with speech impairments, braille or speech output devices); recreational aids (adaptive controls for video games, environmental controls for using appliances) and various others (Thenationaltrust.gov.in, 2019).

The Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP) facilitates the purchase of specified assistive devices such as braille writers, braille writing instruments, and audiometers for physically challenged at five percent concessional GST rates. The concession also applies to procuring inputs and raw materials for the manufacturing of assistive devices (MSJE, 2005; Press Information Bureau, 2017).

Despite various efforts taken by the Government to facilitate inclusion and change the focus from disability to ability, there have been several gaps which are elucidated in the ensuing discussions.

Assessment of the Disability Inclusion Scenario

Education and Disability

The issues of education for CWD were first highlighted by the Kothari Commission (1964-66). The Commission made recommendations to facilitate inclusion of the disabled into ordinary schools and to facilitate inclusion and transform them to be useful citizens for the country (Gulyani, 2017). Census 2011 highlights that between the age group of 5-19, only 61% of disabled children attended an educational institution. Of these, 57% were boys, and 43% were girls (MoSPI, 2016). The RTE Act, 2009 and RPwD Act, 2016 incorporated measures for inclusive

education, but the outcomes were mixed. According to the State of the Education Report for India (2019), "lack of awareness of legal rights and entitlements of CWDs, lack of accessibility of grievance redressal mechanisms, and lack of a coordinated enforcement mechanism for implementation hindered the success of the interventions" (UNESCO, 2019). Students also faced accessibility issues. The National Statistical Office (NSO) 2018 report indicates there is only 52.2% literacy among PwDs of age seven years and above. Unfortunately, the literacy levels of the disabled have not changed in India since 2011. NSO survey states that "Among PwDs of age 15 years and above, 19.3% had the highest educational level as secondary and above (MoSPI, 2019). The majority of those who never attended school comprises of children having multiple disabilities, mental illness, and mental retardation (MoSPI, 2016). According to the survey, 62.9% of the disabled between the age group of 3 to 35 years had never enrolled in ordinary school (The Economic Times, 2019). Report on 'Inclusive Education in India' (2019) indicates that 75% of disabled children below five years did not receive early childhood education. Despite the Right to Education (RTE) Act, 2009, ensuring free education, 34% of disabled children remain out of school (McGowan, 2020). As normal schools deny accommodating disabled students citing infrastructural or human resource-related reasons, children requiring educational services are consistently excluded from the system.

Health

While the majority of the disabled people reside in rural areas, it is disheartening to note that 82% of posts for specialists are vacant at Community Health Centers (CHCs). Hence, the rural disabled population lacks health care within their immediate vicinity. The tertiary hospitals equipped with the required personnel are located in cities, making it inaccessible for PwDs to avail their services (Shrivastava, 2018). As per government norms, the disabled must get a disability certificate to avail benefits of various welfare schemes, including the Swavlamban Health Insurance Scheme. But, as many private health practitioners are not aware of the same, they are unable to provide this information to the disabled, and consequentially in the absence of the disability certificate, the access to avail benefits is denied (James et al., 2019).

In the wake of the COVID-19 pandemic, it has been found that PwDs are more vulnerable as they are unable to follow the proposed standard precautionary measures like hand washing, social distancing, or other sanitation and immunity-boosting measures in the absence of their caregivers. It was found that during the extended lockdown, many caregivers were either unable or reluctant to provide their services (Roy & Mehrotra, 2020). Only after the media reported the

plight of the disabled, DEPWD issued instructions about e-passes for PwDs and their caregivers. Delayed and vague guidelines about issuing e-passes posed critical challenges for the disabled (Bhatnagar, 2020). Some were stuck on the bed for days leading to bedsores while some were unable to access medicines and groceries at their doorsteps (Mahapatra, 2020). Directives issued by the MoHFW for COVID-19 were not in disabled-friendly formats, information was inaccessible as televised speeches missed language interpreters. The State Disability Commissioners, lacked power, planning, adequate knowledge, and motivation to execute action plans (Roy & Mehrotra, 2020). In the absence of government support, many NGOs in emergencies like the COVID –19 are compelled to use their project funds and reserves to address the needs of the disabled.

