Consolidated Report on the follow up action plan on 2nd VNR Recommendations and COVID-19 forward looking strategies

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UNRCO

Submitted by
Sightsavers India
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<td>ADIP</td>
<td>Assistance to Disabled Persons for Purchase/ Fitting of Aids / Appliances</td>
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<tr>
<td>ADM</td>
<td>Additional District Magistrate</td>
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<tr>
<td>AIC</td>
<td>Accessible India Campaign</td>
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<tr>
<td>ALIMCO</td>
<td>Artificial Limbs Manufacturing Corporation</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>AT</td>
<td>Assistive Technology</td>
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<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<tr>
<td>BDA</td>
<td>Bhubaneswar Development Authority</td>
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<tr>
<td>BTR</td>
<td>Bodoland Territorial Region</td>
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<tr>
<td>CAA</td>
<td>Citizenship Amendment Act</td>
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<tr>
<td>CBI</td>
<td>Central Bureau of Investigation</td>
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<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>CESL</td>
<td>Convergence Energy Services Limited</td>
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<td>COP</td>
<td>Conference of the Parties</td>
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<td>COVID 19</td>
<td>Coronavirus disease</td>
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<td>CoWIN</td>
<td>COVID Vaccine Intelligence Network</td>
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<td>CSOs</td>
<td>Civil Society Organisations</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<tr>
<td>DBT</td>
<td>Direct Benefit Transfer</td>
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<tr>
<td>DDRC</td>
<td>District Disability Rehabilitation Centre</td>
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<tr>
<td>DDRS</td>
<td>Deendayal Upadhyaya Disabled Rehabilitation Scheme</td>
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<td>DEIC</td>
<td>District Early Intervention Centre</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DIF</td>
<td>District Indicator Framework</td>
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<td>DSSO</td>
<td>District Social Security Officer</td>
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<tr>
<td>DWDAP</td>
<td>Department for the Welfare of Differently-Abled Persons</td>
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<td>Abbr.</td>
<td>Full Form</td>
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<tr>
<td>ECI</td>
<td>Election Commission of India</td>
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<td>EOC</td>
<td>Equal Opportunity Cell</td>
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<td>FIR</td>
<td>First information report</td>
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<td>GBD</td>
<td>Global Burden of Disease</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GPS</td>
<td>Global Positioning System</td>
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<td>GST</td>
<td>Goods and Services Tax</td>
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<tr>
<td>ICT</td>
<td>Information Communication &amp; Technology</td>
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<tr>
<td>IIT-M</td>
<td>Indian Institute of Technology, Madras</td>
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<td>INR</td>
<td>Indian Rupees</td>
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<tr>
<td>JMP</td>
<td>Joint Management Programme</td>
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<td>JRLM</td>
<td>Jharkhand State Rural Livelihood Mission</td>
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<td>MHCA 2017</td>
<td>Mental Healthcare Act 2017</td>
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<td>MLA</td>
<td>Member of Legislative Assembly</td>
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<td>MNREGA</td>
<td>Mahatma Gandhi Rural Employment Guarantee Act</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>MNREGS</td>
<td>Mahatma Gandhi Rural Employment Guarantee Scheme</td>
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<tr>
<td>MOSPI</td>
<td>Ministry of Statistics and Programme Implementation</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>MPLADS</td>
<td>Members of Parliament Local Area Development Scheme</td>
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<td>MSSD</td>
<td>Manipur Society for Skill Development</td>
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<td>MST</td>
<td>Manipur State Transport</td>
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<tr>
<td>NBC</td>
<td>New Building Code</td>
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<td>NCERT</td>
<td>National Council of Educational Research and Training</td>
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<tr>
<td>NCPEDP</td>
<td>National Centre for Promotion of Employment for Disabled People</td>
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<tr>
<td>NCRB</td>
<td>National Crime Records Bureau</td>
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<td>NEET</td>
<td>National Eligibility cum Entrance Test</td>
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<td>NEP</td>
<td>National Education Policy</td>
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<td>NGOs</td>
<td>Non Government Organizations</td>
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<td>NHFDC</td>
<td>National Handicapped Finance &amp; Development Corporation</td>
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<td>NHM</td>
<td>National Health Mission</td>
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<td>Abbreviation</td>
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<tr>
<td>NIEPVD</td>
<td>National Institute for the Empowerment of Persons with Visual Disabilities</td>
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<td>NIMHANS</td>
<td>National Institute of Mental Health and Neuro Sciences</td>
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<td>NIOS</td>
<td>National Institute of Open Schooling</td>
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<tr>
<td>NITI Aayog</td>
<td>National Institute for Transforming India</td>
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<tr>
<td>NLEP</td>
<td>National Leprosy Eradication Program</td>
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<td>NPRD</td>
<td>National Platform for the Rights of the Disabled</td>
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<td>NSAP</td>
<td>National Social Assistance Programme</td>
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<td>NSSO</td>
<td>National Sample Survey Organisation</td>
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<tr>
<td>NT</td>
<td>National Trust (for the Welfare of Persons with Cerebral Palsy, Autism, Mental Retardation &amp; Multiple Disabilities)</td>
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<td>NTSE</td>
<td>National Talent Search Exam</td>
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<td>OC</td>
<td>Occupancy Certificate</td>
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<td>OPDs</td>
<td>Organisation of Persons with Disabilities</td>
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<td>OSDN</td>
<td>Odisha State Disability Network</td>
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<td>OSEPA</td>
<td>Odisha School Education Program Authority</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>PDS</td>
<td>Public distribution system</td>
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<td>PHC</td>
<td>Primary Healthcare Centre</td>
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<td>PMAY</td>
<td>Pradhan Mantri Awaas Yojana</td>
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<td>PMSBHGY</td>
<td>Pradhan Mantri Sahaj Bijli Har Ghar Yojana</td>
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<td>PMUY</td>
<td>Pradhan Mantri Ujjwala Yojana</td>
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<td>RCI</td>
<td>Rehabilitation Council of India</td>
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<td>RO</td>
<td>Returning Officer</td>
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<td>RPDA 2016</td>
<td>Rights of Persons with Disabilities Act 2016</td>
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<td>RTI</td>
<td>Right to Information</td>
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<td>SCPD</td>
<td>State Commissioner for Persons with Disabilities</td>
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<td>SDG</td>
<td>Sustainable Development Goals 2030</td>
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<td>SSA</td>
<td>Samagra Shiksha Abhiyam</td>
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<tr>
<td>TLMTI</td>
<td>The Leprosy Mission Trust of India</td>
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<td>UDID</td>
<td>Unique Disability Identity Card</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>UIDAI</td>
<td>Unique Identification Authority of India</td>
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<tr>
<td>UN CRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>UNFCCC</td>
<td>United Nations Framework Convention on Climate Change</td>
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<tr>
<td>UNHRC</td>
<td>United Nations Human Rights Council</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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<tr>
<td>UNRCO</td>
<td>United Nations Resident Coordinator's Office</td>
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<td>UPSC</td>
<td>Union Public Service Commission</td>
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<td>UTs</td>
<td>Union Territories</td>
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<td>VNR</td>
<td>Voluntary National Review</td>
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<td>WASH</td>
<td>Water Sanitation &amp; Hygiene</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Executive Summary

The UN Sustainable Development Goals 2030\(^1\) agenda was adopted by India in 2015 which obligates the Government of India to translate the 17 goals into action by 2030. NITI Aayog is the nodal agency to implement the SDGs across the country. The action agenda for all the 17 goals lacked inclusive strategies for persons with disabilities in the country. Non-availability of data on disability is a huge concern in developing any report or guideline. It should be noted that according to World Health Organization, 15% of the world's population experience some form of disability, 80% of them live in developing countries; And according to Census 2011, 26.8 million people are persons with disabilities in India\(^2\).

Though the current national disability legislation of India, the Rights of Persons with Disabilities Act 2016 (RPDA 2016) was passed after the adoption of SDG 2030 agenda, RPDA 2016 still looks at disability as a medical issue which is reflected in some of the "definitions" which is in contravention with the definition of persons with disabilities provided in the UN Convention on the Rights of Persons with Disabilities\(^3\) (UNCRPD), such as RPDA 2016 (sec) 2r, s, t etc.. Hence the focus of all rights and entitlements of persons with disabilities are rooted in a medical model and span across all systemic provisions which include laws, policies, programs, and schemes in India.

The Government of India has been making targeted interventions to materialize SDGs, and National Voluntary Review (VNR) reports were submitted to this effect by NITI Aayog in 2017 and 2020. Government of India had conducted an extensive consultation with 14 population groups including persons with disabilities in the process of submitting VNR Report\(^4\) to the United Nations Resident Coordinator's Office (UNRCO) in 2020. Parallelly, a Civil Society Report on Inclusion of Persons with Disabilities in India’s Framework of


Sustainable Development Goals for VNR 2020\(^5\) was submitted by Sightsavers India & NCPEDP, which reflects that NITI Aayog should include focussed interventions for persons with disabilities, such as formulating a disability well being index as a subset of SDG India Index, creating disability cells in all relevant ministries and departments, capacity building for multi stakeholders, etc.. Given the severe adverse impact on the lives of persons with disabilities due to the COVID 19 pandemic, it is crucial to revisit the implementation of recommendations provided in the 2nd VNR parallel report with regard to persons with disabilities.

A follow up on the findings and recommendations of the 2nd VNR 2020 parallel report was carried out among civic groups in India in 2022, facilitated by UNRCO, by way of 5 regional consultations with an agenda of mainstreaming disability in the implementation of SDGs and Resilient Roadmap for COVID 19 pandemic. Reports from all 5 regional consultations were compiled by Smitha Sadasivan into a national follow up report on VNR 2020 parallel report with a 10 point advocacy charter, for Sightsavers India to be submitted to UNRCO.

The key priority areas considered for the regional consultations on virtual mode are as follows:

- Health & Rehabilitation
- Education
- Employment and Livelihood (highly impacting no hunger and social security)
- Accessibility
- Disaggregated Data

Gender equity & intersectional well being, pandemic response, specific social security measures, access to justice and policy reforms, the overall implementation of UNCRPD and RPDA 2016 were additional overarching themes taken up for the virtual consultations.

The consultations analyzed the status of persons with disabilities from the lens of intersectionality and well-being aligned with all 17 SDGs apart from the efforts towards implementing UNCRPD and RPDA 2016 in respective regions.

The regional consultations while exposing the non-inclusive and non-participatory processes with regard to persons with disabilities in lines with SDG 2030 agenda pointed out the unpreparedness and lesser priority by the states to cater to the essential needs of this marginalized population during the last 2 years of the pandemic. The consultations also revealed that during instances like announcements of lockdowns and shutdown, the lack of consideration of basic needs of persons with disabilities or their opinion was uniform across the country. Certain good practices and partnerships carried out by the governments and civil society were pointed out at the consultations by the participants from respective regions.