Employment & Disability

"World Bank considers that leaving PwDs outside the economy translates into a foregone GDP of about 5 to 7 percent" (TRRAIN Trust & HSBC, 2019). According to Census 2011, out of the total disabled persons, 36% were employed from which 47% were males, and 23% were females. Further, 46% of PwDs in the economically productive age between 15 to 59 years were unemployed. About 85 to 90% of those employed were engaged in the informal/unorganized sector that has a low potential for growth and stability. Among the State/ UTs, Nagaland was the best performer in terms of employment of disabled concerning the population followed by Sikkim and Arunachal Pradesh. The lowest employment ratio was observed in Lakshadweep, followed by Kerala and NCT of Delhi (MoSPI, 2016).

The PwD Act, 1995 made reservations for three percent jobs in the public sector and provided incentives to organizations for employing at least five percent disabled workforce. A study conducted on Nifty 50 companies (2017) revealed that in 2013-14, 66% of the sampled companies employed PwDs in their companies. Fifty percent of companies conducted workplace-related training for disabled employees. Twenty-six percent included PwDs in the formation and communication of employment policies, whereas 34% of companies covered PwDs in their equal opportunity agenda (Heera et al., 2017). People with milder forms of locomotive disability are more favoured in employment (EPW, 2016). Based on a study conducted by TRRAIN Trust and HSBC (2019), it was observed that the retail sector recruited 62% of the PwDs. However, the proportion of jobs secured by PwDs in the organized retail sector was only 0.5%, and only eight percent of the companies in the sector hired PwDs.

The Indian Express Editorial (2016) exposes the discrepancies and violations in reservation norms for the disabled. Despite having three percent quota for employment of disabled under the

PwD Act 1995, in government institutions, promotions were restricted to only C & D category jobs (The Indian Express, 2016; EPW, 2016). Even the incentive scheme designed for promoting employment of PwDs in the private sector launched in 2007-08 faced various issues during implementation. This was highlighted by a Task Force deployed under the Ministry of Labour in 2012 to analyze the success of the scheme. The report indicates that the scheme was not accepted well by the corporates. Reimbursement of the employer's share by the department was only up to three years of employment with a wage ceiling of INR 25,000/-.

Additionally, the process of reimbursement was cumbersome, and the feature of tax incentive for the employer was absent. Based on the report, revisions were made in the scheme about wage ceiling, employer's contribution for EPF/ESI to be directly handled by DEPwD, one-third of gratuity amount to be borne by the department, and so on (MSJE, 2008.). However, much is desired to be done as low levels of education, lack of a wherewithal to procure a disability certificate, and the stigma associated with a disability all continue to act as push factors that widen the chasm between the disabled and the non-disabled.

An analysis of disclosures by listed companies undertaken by Business Standard in 2019 reveals that the share of PwDs is only 0.46% of their employee base. It quotes the skill gap, accessibility issues, and employers' mindset as major hindrances towards the inclusion of disabled at the workplace (Mampatta & Pillay, 2019). Apart from unequal pay, the expectation to maintain an attitude of being indebted to the organization for employing the disabled creates discriminatory behaviour at the workplace (Mahapatra, 2020). According to Banerjee et al. (2019) reduced productivity due to physical and mental limitations restricts the disabled from actively participating in the workforce.

Studies conducted by Shrivastava & Kumar (2015) & Bhanushali (2016) indicate personality factors, the paucity of education, commuting hurdles, social stigma, long working hours and inadequate support from government agencies restrict the disabled from entering the lucrative job market. Consequentially they are forced to engage in low-income jobs or seek self-employment opportunities such as managing a public call office or manage street vending stalls. A large section of PwDs residing in rural areas lacks exposure to opportunities for skill development, technology, and employment, creating hurdles in securing formal employment (TRRAIN Trust & HSBC, 2019). A combination of unemployment and disability is a major concern as it influences their quality of life during old age with more hardships for women than men (DEOC, 2017).