The key findings among a long list of concerns from all 5 regional consultations included the following:

1. Appropriate disability disaggregated data is not available with any ministry or department at the national and state level.  

2. 25% quantum increase in all poverty alleviation schemes for persons with disabilities, as provided in RPDA 2016 is not implemented.  

3. Assistive aids distributed among persons with disabilities lack quality, timely delivery, and maintenance support.

4. Women with disabilities continue to face violence, abuse and exploitation within the families and society at large for which there is neither data nor appropriate remedial measures by the governments.  

5. Health services continue to be inaccessible for persons with disabilities, more so for women and children with disabilities, in rural and urban areas. Insurance policies by the private actors as well as the government do not include disability related health and rehabilitation interventions.

6. Quality inclusive education is a far-fetched dream for children with disabilities in both urban and rural communities.  
   9 https://www.researchgate.net/publication/339949972_Addressing_the_health_needs_of_people_with_disabilities_in_India

7. Reservation for students with disabilities in higher
   
education is not yet a reality.\textsuperscript{11} Students / candidates with disabilities experience numerous challenges in institutional, board and competitive examination systems.

7. 4% reservation for persons with disabilities in employment as mandated by RPDA 2016 is not yet a reality across the country. There are many backlogs in vacancies arising out of the identified posts for persons with disabilities in all states till date. There is a severe lack of awareness about equal opportunity policy among both the government and private establishments.

8. Accessible India Campaign lacks adequate fund, strategy and momentum\textsuperscript{12} to make all public buildings accessible within the stipulated 5 years mentioned in RPDA 2016 which ended on June 14 2022.\textsuperscript{13}

9. New built infrastructure doesn't follow the accessibility mandate in most states as provided in Section 44 of RPDA 2016. Accessibility in ICT, products, designs, and services are equally lagging behind. For instance, most government websites are not fully accessible.

10. Many laws having discriminatory provisions against persons with disabilities are not yet amended even after the adoption of CRPD in 2007 and its framework in RPDA 2016.

11. There is an almost complete lack of information about disabilities and its accommodations among multiple stakeholders including the larger public. Information on welfare and development programs not being available in accessible formats is yet another critical issue faced by persons with disabilities.

12. Key systems & programs like the judicial system, disaster management programs, insurance programs, housing programs, smart city programs etc not providing focused interventions for effective inclusion of persons with disabilities is a setback in terms of India's road to development.

13. Disability certification which is the premise of persons with disabilities to access their rightful entitlements is a huge struggle to be availed. For the newly added disabilities, obtaining a disability certificate is almost impossible.\textsuperscript{14} The UDID card and lack of clarity between UDID and disability certificate is a stumbling block for persons with disabilities as different authorities have different definitions and requirements for disability identity.


\textsuperscript{12}https://caravanmagazine.in/health/covid-19-exposes-failure-of-the-governments-accessible-india-campaign

\textsuperscript{13}https://www.thehindu.com/news/national/uncertainty-over-accessible-india-campaign-deadline/article65493903.ece

14. Key offices of the Chief Commissioner for Persons with Disabilities, National Trust (NT) & Rehabilitation Council of India (RCI) chair have remained vacant for a long.

15. Notifications like those exempting central police forces from the purview of reservations in jobs strike at the roots of equality and non-discrimination.\(^{15}\)

16. There is a lack of focus in the area of climate change and disability, which is a hard-hit domain intrinsically impacting all persons with disabilities in the rural and urban areas.

Recommendations adopted in the Advocacy Charter:

1. Ensure dignified social security measures including adequate maintenance allowance that would cover additional disability costs incurred due to barriers, quality assistive devices, housing programs and other support needs. 5% reservation in all poverty alleviation schemes should be prioritized. Simplified and hassle free disability certification and enrolment of UDID for 21+ categories of disabilities should be ensured, which enables them to access all social security programs.

2. Ensure quality health & rehabilitation services with appropriate disability accommodations in the community, inclusive of door step services, for all persons with disabilities. Ensure that all information pertaining to public health reaches persons with disabilities in the community in accessible formats.

3. Ensure quality & inclusive education for all children & adults with disabilities in the community. Implement 5% reservation in all higher educational institutions for all persons with disabilities.

4. Ensure holistic empowerment of women and girls with disabilities inclusive of safe environments and accessible judicial protocols.

5. Ensure economic empowerment & sustenance of all persons with disabilities, through various measures. 4% reservation in employment in addition to clearing all backlogs and accessible & inclusive vocational training programs should be ensured.

6. Enforce stringent measures towards the mandate of Access for ALL, in all infrastructures, information, communication, technology, procurement, products, programs and services, including implementation of Section 44 of RPDA 2016.

7. Ensure policy reforms to reduce discrimination and inequalities faced by persons with disabilities, including amending Sec.3(3) of RPDA 2016 to remove the discriminatory provision; amending Article 15 & 16 of the Constitution of India to explicitly prohibit disability-based discrimination; and facilitating political participation of persons with disabilities by allocating seats for persons with disabilities at all levels from local bodies to State Legislative Assemblies as well as both houses of the Indian Parliament.

8. Include persons with disabilities in all discussions, programs and action agenda on climate justice.

9. Ensure enhanced disability budget allocation, monitoring of all development projects from the disability inclusion lens and capacity building towards larger sensitisation of multi stakeholders including persons with disabilities for inclusive development.

10. Ensure that disaggregated data on disability is made available across all ministries, departments, commissions, cooperatives, agencies, institutions, schemes and flagship programs of the Union and State Governments and a dynamic centralized data source is created. Develop partnerships with Civil Societies / Organisations of Persons with Disabilities (OPDs) and assign persons with disabilities as inclusion focal points in all ministries, departments and nodal agencies under the Union and State Governments.

(Full version of advocacy charter is given at the end of the report)

Conclusion:

As per the discussions and findings from all the regional consultations, it is imperative that States, Union Territories and the Union Government should come up with indicators based on the recommendations and advocacy charter with a 3 years plan for achieving targets in all SDGs and implement the same. As a way forward, the disability agenda should be mainstreamed in all SDGs by:

- embracing holistic accessibility,
- including persons with disabilities in planning, decision making, implementing, monitoring mechanisms, social audits of all policies and programs and as inclusion focal points at all departments,
- revamping data collection methods,
- enhancing budgetary provisions,
- increasing technological innovations and support systems at the community level,
- raising awareness on 21+ disabilities and their rights across board in the systems of governance, administrations and society at large,
- enabling focused development measures for all persons with disabilities and targeted interventions for diverse intersectional groups based on socio cultural, economic, gender and wellbeing index.

In conclusion, the twin track approach highlighted by CRPD should be essentially carried out within the Indian framework of all 17 SDGs, its targets and indicators, to ensure that no person with disability is left behind in the development process and the farthest behind is at least reached, if not first.
Methodology

3.1. Introduction:

Sustainable Development Goals (SDGs) 2030 and the implementation of 17 goals currently serve as the foundation for the well-being and harmony of the planet consisting of all living beings. Voluntary National Review (VNR) for SDGs serve as a monitoring mechanism that gauges the performance of countries / member states every 2 years on the implementation of SDGs in respective countries. First VNR for India was submitted in 2017 and the second one was submitted to the UN by NITI Aayog in the year 2020. A parallel report was also submitted from the civil society, put together by NCPEDP and Sightsavers India, authored by Ankit Rajiv Jindal, Friends for Inclusion.

A follow up on the findings and recommendations of the 2nd VNR 2020 parallel report was carried out among civic groups in India in 2022, facilitated by UNRCO, by way of 5 regional consultations with an agenda of mainstreaming disability in the implementation of SDGs and resilient roadmap for COVID 19 response. The consultations provided scope to analyze the issues of persons with disabilities from the lens of intersectional equity and well-being aligned with all 17 SDGs apart from the efforts towards implementing UN CRPD and RPDA 2016 in the respective regions.

The regional consultations, while exposing the non-inclusive and non-participative processes of SDG 2030 agenda with regard to persons with disabilities in the country, also pointed out the unpreparedness and lesser priority by the states to cater to the essential needs of this marginalized population during the pandemic which had been spreading its wings of control for more than 2 years. Whereas the regions also brought forth some good practices in lines with the rights of persons with disabilities, which gives hope of light at the end of the tunnel, yet at a slow pace indicative of a long way to go. Dynamic recommendations were arrived at as part of the deliberations, which was also opined to be utilized collectively as strong advocacy tool in the respective regions.

3.2. Methodology:

UNRCO invited civil society organisations to conduct regional consultations on the status of implementation of the recommendations provided in the parallel report for 2nd VNR and inclusive build back strategies for COVID 19 pandemic. It was also required from each of the 5 regional consultations to arrive at advocacy charters.
National Platform for the Rights of the Disabled - New Delhi, NCPEDP in collaboration with Sishu Sarothi - Assam, Rising Flame - Maharashtra, Swabhiman - Odisha and Amar Seva Sangam - Tamilnadu were the regional organizations who got engaged in this process. A preliminary discussion was carried out by UNRCO with the regional organizations on the strategic process to be adopted for all 5 consultations and arrived at priority domains to be focused upon extensively at the consultations from among the 17 goals.

The key priority areas considered for the regional consultations are:

- Health & Rehabilitation
- Education
- Employment and Livelihood (highly impacting no hunger and social security)
- Accessibility
- Disaggregated Data

Gender equality & other intersectional wellbeing, pandemic response, specific social security measures, access to justice and policy reforms, the overall implementation of UN CRPD and RPDA 2016 were additional overarching themes discussed during the planning meeting. The need to involve persons with disabilities and their representative organizations from the grass root levels of the states and regions apart from other mainstream stakeholders was emphasized.

The 5 regional consultations were conducted on virtual mode during the months of January, February 2022, after engaging multiple strategies such as administration of pre consultation questions, focus group discussions, statewide surveys, expert interviews / opinions, case studies, state wide consultations etc as per the requirement felt at the respective region, which eventually fed into the regional consultations. Accessible means of communication such as sign language interpretation, live transcript and regional languages were enabled in all 5 consultations. Finally, a 10 point advocacy charter was arrived at each regional consultation, based on the priorities felt by persons with disabilities region wise.