Safety & Disability

There is a paucity of data related to the extent of violence among PwDs in India. The National Coalition Against Domestic Violence (NCADV) reports that PwDs have been experiencing violent crimes at twice the rate of those without disabilities (NCADV, 2018) and 80% of disabled women are sexually assaulted (Kim, 2019). Nipun Malhotra, CEO of Nipman Foundation in Ungender states that "PwDs are considered asexual, but they are more vulnerable to sexual harassment than able-bodied people" (Mahapatra, 2020). They do not get the right support in case of sexual violence. Human Rights Watch (HRW) report (2018), highlights "women and girls with disabilities, particularly intellectual or psychosocial disabilities, may not know that non-consensual sexual acts are a crime and should be reported." According to the report, women face emotional, psychological, and infrastructural barriers when they report a case, and there are subsequent impacts on their mental health (Sengupta, 2018). Unfortunately, the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013 does not explicitly address the needs of disabled women. Neither are special directives incorporated in the rules to direct the committee about handling the disabled complainant/ accused (Mahapatra, 2020). This once again highlights the gender divide where the vulnerabilities of disabled women and girls are heightened, vis-à-vis men and boys.

Elderly People and Disability

Disability among the elderly is increasingly becoming an area of public health concern. According to Kulkarni et al., 2019, "The increase in life expectancy has not translated into a healthier life, as the prevalence of disabilities, their severity, and association with non-communicable diseases has risen. As per Census 2011, the elderly (60+ years) constituted a little over one-fifth of the total disabled population. Of these, 25% accounted for locomotor and vision-related disabilities, and 19% had a hearing impairment (MoSPI, 2016). Velayutham et al. (2016) has discussed the extent of the disability amongst the elderly. They highlighted that one in every twenty Indians above 60 years suffers from a physical or mental disability. Psychological well-being and physical injuries are causative factors for disabilities among the elderly. Lifestyle diseases such as diabetes, high blood pressure, and heart diseases are top chronic morbidities that lead to disability in old age (Joshi et al., 2003; Swami et al., 2002). Parmar & Saikia (2018), found that the prevalence of disability was higher among women and those above 80 years. Kulkarni et al. (2019) cited neglect in healthcare, poor workforce conditions, and gender-based violence as

reasons for a greater rise in disability among females. Widows and separated elderly reported higher incidences of disability. The majority of the disabled, elderly people were deprived (Pandey, 2009) and lived in rural areas (Joshi et al., 2003) due to factors such as limited resources and access to medical care. Besides, the lack of assistive devices, specialized medical services, rehabilitation, and attached stigma often lead to an increase in the problems of the disabled elderly (Kulkarni et al., 2019).

Accessibility

Promoting accessibility facilitates inclusion. In this context, the Accessible India Campaign launched in 2015 aimed to create a barrier-free environment for the disabled by 2019. As a result of slow progress, the campaign missed its deadline in many aspects (Nath, 2019). Against the target of converting 50% websites of state and central Government to be disabled-friendly, only 36% of state government websites were accessible by the disabled. To facilitate access to transport facilities, the Government had targeted to convert 10% of the public transport carriers to be disabled-friendly. Unfortunately, by 2019 only 3.6% of buses were completely modified for wheelchair access. According to DEPwD only 55 of the 104 airports in the country are disabled friendly (Sharma, 2019).

The disabled also lack access to banking services as banks have installed the feature of graphical captcha as a security measure, making it impossible for a blind person to access their services. In the absence of equipped workforce to understand sign languages for interacting with them, people with hearing impairment and intellectual disabilities struggle to access banks. Thus, banks created norms which indicate that those requiring support are entitled only to joint accounts, with someone who will operate and maintain the account, including cheque signing. Persons with psychosocial disabilities are the worst hit, as they require a guardian to contract on their behalf. Despite the RBI's guidelines in 2012 to all scheduled commercial banks across the country to provide banking services at par to customers having disabilities with the non-disabled, most of the banks do not provide PwD friendly services. This makes them dependent on a third person to access financial services, violating their privacy (Shahi, 2017).

Assistive Technology

As per WHO (2018a), there is a mismatch between demand and supply of AT. To meet the requirements of AT in India, DEPwD launched 'Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP) in 2005, which is implemented by Implementing Agencies. According to MSJE (2005), the scheme "assists the needy disabled persons in procuring

durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential".

Implementing agencies that partner with DEPwD receives funds from MSJE to manufacture, procure, distribute assistive devices, provide fitting, post-fitting services, and create market awareness of assistive devices (MSJE, 2005). The 2013 Planning Commission's study on the assessment of the impact of the ADIP Scheme reveals gross underutilization of funds as only 46% of the funds were allocated to selected states due to a lesser number of implementing agencies applying for the same. While on the user's end, barriers were attributed to lack of knowledge of AT, requisite government schemes, and the ability to privately spend on AT (WHO, 2011 & Akther, 2016). According to Marasinghe, 2015, as cited in Tangcharoensathien et al., 2018, although India has ATs for existing disabilities designed among older adults, it has limited technologies designed towards the prevention of disabilities.

Budget Allocation

Access to adequate financial resources is imperative for the effective inclusion of the disabled in India. An editorial 'Analysis of Union Budget 2020-21 – Persons with Disabilities', states that the budget allocation for the inclusion of PwDs was "0.04% to the total expenditure of the government budget which was grossly inadequate to fulfil the demands". The allocations have remained constant between FY 2017 to 2020. Allocation for Scheme for Implementation of Persons with Disabilities Act (SIPDA), was reduced by INR 63.50 crore in comparison to 2019-20 (Sathasivam, 2020). The budget lacked mention of provision for enhancing services in rural areas where 69% of the disabled reside. Finally, for the expansion of quality habilitation and rehabilitation services in rural areas, only INR 0.50 crore was added to the existing budget (Ramamoorthy, 2020).

Analysis and Discussions

It can be inferred from the preceding sections that despite the paradigm shift in conceptualizing disability from the bio-physical medical model to a social model posited in a rights-based approach, disability is yet to find its due space in the mainstream.

The legal definition of disability fails to cover rare medical conditions due to which a sizable number of people who are disabled in a real sense are not covered under the law. The definitions crafted by agencies working towards the rights of the disabled are only agendas for efficient policy implementation and complying with legal mandates (Shrivastava, 2018). To eliminate the stigma

associated with disability and sensitize the larger society, an attempt has been made to use positive language. For example, the term *viklangjan* (disabled) was changed to *divyangjan* (divine-gifted) by the Government of India. Despite its good intentions, the disability activists were not in favour of the same as a change in terminology hardly created any difference in the level of sensitization and the struggles of the disabled are still evident (Shrivastava, 2018). The needs and aspirations of PwDs are not adequately captured as their representation is negligible (Khetarpal, 2019). The testimony to this is found in the lapses in including disability as a separate category in the National Indicator Framework on SDGs. The National Committee for the Rights of Persons with Disability (NCRPD) (n.d.) states that "In the list of indicators released by MoSPI, only three indicators out of 300+ specifically mention disability. This is substantially lower than the indicators mapped by the UN. This indicates that disability remains peripheral within the development agenda.

Data related to education, employment, and health presents an unsatisfactory picture. The Editorial published by *The Indian Express* (2016), titled 'Right, not Charity' quotes, "Disability rights legislation loses its potency when it is not accompanied by measures that contribute towards the creation of a larger enabling environment." Mainstreaming PwDs requires altering the attitudes of the general public, remove social stigma, provide a barrier-free environment, and interventions at policy and institutional level (Srivastava & Kumar, 2015). To promote inclusion in every sphere, there should be appropriate incentives in place. For instance, schools that promote inclusive education should be incentivized. Advanced Locality Management (ALM) groups should get financial support and recognition for disabled-friendly infrastructures like public parks, footpaths, and community centres.