Reports from all the 5 regional consultations and their advocacy charters were further compiled by Smitha Sadasivan, Accessibility & Inclusion Consultant and Member, MSSI Chennai Chapter towards the preparation of this national report and its submission by Sightsavers India to the UNRCO. The entire process was facilitated by UNRCO along with Sightsavers India.
3.3. Limitations:

- The regional consultations broadly focussed on 5 key areas (Goals) and did not deliberate equally in detail on the rest of the SDGs.
- The virtual mode of discussion restricted the participation of members of Organisations of Persons with Disabilities (OPDs) from remote rural areas due to issues in connectivity as well as the inadequate knowledge on using the digital platforms.
- The regional discussions as well as reports were majorly based on lived experiences that were shared by the multi stakeholders not limited to persons with disabilities, who participated in the regional consultations.
- Participation from all 21+ categories of disabilities as specified under the Rights of Persons with Disabilities Act (RPDA) 2016 was a huge challenge in all 5 regional consultations.
- Lesser duration for discussions at the regional consultations didn't provide the scope to analyze the issues and solutions in an intensive manner.

Outcome of thematic discussions

4.1. Social Security - No Poverty (SDG1) & Zero Hunger (SDG2)

Restrictions in equal opportunities, participation & dignified facilitations:

- In the VNR follow up survey conducted in southern states among 164 persons with disabilities (& parents of children with intellectual disabilities), 73.3% respondents received disability pension but only 19.9% received COVID 19 pandemic support allowance. And only about 10.45% of eligible respondents were able to access general schemes meant for the poor like PMUY, PMSBHGY, Swachh Bharath scheme, housing scheme etc. This also implies that information about the poverty alleviation and developmental schemes (general) are not accessible.

- Monthly disability maintenance allowance (pension) is less than INR 1000 in certain states including Bihar (INR.400), Chhattisgarh (INR.350), Odisha (INR 500), West Bengal (INR <1000), etc, which amount is too dismal considering the average cost of living of persons with disabilities.

- No data available on ex gratia payment of INR.1000 by the Union Government.
There is no information on realization of 5% reservation for persons with disabilities in poverty alleviation and developmental schemes, agricultural land, microcredit etc. Provision of 5% reservation (as per RPDA 2016) in housing schemes like Pradhan Mantri Awas Yojana (PMAY) is not being implemented in most states. In Assam, only 3% reservation is provided by the Panchayati Raj & Rural Development Department, which too is not reaching persons with disabilities on the ground, which is explicit from the figures for 2019 – 2020, that a meager 0.00175% out of the totally sanctioned houses were allotted to persons with disabilities. In Tripura persons with disabilities are provided 4% reservation in PMAY instead of the mandated 5% reservation. There is no reservation for persons with disabilities under housing allocation in Sikkim and Manipur, whereas, persons with disabilities are provided a housing loan of INR 10 – 18 lakhs with 25% subsidy in the state of Sikkim.

In Bihar the poorest districts Madhubani, Vaisali, Arwal and Begusarai, have more than 60% of persons with disabilities living with income below the poverty line. The poorest district of Sheohar, has 84% of residents with disabilities below poverty line. With every household of Begusarai village having members with disabilities and having lacked access to the simplest social security measures from the government, all of them refused to vote in Bihar Election 2020.

RTI applications not being effectively responded to, by different departments.

Disability pension suspension for months in Jharkhand due to bank mergers and various other reasons adversely impacted persons with disabilities, who were dependent on the same.

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18 50,000 disabled suffer as the Jharkhand government stops pension amid curbs. Source: Times of India. TNN. May 7, 2021: https://timesofindia.indiatimes.com/city/ranchi/50000-disabled-
● In all eastern states, PDS shops are at a considerable walking distance, hard to reach for most persons with disabilities.

● In West Bengal, under the Mukhyamantri Khadyan Yojna, rations that were distributed free of cost were curtailed in different ways such as reducing the quantity of rice, excluding members of the family from ration cards etc under the new guidelines.

● Many children with disabilities enrolled in home based education were left out from mid-day meals schemes.

● Persons with disabilities experience multiple issues in UDID certification and its timely dispatch.

Impact of COVID 19 pandemic:

❖ During the COVID 19 pandemic, people with disabilities from the lower socio-economic strata were amongst the hardest hit. Both dry rations and food were distributed in camp mode in certain states, but the camps lacked accessible facilities such as priority queue, resting space, etc. 'In Delhi, only 33% of persons with disabilities had ration cards to access ration support during the lockdown\(^{19}\). The Delhi Government had announced an additional amount of pension. While a two-month advance was given on the 1st month, no payment was made in the following month. Around 1000 blind families in Delhi who tried to access the Antayodaya Anna Yojana scheme during the pandemic, were dismissed by government officials saying that no such scheme exists. In addition, many homeless persons with disabilities and beggars were evicted due to the Central Vista Project of the Government of India. This was a case of diversion of much needed public funding for crucial areas like health.'\(^{20}\)

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\(^{19}\) Source an organisation in Delhi based on north regional consultation report

\(^{20}\) Source an organisation in Delhi based on north regional consultation report
❖ Lack of cooking fuel during the lockdown period despite the PDS provisions of rice and wheat led many persons with disabilities to starve in eastern states.

❖ During pandemic lockdown in Odisha, while dry ration (rice) was sanctioned to students up to March-2022, cooking cost was transferred to the bank accounts of students through direct benefit transfer mode. No other specific support was extended to persons with disabilities during the lockdown, except those who enrolled under State Food Security Scheme remained at par with beneficiaries under National Food Security Act by receiving an additional 5 kg rice per head free of cost for four more months from December 2021 to March 2022.

❖ Disability certification application process was very difficult during the pandemic.

Suggestions for effective implementation:

➢ Ensure that the disability pension and ex gratia payments under the Pradhan Mantri Garib Kalyan Yojana Scheme are revised to include the additional costs incurred by persons with disabilities in overcoming barriers to participation in general and during emergencies and disasters such as the pandemic. It should be uniform across states and linked to consumer price index and rate of inflation, and should be distributed on a regular basis.

➢ Focused attention with targeted interventions for persons with disabilities should be designed to recover from poverty due to any emergency situation such as the pandemic.

➢ Ensure that 5% reservation in all poverty alleviation schemes is implemented by all State and Union Governments with appropriate and tracking monitoring mechanisms.

➢ Cover all family members including persons with disabilities in the updated ration card list under the PDS scheme.

➢ During any disaster period, provide doorstep relief to all persons with disabilities such as distribution of ration, medicines, etc.

➢ Relief distribution camps set up during disaster periods should be accessible and have accessible facilitations.

➢ Programs like Jeevika in Bihar, JRLM in Jharkhand (specially designed poverty alleviation livelihood-related schemes) should have 5% mandatory reservation for persons with disabilities. Tracking mechanisms should be incorporated within their websites for regular monitoring of disbursements.
➢ Special efforts should be taken to ensure that children with disabilities enrolled in home-based education are an integral part of the mid-day meal scheme.

➢ Process of UDID application and certification (online and offline) should be simplified to cater to the needs of illiterate and technologically deprived people in rural/urban areas to enable maximum number of persons with disabilities to avail the various welfare schemes. Delay in UDID issuance should be addressed such that doorstep delivery of disability certificates within 15 days should be ensured. Additionally, home based disability certification support should be provided during the pandemic.

➢ States’ emergency responses should be aligned to be inclusive and accessible for all persons with disabilities.

➢ The implementation of all schemes concerning persons with disabilities should be monitored regularly. Social audits should be conducted for all programs and schemes of all line departments from a disability lens.

➢ Information about all poverty alleviation schemes should have widespread awareness among persons with disabilities and must be available in accessible formats.

4.2. Employment & Livelihood - Decent Work & Economic Growth (SDG 8)

Restrictions in equal opportunities, participation & dignified facilitations:

❖ In the survey carried out in southern states as a VNR follow up activity, 65.5% of respondents are unemployed and only 3% of eligible persons with disabilities said they receive unemployment allowance.

● Non-availability of data on employment, entrepreneurship and small business of people with disabilities prevails in all five eastern states.

● Persons with disabilities are subjected to multiple challenges in enrolling under the MGNREGS scheme i.e. procurement of job cards. Even after enrollment, there are instances where they are asked not to do any work and/or are forced to accept less wages (50%) for their 'work' under MNREGS. In certain states like Madhya Pradesh, there is no awareness about accessing jobs under MNREGS.

● Persons with disabilities (specifically those with intellectual disabilities or where the degree of disability is more) in all eastern states experience discrimination in employment opportunities such as job fairs, accessing loans, initiating
entrepreneurship, market linkages etc. Despite undergoing many skill development programmes, persons with disabilities lack job opportunities including means to set up self-employment ventures. In the north-east, CSOs find it difficult to empanel with sector skill councils which involves connecting candidates and training partners with recruitment firms and potential employers and in providing assurance for placements as well.

- South regional consultation highlighted that loans meant for persons with disabilities are diverted to other categories of people and to the general public, yet mention the same under disability category.

- There is a lack of focus on effective up-skilling of persons with disabilities while they are only being trained in basic skills like tailoring and stitching. Accessible provisions including accessible information and technology are absent in current skill development programs.

- There is a lack of skill development and employment opportunities for persons with invisible disabilities such as Multiple Sclerosis, Hemophilia, Thalassemia, Sickle Cell Disease etc. No focus on reasonable accommodations for these groups as well as persons with autism and psycho social disabilities due to the invisible nature of disabilities, which also lead to bad performance in work.

- Employment of persons with disabilities under 4% reservation is limited to only 5 groupings of disabilities and not to persons belonging to other newly added categories of disabilities. Moreover, all the identified categories are not extended the benefit of reservations when posts are notified, despite the post being identified with the respective category of disability. This is especially so in the case of persons with autism, specific learning disabilities, intellectual disabilities and those with psychosocial disabilities. Public interest litigations were filed by NPRD challenging such recruitment notices issued by the Railways department and UPSC21.

- A participant from Maharashtra pointed out at the west regional consultation that despite the Supreme Court's verdict that persons with disabilities can hold the post of a judge, a government pleader and notary was barred from applying to the post of a judge in Maharashtra.

Impact of COVID 19 pandemic:

❖ According to north-east regional discussions, the majority of parents of children with disabilities/ persons with disabilities working in the private sector and those working as daily wage earners lost their jobs or were not paid for more than 6 months in 2020 during the pandemic.

❖ Skill development programs have come to a halt during the pandemic whereas application processes and interviews for jobs are mostly online, leaving people with disabilities with lesser scope to participate due to lack of technological knowledge, low network connectivity and inaccessible websites.

❖ West region escalated the concerns of the sudden change in modes of work due to pandemic, wherein most online platforms such as TEAMS and WEBEX are inaccessible for people using screen readers. This also lead to lack of information, isolation and disconnection with colleagues. Increased workload (inclusive of household work for women) during remote working due to pandemic was also highlighted. Many persons with disabilities had the fear of losing their jobs when in-person office started.

❖ Inaccessibility to vaccination programs also becomes a reason for losing jobs where vaccination is mandated for returning to work. Blind and deaf blind people are apprehensive about the tactile nature of their commute, while traveling to work. People with autism and others with sensory impairments find it difficult to wear masks continuously at work which lead them into depression and behavioral issues.

Suggestions for effective implementation:

➢ Full implementation of reservation in jobs should be ensured and all backlogs to be cleared.

➢ Persons with disabilities must not be discriminated against at their workplace (Govt, private or not for profit organisations), particularly in the evolving scenario of the pandemic. Disability-specific physical and digital / web-based accessibility must be ensured at all work environments. In these lines, guidelines on non discrimination, inclusive of reasonable accommodations, at workplace should be evolved and equal opportunity policy should be mandated at all establishments. At each government and private entity, a monitoring committee and grievance redressal mechanism, as mandated by RPDA 2016, to address the issues of employees with disabilities at the
workplace should be formed. States should also strengthen social audit of services by NGOs and other relevant stakeholders.

➢ As the pandemic has shown that most jobs can be done remotely, governments and companies should adopt the hybrid model of physical and digital mode of work inclusive of remote and flexible work options to better accommodate people with disabilities especially for those with compromised immunity and mobility issues. In case of remote working, apps, software and other tools must comply with all requirements on web accessibility, whether it is for remote working, file sharing or conferencing.

➢ Ensure that private companies have incentives to retain staff with disabilities in the company, especially if the organisations are downsizing because of the pandemic.

➢ Under the MGNREGS, 100 days work for persons with disabilities should be officially recognized, wages should be raised and more jobs to be identified for persons with disabilities like its done in Karnataka state which has listed 145 types of jobs that can be assigned to the disabled.

➢ Schemes meant for persons with disabilities like Deendayal Upadhyaya Disabled Rehabilitation Scheme (DDRS), National Handicapped Finance and Development Corporation (NHFDC) and National Social Assistance Programme (NSAP) may be converged with MGNREGS to enhance livelihood security of persons with disabilities.

➢ Appropriate governments should enhance entrepreneur development for persons with disabilities via training programs, easy application processes & loans, collaborations etc. Governments should facilitate market linkages and branding for the products of persons with disabilities by collaborating with corporate houses, shopping complex/ malls etc.

➢ Skill development programmes run by the public and private sector, should be upgraded to train persons with disabilities with the evolving labor market requirements. Training programs which have moved online must comply with accessibility requirements inclusive of an easy learn tutorial and should be designed to address barriers faced by women with disabilities in accessing training. The courses must also adapt to training participants including persons with disabilities in remote working and provide opportunities for specific job profiles that can be performed from home e.g. remote event management and virtual personal assistance which can create job opportunities for women with disabilities. Specific outreach through OPDs should be made to encourage the training of women with disabilities.

➢ Handholding support must be provided to all employees with disabilities during the time of interviews, induction and training in line with all reasonable accommodations required by them.

➢ People with minor disabilities are more likely to get jobs when compared to those with higher restrictions in participation, especially in private sectors. Therefore reservations in employment should also consider the degree of disability and there should be a monitoring mechanism on the employment of persons with disabilities.
Alternate mechanisms for accessing bank loans for self employment should be emerged as the current process of getting security signatures for approval of such bank loans is a big hassle for persons with disabilities.

4.3. Health and Wellbeing (SDG 3)

Restrictions in equal opportunities, participation & dignified facilitations:

- The follow up survey conducted in southern states revealed that 67% respondents face one or more barriers while accessing health services. 33 % responded that there are no health care services in their locality and 50 % responded that the diagnostic procedures are not available in their locality. Moreover, 35 % faced difficulties in accessing required nutrition during COVID 19 pandemic. 72% of respondents mentioned that assistive devices given by the government are below standard and 78% confirmed that maintenance services are not provided for assistive devices.

- East regional consultation observed the lack of availability of adequate paramedical staff and doctors to treat people currently living with leprosy and ineffective CBR services for leprosy cured persons needing rehabilitation measures in their own communities.

- North regional consultation found a major discrepancy in reporting data of persons with leprosy by the health department. The health department reported on elimination of leprosy in 2005\(^{22}\) whereas the recent NLEP data for the year 2019-20 shows a total of 114,451 new cases in India\(^{23}\)

- The non availability of data on disability and its segregation (like disability, gender and age wise) leads to under-utility of this information in health and wellness programs.

- There are several issues faced by persons with disabilities in the process of disability certification. Persons with disabilities from rural areas find it extremely difficult to

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\(^{22}\) [https://dghs.gov.in/content/1349_3_NationalLeprosyEradicationProgramme.aspx#:~:text=India%20achieved%20the%20goal%20set%20in%20December%202005](https://dghs.gov.in/content/1349_3_NationalLeprosyEradicationProgramme.aspx#:~:text=India%20achieved%20the%20goal%20set%20in%20December%202005).

commute to district hospitals multiple times for the purpose of assessment and certification of their disability by the district medical board. Undue delay occurs in certification due to lack of specialist doctors in the medical board. Autism is misunderstood and wrongly assessed as intellectual disability by doctors in the medical board in many states. Further, it is to be noted that autism is also categorized incorrectly under intellectual disability in the schedule of RPDA 2016. Only acid attack survivors with 90% facial burns are provided disability certificates due to which 70% of persons having experienced serious acid attacks are being turned off. (Uttar Pradesh).

- Certification process for newly added disabilities (in RPDA 2016) such as multiple sclerosis, parkinson's disease, blood disorders, acid attack survivors etc, lack clarity; there is a lack of information about these disabilities among health professionals, and, the parameters to define the percentage of disability are not clear. As a result, discrimination of people with invisible disabilities during the assessment process is evident.

- There is a lack of specialist doctors at Primary Healthcare Centers (PHC), village and sub divisional hospitals. DDRCs and DEICs are mostly non operational in the north-east region.

- Persons with spinal cord injuries, blood disorders, chronic neurological conditions, neuromuscular disorders and acid attack survivors mentioned in RPDA 2016 have unique health needs which are not prioritised. Specific health care including disease modifying treatments and other holistic health care services including medical / para medical services, products, and equipments are either not available or expensive for all persons with disabilities particularly for those with chronic health conditions such as persons with hemophilia\textsuperscript{24}, thalassemia\textsuperscript{25}, multiple sclerosis, muscular dystrophy and those with parkinson's disease. Inaccessibility of these essential services and lack of sensitisation of medical and paramedical professionals adds on to the issue. In particular, medications for blood disorders, multiple sclerosis and muscular dystrophy etc are not available at government hospitals. Time and again there has been a shortage of drugs for Thalassemia even in the open market.

- Mental health – About 6 % of the adult population are living with mental health issues, with 2% being persons with psychosocial disabilities who need high support.

\textsuperscript{24} https://indianexpress.com/article/india/unable-to-pay-for-haemophilia-treatment-uttarakhand-man-kills-son-arrested-7778105/

\textsuperscript{25} https://www.thenewsminute.com/article/thalassemia-patients-karnataka-struggle-without-free-medicines-promised-govt-156094
50% of persons with psychosocial disabilities with high support needs and 90% of people with common mental health issues remain without treatment as discussed in the south regional consultation. NIMHANS study report 2018 points out that around 80% do not receive treatment. A concern was also raised that mental health is given low priority and mental health services are not available in rural areas. According to Dr. Pratima Murthy, Director, NIMHANS "while, nearly 150 million Indians need mental health care services, less than 30 million are seeking care; the mental health systems assessment indicate not just a lack of public health strategy but also several under-performing components". The above factors, in addition to lack of awareness, eventually leads to persons with psychosocial disabilities experiencing intense marginalization that further results into absolute neglect, isolation, instances of chaining, institutionalization, etc.

- West regional consultation witnessed deliberations on reproductive health information and services not reaching women with disabilities in rural areas. Stigma plays a big role where the ASHAs/ AWWs /medical professionals question the capacity of a woman with disability with regard to pregnancy and raising a child, attempting to make uninformed decisions etc. Bihar Viklang Manch recorded at the East regional consultation about maternal healthcare services not being easily and equitably accessible to women with disabilities. Women with disabilities face intricate challenges with the distribution and management of health resources in the community, starting from transportation till service delivery, as observed by Odisha State Disability Network.

- Telemedicine facilities and helplines of the health department continue to remain inaccessible.

- It was brought out by participants at all regional consultations that inaccessible environments, communication and diagnostic equipment mostly pose health and safety threats to persons with disabilities.

- Lack of sensitization on the necessary aspects such as rights of persons with disabilities, sexuality, rights based conduct with women with disabilities, penal provisions under various laws concerning persons with disabilities, monitoring and grievance redresal mechanism, etc, among both professionals/ personnel working with health care facilities as well as to women with disabilities in the community who

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27 National Mental Health Survey of India, [http://indianmhs.nimhans.ac.in/#](http://indianmhs.nimhans.ac.in/#)
are seekers of health care, eventually adds on to the vulnerability, which may also amount to sexual harassment and abuse of women with disability, more likely by male staff.

- Persons with disabilities, in particular, those belonging to the newly added categories of disabilities such as multiple sclerosis, parkinson's disease, blood disorders etc are always discriminated against by insurance agencies.

- For all the above issues, the low health expenditure of approximately 0.382% and 0.346% of GDP poses a significant reason. Thus it is evident that our health care systems in India are both discriminatory and inaccessible for most people with disabilities.

Impact of COVID 19 pandemic:

- During pandemic time, the medical assessment board was unavailable. Therefore renewal of disability certificates was extremely difficult. This hindered the process of getting disability related reasonable accommodations as well as benefits.

- Infusions, transfusions and specific medications/ treatment protocols for blood disorders, multiple sclerosis, muscular dystrophy, mental illness, epilepsy, acid attack survivors etc were not available at government hospitals; there were also instances where persons with disabilities died or acquired secondary disability due to non-availability or delay in treatment.

- Essential rehabilitation, counseling and therapy services were discontinued for children/ persons with disabilities. Para medical supplies such as diapers, catheters, uro bags were not available for persons with spinal cord injury, multiple sclerosis etc. A considerable rise in mental health disorders among persons with other disabilities was evident during the pandemic.


Participants from the east regional consultation (Odisha) claimed that secondary disabling conditions were reported in almost all cases dependent on physiotherapy, as therapy centers were closed for a long period. Similarly, lack of speech therapy led to huge regression in words learnt, vocabulary and speech among children who were taking such services.

East regional consultation appraised the lack of maintenance of databases of persons with psychosocial disabilities, seizure disorders, Blood Disorders and spinal cord injury, who needed emergency medicines and such groups had the highest mortality rate during COVID 19 pandemic.