As the Government has its limitations, NGOs and local bodies are filling up gaps at the community level. NGOs partner with allied actors to mobilize resources and expertise to meet the demands of the disabled and make them independent (UNESCO, 2019). In this direction NGOs such as Leonard Cheshire Disability (LCD), Sarthak India, Youth4Jobs located in different parts of the country have developed models to link the disabled with appropriate job opportunities (Mehta, 2012). Due to financial challenges and paucity of trained and passionate staff, their reach is limited.

The literature reviewed has significantly indicated that the disabled lack access to various government services due to data discrepancy (Khetarpal, 2019), inadequate allocations of funds, delays in releasing funds, and underutilization of provisions. As the Government is unable to meet

the needs of the disabled, NGOs have designed customized interventions to help the PwDs and increase their access to government schemes. To enable the disabled to meet their medical and emergency needs, NGOs have helped the disabled to avail microinsurance services offered by government and private insurance firms (Balakrishnan, 2015). To facilitate community-based rehabilitation, NGOs are executing the Community Based Rehabilitation (CBR) Matrix developed by the WHO to develop an inclusive environment for rehabilitation of PwDs (Sivakumar et al., 2015). Studies conducted by Lemmi et al., (2016) and Kumar et al., (2012) highlight implementation challenges faced in executing CBR due to poor coordination between NGOs and Government and inadequate planning at various levels.

To sum up, the larger society cannot become inclusive merely by instituting legal and policy reforms. There has to be a strong political and human 'will' premised on the goals of social justice and equal opportunities to design future courses of action.

Conclusion and Agenda for the Future

It can be surmised from the discussions so far that due to systemic attitudinal apathy the Indian society is far from being disabled-friendly. Despite legal provisions, national-level policies to uphold the rights of the disabled, and the introduction of various schemes, there are yawning gaps in the provision of health services, education, vocational training, and employment. The natural consequences of such gaps have been to continue to push the disabled people further down at the bottom of the self-development pyramid. Although NGOs have been instrumental in catering to the needs of the disabled, their reach has been limited. The situation is difficult in rural areas where 69% of the disabled reside. Inclusion can be facilitated only when those working in government agencies, academic institutions, and corporates are aware of and sensitive towards the basic survival as well as the rehabilitation needs of poor PwDs. Hence, to create a disabled-people friendly India and facilitate the people with disability to be 'Atmanirbhar'(self-reliant), it is important to make investments in a) Digital education & skill development in schools, b) Affordable healthcare services, training of caregivers and health education, c) Strengthening CBR in rural and urban communities, d) Creation of inclusive and disabled-friendly workplaces, e) Creation of disability registry (comprehensive database of the disabled population in India) for developing appropriate interventions and budgetary allocations, f) Provision of assistive devices at subsidized costs to promote mobility of the disabled and g) Financial support to NGOs and community-based organizations.

To facilitate social sensitivity, it is important to use media effectively and facilitate

volunteering opportunities to work with the disabled. To promote inclusion and see that no one should be left behind disability must be referred in various SDGs. Specifically, SDG 3 (education), SDG 4 (health), SDG 8 (growth and employment) and SDG 11 (promoting creation of accessible cities) have the potentials to improve the life of the disabled. A lack of knowledge about the availability of ATs, the challenges to procuring a Disability Certificate, and so on, continue to challenge their daily existence in ways that can impact not only their lives but the generations after them too.

COVID-19 has arguably altered the lifestyles and spaces that we had been inhabiting; at least for the present period until it is thwarted. The disabled have plummeted into an even deeper abyss. It is therefore paramount that their needs and aspirations too form part of routine planning and policymaking at all levels so that we are better prepared for such casualties in the future. Another unfortunate truth is about the need to go beyond the fixation on medical science for disability intervention but also promote activism to enhance awareness as well as sensitivities.

In this context, explicit support from Corporate India is expected to create jobs for the disabled, design new products and services, direct CSR funding to disability NGOs, and create new avenues for public-private partnerships. In the long run, this will create a competitive advantage for Corporate India as they will be able to tap the market potential offered by PwDs. The bottom line is that the disabled also have human rights equal to the non-disabled, and hence their needs must be recognized fairly.

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