COVID care centers and vaccination centers were inaccessible across the country. The CoWIN app was not fully accessible for persons with disabilities. Health care workers / volunteers were not sensitized about the 21+ disabilities.

Class based discrimination at vaccination centre was reported at the west regional consultation by a participant from Madhya Pradesh.

On the whole, persons with disabilities faced extreme difficulties in accessing crucial information pertaining to the pandemic and availing general and specific health services, which exacerbated their condition during the pandemic.

**Suggestions for effective implementation:**

- All health programs and schemes by the Union and State Governments should include a disability component and have disability focal points at the national, state and district levels.

- Disability certification by the medical board should be brought to PHC level / community level with simplified processes and at least one person with disability should be there in the medical board. During emergency situations like the pandemic, medical boards should be made available online for the renewal of disability certificates.

- Enhance the knowledge and capacity of medical professionals/ health workers about 21+ disabilities and rare diseases, arrive at appropriate guidelines and establish clear

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systems and processes for assessment and certification of all persons with disabilities specified in the schedule of the RPDA 2016 particularly for those with acid attack survivors, blood disorders, chronic neurological conditions and neuro-muscular / genetic disorders mentioned in the Act.

➢ Persons with disabilities should be made aware of the factors that determine the percentage of the disability. Greater awareness about 21+ disabilities should be created at the community level, including the various health rights such as informed consent, shared decisions, reproductive health services etc.

➢ The medications required for newer disabilities such as blood disorders, chronic neurological conditions, genetic disorders etc and psycho social conditions (mental illness) should be listed and made available at PHC level for easy access.

➢ Diagnostic centers for muscular dystrophy (genetic counseling) to be made available widely i.e. in each medical college.

➢ Priority queue should be followed for persons with disabilities in all hospitals/ health care centers including COVID care centers and vaccination centers.

➢ Disability disaggregated data should be available with the health department to enable doorstep health services during emergencies.

➢ Regular mobile medical vans programmed with weekly health checkups should visit people with disabilities at the community including leprosy colonies. Doctors and dressers must be made available at Leprosy colonies on priority.

➢ Travel reimbursement should be provided to all needy persons with disabilities including acid attack survivors for accessing hospital and rehabilitation centers.

➢ Government & private health insurance schemes should cover the - specific health services required for all persons with disabilities such as rehabilitation services, assessment and diagnostic services, assistive aids / devices and quality health services for health disabilities, apart from general health services; detailed guidelines should be prepared and circulated.

➢ The Swavalamban Insurance Scheme should be relaunched.

➢ Dedicated help desks for persons with disabilities should be set up in all hospitals, staff / health officials at all levels to be trained and equipped to deal with cross disability concerns and shared decision-making with health seekers with disabilities should be ensured.

➢ A clear health delivery strategy for persons with disabilities should be built, keeping in mind cases of emergency or disasters; and

➢ The central health budget should be increased to at least 3% of the GDP.
4.4. QUALITY EDUCATION (SDG 4):

Restrictions in equal opportunities, participation & dignified facilitations:

- In the follow up survey on VNR conducted in southern states, only 29.7% responded that schools are accessible which indicates that around 70% of schools are inaccessible. Only 20.6% responded that information is given in accessible format in schools. About 36.4% responded that children with disabilities do not go to school.

- Bodoland Territorial Region (BTR), Assam - Baseline survey on education carried out in Kokrajhar district of Assam shows that 33% children with disabilities do not attend school, 67% have attended school, out of which 26% dropped out from school at some point due to various factors.

- A survey conducted among students at the vocation training centers of The Leprosy Mission Trust of India (TLMTI) found that 67 (42%) out of 159 students across three states of Maharashtra, Uttar Pradesh, and Chhattisgarh faced challenges in accessing online classes whereas 32 (48%) out of the 67 students said they could not access online education at all. 15 students (9.5%) admitted that they were pressurized at home to drop out of school and start working. More than 22% of the students across 3 states reported that they experience financial trouble due to reduced household income.\(^{31}\)

- Only 33% of school going children with disabilities comprised girls with disabilities, with the vast majority not enrolled in any form of education in Uttarakhand according to a survey carried out by a CSO based in Uttarakhand.

- Despite the mandate of RPDA 2016, data of children with disabilities in schools are not obtained every 5 years. There is rarely any education happening with children with disabilities from 0 to 6 years of age. Moreover, children with disabilities are often denied admission in mainstream schools.

- There is a huge shortage of trained manpower for students with disabilities. SSA’s resource persons being overburdened with multiple responsibilities are unable to visit schools regularly. It was raised in the east regional consultation that many mainstream

school teachers and headmasters lack the necessary exposure and training to address the needs of children with disabilities and that headmasters express limited resources as a key concern for enabling accessible facilitations in schools. In addition, a low level of expectation towards children with disabilities was observed among teachers in rural areas and the usage of ineffective pedagogical strategies was registered by participants from tribal groups at the east regional consultation.

- Most schools lacked accessible infrastructure across all states.

- All India Survey on Higher Education Report (2017-18) mentions 74,317 students with disabilities are enrolled in higher education. But no data about 5% reservation in colleges, accessibility of universities and colleges, accessible educational services, and recreational services to students with disabilities at the higher education level is found.

- In Odisha, universities openly flout the mandates of RPDA 2016. RTI applications filed by Swabhiman in Odisha revealed that students admitted between 2014 - 2020 are less than 2%. Only 17% of universities are working on disability under Equal Opportunity Cell (EOC) with a budget. EOC in universities focused on SC, ST, Gender and minorities. With regards to disability, it was limited to one seminar annually and the categories of students admitted were limited to locomotor disability and visual impairment. In response to its RTI applications, Swabhiman found no deaf students in any of the 11 universities.

- According to a survey by Swabhiman (2020) titled ‘Digital Education in India: Will students with disabilities miss the bus’, 43% children with disabilities were found to be on the verge of dropping out due to inaccessible online education systems. Challenges included inaccessible network areas, the cost of data package, non-availability of electricity, untrained teachers and lack of hardware like smart phones, Tablets etc. Participants from the east region agreed and confirmed similar status in the region when Swabhiman shared the survey report.

- North regional consultation noted that in higher education, tertiary education is missing from the ambit of both CRPD and RPDA 2016. For example, only 0.02% persons with disabilities qualified for the NEET UG. Only 10 states in the country

have centers for assessment for NEET qualified persons with disabilities. For those who are able to secure admission, there is a further lack of accessible resources.

- There is a lack of inclusive education in higher education institutions across the country, especially in the case of students who are hard of hearing.

- Lack of sign language interpreters, study material in braille/ audio formats and accessible digital platforms are major areas of concern to students with disabilities in higher education in addition to the barriers in the built environment.

- The Union Government provides extra time (one hour) to students with hemophilia during public examinations (due to possibility of bleeding during exams). This is not followed directly in Tamil Nadu but students with hemophilia are mentioned as having dyslexia, in order to avail the extra time.

- Despite circulars by all government departments (education & disability), scribes are not being provided on time and in accordance with the circulars, as observed by participants from all eastern states.

- NIOS does not permit junior siblings to write exams for their elder siblings with disabilities. As a result, children with autism face multiple challenges in writing their exams due to the immense difficulty they undergo in aligning with unfamiliar children in a short period of time.

- Newly added disabilities to RPDA 2016 are not included in the National Talent Search Exam (NTSE) application form.

**Impact of COVID 19 pandemic:**

- According to a study by Rising Flame, children and families across India struggle with remote education because of barriers related to access to devices, information on operating the devices and stable internet connection. The same is also confirmed through the regional consultations. It was also pointed out that the mental health of children with disabilities as well as their parents is adversely affected. Most students with disabilities faced difficulty in pursuing education due to factors like digital divide,

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33https://mcc.nic.in/WebinfoUG/File/GetFile//?FileId=3381&LangId=P (last opened on Feb. 14, 2022)
lack of technological knowhow and lack of support from educational institutions and the state\(^3^4\).

- There were instances of deaf children who went to deaf schools, who are not in touch with their peers and are unable to remember their sign names. Children with autism struggle due to lack of in-person interactions which they used to receive in schools.

- Students in Kashmir suffer connectivity issues and are forced to purchase data connections from a single entity at a higher cost.

- In Delhi, about 75% of children with disabilities do not have access to devices and have lost out on education because of the digital divide. Govt schools in Delhi confine themselves to just sending pictures to deaf students as study material.

- Teachers too face huge challenges with online classes. In Maharashtra a blind residential school has been closed for the past 2 years. Many special schools in Maharashtra and Gujarat don’t have the infrastructure to conduct online education, which impacts learning adversely.

**Suggestions for effective implementation:**

➢ Sensitization about all 21+ disabilities should be mandated for all stakeholders in the education system including teachers and school management. In addition, public information campaigns and awareness campaigns on the importance of education should be conducted for students with disabilities, highlighting their potential.

➢ Ensure accessibility in educational / research and training institutions across all levels in terms of design, infrastructure, information and communication for all children and adults with disabilities. Guidelines for reasonable accommodations at class room, exams and other learning-development sessions such as laboratories, libraries, exhibitions, exposure visits, physical education training sessions, etc should be notified. All online books, reference journals and any other reading-teaching material in all educational and research institutions must be made available in multiple accessible formats in addition to appointing a sign language interpreter.

➢ Disability-specific curriculum inclusive of modules on accessibility, reasonable

\(^3^4\) [https://indianexpress.com/article/education/many-students-with-disabilities-struggling-with-e-education-ngos-call-for-more-accessible-approach-6469329/]
accommodation and inclusion should be prepared and circulated amongst mainstream teacher training and special educational institutions. Educators should be systematically trained to impart the curriculum apart from undertaking periodic refresher courses on the same, so that they are able to deliver the curriculum in an inclusive manner.

➢ Apps from the education department and all e-learning platforms must comply with web accessibility guidelines from the perspectives of both learner and instructor.

➢ Ensure support through devices (tablets, laptops, mobiles at subsidized rates or free) and appropriate training to effectively use the devices to enhance remote learning.

➢ Targeted budgetary allocations should be ensured for a comprehensive accessible, inclusive and supported education system for all children and adults with disabilities in all educational / research institutions and coaching centers.

➢ Teaching staff with disabilities should have access to accessible training materials and support services like personal assistance.

➢ Road maps in implementing inclusive models of education including National Education Policy (NEP) 2019 along with budget allocation should be devised by all State Governments. This should equip schools, colleges and universities to provide suitable supports like teaching learning materials adopted in lines with new curriculum frameworks, transportation, human assistance, accessible information & communication formats etc for children/ students with disabilities and sensitization of peers about disability. Inclusion of children with disabilities should be ensured at all levels of lifelong learning i.e. pre-school (0-3 age group) to higher education and beyond.

➢ There is an urgent need to advocate for the collection of disaggregated data on the basis of gender, type & extent of disability and level of education in all regions. Ensure systematic data collection at district and state levels, of rate of admission and drop out among children with disabilities in schools.

➢ Progress of children with disabilities in learning/ education should be documented; reasons for drop out in higher classes should be analyzed. Concentrated efforts to identify and support students who dropped out or out of school with emphasis on vulnerable groups like migrant laborers’ children, marginalized genders, minority religions are crucial.

➢ The Education at Doorsteps program in Tamil Nadu state should be revised as this would limit inclusive education.

➢ A system for intervention by local level committee members (National Trust) when children with intellectual and developmental disabilities face problems with educational institutions should be worked out.

➢ Connectivity and other restrictions should be lifted from UT of Kashmir, so that children with and without disabilities can have regular and unhindered access to education;
➢ Connectivity issues as well as limited access to electricity in remote areas including Ladakh should be improved to bridge the gap of digital divide;

➢ More centers for easy certification of disability should be created to benefit students seeking admission to higher education including medicine.

➢ Ensure access to counseling and emotional well-being support to children with disabilities to deal with isolation resulting from the ongoing pandemic.

➢ Improve the allowance provided to support low income, migrant families with children with disabilities struggling to access online/remote learning or transport and personal assistant support. As data cost and internet connectivity are major issues, rechargeable and portable WiFi may be added in the budget.

➢ Ensure a proper system for redressal of grievances by teachers and children with disabilities, in case of harassment at home or at school.

➢ Programs to promote inclusive and accessible higher education to be formulated. A monitoring and evaluation mechanism to ensure the implementation of 5% reservation in higher education should be formulated.

➢ District level monitoring system inclusive of local committees with members with disabilities should be set up to monitor indicators of school and higher education systems in the district.

Cross cutting themes

5.1. GENDER EQUALITY (SDG 5):

Restrictions in equal opportunities, participation & dignified facilitations:

- As reported by Women Enabled International (2020), Statement on Rights at the Intersection of Gender and Disability during COVID 19, 1 out of 5 women in the world live with disability. They are routinely seen as a burden, not considered "woman enough" and stripped of agency and decision making powers.

35 Women Enabled International (2020) Statement on Rights at the Intersection of Gender and Disability during COVID-19

• Study conducted and reported by Sightsavers India and Rising Flame on the status of women with disabilities during the pandemic, Neglected and Forgotten,37 points out that women with disabilities are at significantly higher risks of losing their jobs, of being denied devices for online education and exacerbated experiences of discrimination and violence because of prolonged and consistent need to stay indoors with their family members. Deliberations on this subject at the west regional consultation confirmed the same with more instances from the region.

• Even after the passage of RPDA 2016, there are no specific schemes targeting women with disabilities, nor priority is given in various schemes. Many women and girls with disabilities are confined to homes and are denied access to education, vocational/ skill training, any source of livelihood, transportation, housing programs etc, which makes it difficult or impossible to achieve their economic self-sufficiency. They are also unable to exercise their sexual or reproductive rights.

• Participants at the east regional consultation pointed out that there are inadequate or nil rehabilitation services for women with disabilities in the community.

• Many women and girls with intellectual or psychosocial disabilities do not know that non-consensual sexual acts are a crime and should be reported. Acts of violence experienced by women with disabilities and their inability to report the same to police due to fear, lack of awareness, prolonged exposure to discrimination, stigma and lack of accessible reporting mechanism prevailing in the society was reported from different states including Maharashtra, Gujarat, Madhya Pradesh and the eastern states.

• Consensual sexual acts reported at a later stage by the concerned person with disability should be looked at case by case. False claim of consensual sex to escape from criminal behavior should be investigated and punished.

• Deaf women lack safe and accessible means of communicating their experiences of domestic violence and discrimination due to family members reading their messages and endangering them.

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State shelters for women victims are not disabled friendly.

Participants at the east regional consultation pointed out that women with intellectual disabilities are being sexually abused by their own family members, but their statements are being easily discredited in the court of law, and in most cases, the perpetrators are left scot-free. Reluctance in believing women with intellectual disabilities when they share their experiences of violence is also reported from Gujarat. Similar issue was put forth on account of women with psychosocial disabilities who tend to hesitate or avoid discussing violence experienced in their homes as they are always disbelieved in their statements.

Many trans persons with disabilities are facing issues in procuring disability related documents in their names and are unable to access social security support measures. Trans persons with disabilities are treated as a burden and lack safe space in society. Participants from Maharashtra reported that there has been a rise in usage of conversion therapies in institutions especially on women and queer persons with psychosocial and intellectual disabilities.

Many participants raised the concern on the limitation of knowledge prevailing among women with disabilities regarding accessing justice. And where they are aware, they face multiple barriers such as inaccessible infrastructure at police stations, lack of sign language interpreters/ expert support, lack of support to reach police stations or lack of safe space to register their complaint when the same is against a family member etc. There are instances where police officers register the complaints of deaf women as that of women with intellectual disabilities.

Police in many rural areas are unaware of the rights and laws pertaining to the protection of women with disabilities. While a participant from Maharashtra reported to the police about the violence experienced by her, the police asked her to bear it asking ‘what can she do alone in the matter?’ When she insisted on filing the case, they assigned a counselor to support her.

A participant from Maharashtra shared the following instance of abuse experienced by a woman with disability in rural part of Maharashtra:

“A girl with a disability returned home because of COVID and her uncle’s son started harassing her. Since in rural households, women often share toilets which are at a distance, she had to keep going out and the boy continued to abuse her. The harassment continued despite her threatening to go to the police. When she finally went to the police, they said that the boy was merely supporting her and did not file an FIR.”
● Acid attacks, generally perceived to be gender-based violence crimes against women, also happen against the male gender. The gender ratio in acid attacks is about 60% women and 40% men, mostly from lower socio-economic backgrounds. It was also seen that acid was used as a weapon to primarily attack men in the communal violence in North East Delhi in February 2020.

● East regional consultation deliberated on the lack of disaggregated data on disability and gender components and hence the inability to analyze the social status of women with disabilities in all five eastern states. Crime Record Bureau in Odisha police does not maintain any disaggregated data on the crime committed on women with disabilities.

Impact of COVID 19 Pandemic:

❖ Women with disabilities were denied nutrition, and social security during the pandemic by their own family members who mostly used the monthly disability allowance and rations entitled for women with disabilities for themselves, by giving a false reason that women with disabilities don't need them. Women with disabilities in all five eastern states also experienced hunger, low share of food when compared to other family members and starvation too.

❖ Many women with disabilities had to return back to their house as the institutions they worked with closed down due to the pandemic. In such scenarios, women with disabilities had to face multiple issues such as loss of earnings, total dependence on the family, emotional distress due to their inability to contribute to the household income and being considered as a burden to their families.

❖ Domestic violence and sexual abuses on women with disabilities both at home and outside increased during the COVID 19 pandemic.

❖ Women with spinal cord injury experienced severe urinary tract infections as access to catheters and uro bags were restricted as well as costed many fold in the retail market during the pandemic as observed by participants from east regional consultation.

38 From a participant from Northern Consultation
Many women with disabilities in Maharashtra and Madhya Pradesh were denied vaccines citing reasons such as ‘they won't go out of the houses at all’.

Suggestions for effective implementation:

➢ Ensure active participation of and inputs from women with disabilities while building awareness and strengthening the systems working on preventing and controlling domestic violence.

➢ Disseminate accessible information on rights of women with disabilities including information on, possible options for accessing justice from local to national level and disaster situations such as the COVID 19 pandemic.

➢ Sensitize protection officers, police officers and other respondents to not dismiss women with disabilities, but support them throughout the process of complaints and accessing justice. Police officers should undergo training and have expert support needed to handle cases of women from 21+ categories of disabilities.

➢ Build the capacities of ministries and departments relating to women and children, the national and state women commissions, the child protection commissions and other relevant authorities on the concerns and rights of women and trans persons with disabilities.

➢ Ensure that women with disabilities facing domestic violence have access to safe and accessible shelter to move to, particularly during any disaster period such as the COVID 19 pandemic.

➢ Disaggregated data should be made available on the violence experienced by women and trans persons with disabilities.

➢ Focus on the gender aspect in multiple sclerosis, as the condition impacts women more than men.

➢ Regulations on restrictions governing the sale of acid should be strictly implemented.

➢ Social security measures for livelihood, housing, as well as priority / reservation in all schemes and programs should be ensured for women with disabilities.

➢ Support systems should be enabled for women with disabilities to exercise their sexual and reproductive rights.

➢ Punitive measures should be enforced for desertion on the grounds of disability acquired (physical/mental) after marriage. In case of women with intellectual disabilities abandoned by their spouses, the expenses of raising the child till 18 years of age in addition to the care of the women should also be legally entrusted to the male spouse.
Disability specific gender equity strategy and an equivalent budget allocation must be enforced.

5.2. DISAGGREGATED DATA - PARTNERSHIPS FOR THE GOALS (SDG 17):

Restrictions in equal opportunities, participation & dignified facilitations:

❖ In the survey carried out in southern states as a VNR follow up activity, 47% of respondents mentioned that they do not have UDID cards and 24% of respondents expressed that they do not know the procedures to get the UDID card.

❖ The World Health Organization claims around 15% of the world’s population are persons with disabilities⁴⁰.

❖ According to census 2011, the prevalence of persons with disabilities in India is 2.21%. It should be noted that the then disability legislation recognised only 7 conditions as disabilities when Census 2011 was carried out, and not all of them were included in census 2011 questions.

❖ South regional consultation deliberated on the findings of micro surveys conducted by researchers and organizations for global burden of disease (GBD), among which there was higher variance in the prevalence of disability. While some surveys showed 15% prevalence of disability, some studies reported 10% and certain others found 2% and 3% prevalence. Reasons for this variation and its implications were discussed as matters of concern.

❖ The data of the 76th NSSO report was under-reported because the decadal growth rate had been taken into account.

❖ Data of persons with disabilities in general data sets (i.e. disability specific data in mainstream domains such as employment - private, government, self employed, entrepreneurship; higher education, disaster management, prisons, housing and other social security schemes, people acquiring disability due to accidents, voters with

disabilities who voted in polls, etc.,) as well as multiple levels / categories of disaggregation (such as age, sex, caste, type of disability, socio economic status etc) or subgroups in disability specific data are unavailable or way too limited for further usage of development activities.

❖ No or limited data on types of disabilities is available for flagship programs/ schemes.

❖ In education, there is a huge difference between data of students with disabilities under the Samagra Shiksha Abhiyan program and the Ministry of Human Resource Development. Little or no data is available on accessible facilitations in education for children/ young adults with disabilities in various levels of education including higher education, children with disabilities not covered under SSA / government schools, information on higher educational institutions implementing 5% reservation for students with disabilities, the number of reserved seats in which students with disabilities actually got placed, etc.

❖ No data on crimes against persons with disabilities, inclusive of violence against women with disabilities is available.

❖ Availability of raw data is limited, whereas quality of data is another concern.

❖ Due to all the above scenarios, the government is unable to track or use the necessary data for effective planning, formulation of appropriate policies or service delivery.

❖ Information on state level schemes is missing on the government websites of many states to a large extent which leads to a huge information gap.

❖ A participant from Delhi pointed out the large number of female blind Afghan refugees living in Delhi need to be counted within the city's population of persons with disabilities.

Impact of COVID 19 Pandemic:

➢ There was no appropriate and disaggregated data of persons with disabilities with the state and district authorities for reaching out, disseminating crucial information or providing essential need based services for persons with disabilities in the community during the pandemic.
Suggestions for effective implementation:

➢ The Union Government of India in consultation with all States and UTs must initiate a systematic collection of data on disability inclusive of the upcoming census and disaggregation of data by gender, age, disability categories, socio-economic and wellbeing conditions.

➢ Maintenance of data on inclusion of persons with disabilities should be mandated with all departments and all their programs / schemes, inclusive of private sector establishments as well as under all 16 goals of SDGs.

➢ Section 8(3) of RPDA 2016 should be urgently implemented to create a database of persons with disabilities by the District Disaster Management Authority, so as to reach out to them during any emergency, enhance disaster preparedness and take suitable support measures;

➢ Research data collected from baseline surveys, data published by agencies like UNICEF, DFID and other agencies should be made available in the public domain.

➢ Participants at the east regional consultation felt that Aadhar metadata being a huge database generated by the government which also contains other details such as age, gender, etc., linking the same to disability certificate/ UDID will provide a robust data source. Whereas participants of north regional consultation are of the view that Aadhaar linkages should not be advocated due to privacy concerns. South regional consultation raised the issue of inaccessible processes involved in Aadhaar registration, which continues despite taking it to the notice of central and regional UIDAI authorities.

➢ Children having disabilities from birth should be registered as children with disabilities at the time of birth.

➢ Inclusion of children with disabilities’ data at the anganwadi level survey under W&C development department should be mandated.

➢ Data of children with disabilities should be obtained from the child tracking and monitoring system of Odisha School Education Program Authority (OSEPA) and from respective authorities in districts with proper inclusion of children with disabilities in survey questionnaires.

➢ All skill mapping programs for youth under skill council of India in collaboration with special employment exchanges should derive data of persons with disabilities registered as well as benefited under their programs.

➢ National Crime Records Bureau (NCRB) data should include disability specific data in crime, particularly against women/ trans persons with disabilities and their trafficking.

➢ East regional consultation suggested that social sciences departments in the universities and higher education institutions may be assigned the task of collecting
and curating the data of persons with disabilities in the community as a part of student internships under the supervision of respective professors in coordination with the concerned authorities and local OPDs.

5.3. ACCESS TO JUSTICE - PEACE, JUSTICE AND STRONG INSTITUTIONS (SDG 16)

Restrictions in equal opportunities, participation & dignified facilitations:

- In many cases FIRs in acid attack crimes are not registered under IPC section 326A due to the influence of attacker as well as paperwork to be carried out by police, which results in inability to claim the cash compensation from District Legal Services Authority as well as obtain disability certificate for Acid attack victim category under RPDA 2016.

- During the communal violence in North East Delhi in February 2020, (which was also the beginning of pandemic period) many persons with disabilities lost their documents, lifetime savings, properties and some were also inflicted with further disability in addition to many persons without disabilities including four young boys who became permanently disabled due to bullet injuries. Inadequate preparedness by the State Government and the State Disaster Management Authority in reaching out to persons with disabilities and provision of relief was explicitly evident. Neither appropriate data of persons with disabilities was available with the government to carry out relief measures, nor FIRs were registered in many cases.

- Executive interpretations of certain sections of RPDA 2016 proves discriminatory on the rights of persons with disabilities. UNCRPD monitoring Committee’s Concluding Observations\textsuperscript{41} points out the need for amending Section 3(3) of RPDA 2016, which legitimises disability-based discrimination. The proviso in Section 20 read along with the proviso in Section 34 of the RPDA 2016 is being misused to grant exemption from reservations in recruitment which is also being challenged in the Supreme Court by NPRD.

● Offices of the State Commissioner for Persons with Disabilities (SCPD) and the police are not maintaining proper records on cases of discrimination and abuse of persons with disabilities. No aggregate data in this regard is found in many states.

● Special courts (sec 84 of RPDA 2016) have not been constituted in many states. Even where they are constituted, they are not functioning effectively. District authorities like the Collector, ADM, DSSO and their offices are unaware of the notification regarding the same.

● No measures for sensitisation of officials in the justice system, such as judges, lawyers, police etc, has been carried out till date to realise the right to access to justice provided under Section 12 of RPDA 2016. Neither sign language interpreters are available at courts, nor is there any provision within courts to make public documents, court procedures and its premises accessible for persons with disabilities.

● East regional consultation deliberated on the inaccessible infrastructure of Ranchi’s newly built structures like ‘40 court building’, which doesn’t comply with any accessibility standards except for a lift connecting to the other building. Similarly old buildings like CBI Court building Ranchi do not have a functional toilet for persons with disabilities except the general ones that are usually dirty.

● Women with physical and other disabilities lack access to justice which is the primary and significant means to safeguard themselves from violent situations. Girls and boys who are deaf, are unable to call for help or easily communicate abuse.

Impact of COVID 19 Pandemic:

❖ There is a rising demand for virtual court hearings/ proceedings for people with disabilities. At the same time, persons with disabilities from rural/ illiterate and low economic backgrounds experience problems in accessing lawyers, complying with digital requirements of filing documents, connectivity issues and getting their matters listed for hearings. Non-availability of laptops and computers even with lawyers at the lower levels has created problems.

Suggestions for effective implementation:

➢ People with disabilities who have the scope of losing their belongings including clothes, certificates, prosthetics, communication / mobility aids & appliances etc during natural or man-made disasters, including those who may encounter the risk of
sexual abuses should be covered under focussed protection measures and extended services.

➢ A complete ban should be imposed on the use of pellet guns in Kashmir42.

➢ Professor Dr. G N Saibaba, a prominent person with multiple disability retained in prison, should be released for treatment as recommended by the UNHRC Working Group on Arbitrary Detention43.

➢ Problems faced by persons with disabilities in accessing online court proceedings should be addressed.

➢ Periodic training sessions of all officials and personnel involved in the administration of justice on the issues and needs of persons with disabilities should be conducted. This should be inclusive of sensitising the judicial/ law-enforcement agencies about technologies that can be used to get evidence from all categories of people with disabilities including those with intellectual and psychosocial disabilities.

➢ Registration of FIRs under the proper provision of law in cases of acid attacks should be ensured and monitored.

➢ First Information Report (FIR) in case of persons with disabilities should be prepared in the presence of an expert on disability such as special educator or a respective interpreter in cases of persons with hearing impairment or intellectual/ psycho social disabilities. Information and communication should be allowed in alternate formats like Braille, sign language, plain language, etc. The victims/ accused with disabilities should also be provided the right to record their statement with police in the safety of their home or a place of their choice.

➢ Procedural and age-appropriate accommodations must be provided in the police stations and courts apart from their campuses being accessible along with the provisions of accessible facilitations like wheelchairs, headphones with GPS to guide blind people reach the courtroom, etc.

➢ State Governments should facilitate compensation, including in cases where the offender cannot be traced or identified.

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5.4. ACCESSIBILITY - SUSTAINABLE CITIES AND COMMUNITIES (SDG 11) & INDUSTRY, INNOVATION AND INFRASTRUCTURE (SDG 9)

Restrictions in equal opportunities, participation & dignified facilitations:

❖ In the survey carried out among 164 persons with disabilities in southern states as a VNR follow up activity, 93.3% respondents mentioned that public places are inaccessible for persons with disabilities and 83.6% respondents mentioned that public transport is inaccessible for them.

❖ The Accessible India Campaign which was officially launched by the Union Government of India in the year 2015 with a target to make at least 50% of government buildings and 25% of public transport accessible has not even achieved half of its target till date.

❖ In all the eastern states, around 20 buildings in the capital cities were audited, reports were submitted to the government and funds had been received for retrofitting from the Union Government under the Accessible India Campaign. From 2016 to 2022, the buildings are in various stages of retrofitting. But the access auditors were not invited to give final approval on “accessibility” for those buildings.

❖ Though ramps exist in many buildings, there are barriers before the ramps in 90% of cases. In districts, most government offices have staircases, which people with mobility impairment find very difficult to navigate. Buildings such as the Office of State Election Commission, Tamilnadu has a ramp outside the building but there are stairs inside the building with the chamber of the State Election Commissioner on the upper floor.

❖ Bhubaneswar Development Authority (BDA), Odisha, the designated body to pass building plans doesn't require plans incorporating accessible features despite the New Building Code stating the need for accessibility features in buildings. Nor does BDA follow any provision for measuring accessibility features in building plans/designs.

❖ No progress has been made in states with regard to Section 44 (1) and (2) of RPDA 2016 which provides for mandatory observance of accessibility norms for new public buildings. Many new buildings continue to be built in flagrant violation of this
provision as on date and there are no known cases where OC has been denied due to inaccessibility.

- The real-time 5 years deadline for making the existing public buildings accessible as per the RPDA 2016 got over on 14th June 2022. But the reality is far from being implemented in both rural and urban areas across the states.

- Access to quality aids and appliances and accessible technologies for persons with disabilities is way too limited. Persons with disabilities from most states complained about the poor quality of assistive devices distributed through the ADIP scheme. There is also a concern about the rise in prices of assistive devices. The latest circular (January, 2022) notifying the revised list of appliances and devices produced and sold by NIEPVD, Dehradun reflects a huge price hike (Example, price for folding cane increased from INR 100 to INR 284, which proves the non-affordability of basic items by persons with disabilities, also pushing them into further poverty. In addition to all the above, there is a huge lack of maintenance of assistive devices in all states.

- In Odisha, students with visual impairments in colleges and universities are provided laptops. But the application process for the same is cumbersome, inaccessible and the delay extends over 18 months or more.

- Participants from the north-east regional consultation felt that in the North East Region District SDG Index & Dashboard (Baseline Report 2021 – 22), the indicators based on which the score for the District Indicator Framework (DIF) were arrived at, does not capture the true picture of the ground scenario in different thematic areas.

- Most of the MPs are not utilizing their funds for aids and appliances, nor are they distributing the same at regular intervals but are sporadic, in spite of the government circular on the same.

- The mandate of accessibility in television programs is not yet implemented across different channels, except for a handful of programs in Doordarshan and very few channels. The status of the committee constituted for this purpose is not known in any public domain.

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44 [https://www.niti.gov.in/sites/default/files/2021-08/NER_SDG_Index_NITI_26082021.pdf](https://www.niti.gov.in/sites/default/files/2021-08/NER_SDG_Index_NITI_26082021.pdf)
- Websites of ministries and departments are partially accessible.

- Poor website designs, inaccessible colour contrast and lack of consideration of other unique barriers experienced by persons with learning/ print disabilities such as not being able to read text visually, highlight text to guide themselves along while reading, alt text or have assistive technology read the text to them pose extreme challenge in effective participation of persons with disabilities.

- Governments in most states are procuring high floor buses for public transport, which are completely inaccessible for people with diverse conditions including but not restricted to locomotor disabilities, short people etc. Even in the latest centralised tender for procurement of over 5000 electric buses by the Convergence Energy Services Limited (CESL) accessibility norms are being violated by many state government agencies. Deaf travelers face problems in knowing announcements made at airport/ train station / bus stands, especially when there is a change in boarding gate/ platform number and flight / train/ bus delays. Public transport becomes a stressful journey for acid attack survivors due to co-passengers making inappropriate expressions.

- Household toilets being constructed under Swachh Bharat Abhiyan mission do not comply with accessibility norms in most states.

- 18% concession in Goods and Services Tax (GST) is provided to persons with orthopedic disabilities on purchase of motor vehicles for their use, irrespective of the vehicle driven by themselves or by someone else for them\textsuperscript{45}. People with other disabilities like hemophilia also demand a similar concession for them, as it will add to their ability to gain independence and mobility.

**Impact of COVID 19 Pandemic:**

- Real-time response with regard to disasters, implementation of disaster management techniques, disaster relief supplies, ration kits, humanitarian assistance and health

\textsuperscript{45} [https://vikaspedia.in/social-welfare/differently-abled-welfare/schemes-programmes/gst-concession-to-pwds#:--text=The%20Ministry%20of%20Finance%20Government.perso\%20with%20orthopedic%20disability](https://vikaspedia.in/social-welfare/differently-abled-welfare/schemes-programmes/gst-concession-to-pwds#-text=The%20Ministry%20of%20Finance%20Government.perso\%20with%20orthopedic%20disability)
services were not accessible for persons with disabilities in all the states. No specific accessible intervention was provided by the State Disaster Management Authorities in most states for persons with disabilities during the pandemic, except for priority given for COVID 19 vaccination in certain states.

❖ Access to information was a major challenge for persons with disabilities across most states including north-east states during the pandemic, as most information on health and safety protocols were not made available in accessible formats.

❖ There was no distribution of assistive aids during the pandemic period in many states as the distribution camps were suspended.

Suggestions for effective implementation:

➢ The Government of India should provide technical input, budget and monitoring mechanisms to translate the Accessible India Campaign into real action in rural and urban areas. There is a need for innovative ideas, creative solutions and special funding from the Union Government to address the extra challenges faced by states due to difficult hilly terrains.

➢ Standards like National Building Code and Harmonized Guidelines and Standards for Universal Accessibility in India 2021 should be enforced by all states, municipal or local bodies to ensure accessibility.

➢ Building plans must not be passed unless accessibility features are included as specified in Sec 44 (1).

➢ Strict compliance of Sec 44 (2) of the RPDA 2016 (ensure accessibility in every new public building/structure including the private ones from planning stage), inclusion of accessibility experts and people with disabilities in planning, developing, and auditing any space/programme should be mandated.

➢ With a specific focus, all big infrastructure, with 4000 square feet or more area should not be given occupancy certificate unless “Access Certificate” is issued along with mandatory parking in 30 meters for all visitors with disabilities in all events.

➢ All public toilets should have low height locks and toilets for short height people.

➢ Airport announcements, changes in flight timings or announcements at/about boarding gate should be sent as messages to the phones of Deaf persons and those with autism, learning/intellectual disabilities. Staff at airports, railway stations & bus stops to be trained in basic sign language. A separate help kiosk should be set up outside the airport for passengers with disabilities.
➢ Structured courses should be introduced to develop a pool of sign language interpreters in all regions.

➢ Persons with disabilities belonging to all 21+ categories of disabilities should have access to the 18% GST concession on motor vehicles.

➢ ALIMCO being the largest producer of assistive technology solutions under the Government of India, (producing over 350 different kinds of aids and appliances), it should elevate suitability and sturdiness of its products and provide best quality aids and appliances according to the diverse needs of persons with disabilities.

➢ In order to enhance the assistive technology market and its function, its components such as basic and applied research, knowledge translation, manufacturing and marketing must be well connected through a common platform.

➢ Maintenance centers for aids and appliances shall be set up at each district by all State Governments.

➢ Members of Parliament Local Area Development Scheme (MPLADS) enables MPs to utilise MPLADS fund for the welfare of persons with disabilities with a major focus on distribution of assistive aids. Similar provisions shall be enabled for MLAs for compulsory distribution of aids and appliances as part of their social responsibility.

➢ Government procurement policies must include accessibility as a mandatory criterion.

➢ With expansion of disability categories to 21 from 7 in 2016, the government should come up with an assistive technology Act and standards for assistive technology to ensure accessible solutions in modern devices for all persons with disabilities.

➢ 100% accessibility of websites, hardware/ software and online platforms must be mandated.

➢ All the departments should have designated and dedicated facilitation cells for persons with disabilities. A disability nodal officer should be appointed in each government department to make it easy and convenient for people with disability to access various services as well as get information.

Other SDGs impacting persons with disabilities

6.1. CLEAN WATER AND SANITATION (SDG 6)

East regional consultation deliberated on this goal in detail and raised the following issues faced by people with disabilities and arrived at recommendations for inclusion of persons with disabilities under this goal.
Restrictions in equal opportunities, participation & dignified facilitations:

- Centre for Advocacy and Research, working in 22 settlements with 8,381 households in Bhubaneswar, Odisha found in its baseline study that the level of inclusion of persons with disabilities was highly inadequate and did not meet the Joint Management Programme (JMP) standard of accessibility to WASH services\(^{46}\). The study found that only 31% of respondents had piped water connections, out of which 17% had irregular water supply. 928 (98%) toilets have on-site faecal sludge.

- Persons with disabilities in the urban poor areas don't have accessible WASH infrastructure for day to day usage. Lack of quality assistive aids and appliances add to the barriers in accessing the available general wash facilities.

- Public toilets are not accessible in their design for the elderly and persons with disabilities, especially for those using wheelchairs, walkers, crutches or people with visual impairments who also face mobility challenges. These barriers include inaccessible approach and narrow pathways to the toilets in slums apart from the lack of grab bars and adequate space inside the toilets, doors closing inwards, slippery floors etc.

Impact of COVID 19 Pandemic:

- During lockdown, most people stayed at home whereby the community toilets were always full and crowded. Thereby, many persons with disabilities had to defecate at home in pots or newspapers.

- Inaccessible sinks / wash basins and inadequate water supply after every trip to the toilet as well as the non affordability to purchase soaps and other cleansing materials made persons with disabilities highly vulnerable to further infections and diseases.

\(^{46}\) Water for Women Fund Program by Department of Foreign Affairs and Trade (DFAT), Centre for Advocacy and Research (CFAR as the ‘Prime Awardee’) and Research Triangle Institute (RTI as Technical Partner) Baseline Study in Bhubaneswar informal settlement, 2018.
Suggestions for effective implementation:

➢ Good deal of subsidy should be provided to the elderly and persons with disabilities to build safe and accessible household toilets, with specific accommodations to their respective disabilities.

➢ All WASH infrastructure in the community including public toilets and waste water treatment facilities should be designed in consultation with persons with disabilities and other marginalized groups living in slums and members of community management committees set up at the slum level in many cities, so that their concerns are addressed effectively within the community.

➢ Sub facilities for waste management shall be set up at the settlement towards enabling participative and livelihood activity for people with disabilities and other minority groups in the community.

➢ All hand wash stations must be designed with appropriate accessibility standards in its approach and usage for all persons with disabilities including short people (such as convenient height, easy operation by hand and foot, pathway with non slippery leveled surfaces and tactile flooring.), similar to the models set up in Jaipur.

➢ Ensure all facilities are climate resilient and create dedicated disaster preparedness plan for persons with disabilities, elderly and chronically ill.

➢ Set up Gender, Social and Disability Inclusive Resource Centre in each urban local body, that can act as a bridge between district/ state administration and community, and to ensure all social, civic and legal entitlements reach persons with disabilities, elderly and other socially marginalized groups.

6.2. SUSTAINABLE ENERGY FOR ALL (SDG 7)

Restrictions in equal opportunities, participation & dignified facilitations:

● Persons with disability of all categories do not have access to sustainable energy on an equal basis with others in both rural and urban areas, nor do they have appropriate information on the same.

Suggestions for effective implementation:

➢ All information pertaining to schemes and facilities on sustainable energy should be made available and accessible for persons with disabilities by concerned departments.
➢ Persons with disabilities should be engaged in dialogues and discussions on sustainable energy by the state and appropriate authorities.

6.3. REDUCED INEQUALITIES (SDG 10)

Restrictions in equal opportunities, participation & dignified facilitations:

- Persons with disabilities are excluded from all systemic provisions and are not treated equally with others. This scenario has led to gross negligence and promoted inequality in socio-cultural, economic, civil and political life.

- There is a lack of implementation of all disability related laws on the ground with transparency and accountability. This is also due to the lack of awareness about the disability legislation amongst all stakeholders and a lack of facilitation of people's partnership in the process.

- There are seldom any appropriate financial resources in building the requisite manpower and systems, due to which legal provisions don't hold the power and action. For example, one of the judgements from Delhi High Court provides for sign language interpreters to be available in all public services, but the same is yet to be realized till date as there is a dearth of trained sign language interpreters in the first place.

- Both Rehabilitation Council of India (RCI) Act 1992 and the National Trust (for the welfare of Cerebral Palsy, Autism, Mental Retardation and Multiple Disabilities) Act 2000 are yet to be harmonized in lines with UN CRPD. Other laws ranging from beggary laws, laws on political processes and participation, contract laws, banking laws, criminal laws etc., which have discriminatory provisions against persons with different disabilities like leprosy, visual impairment, psycho-social disabilities, speech and hearing impairments are not yet amended in lines with India's obligation under CRPD.

- North regional consultation also noted that people with burn injuries (non-acid) who get disfigurement also suffer stigma, fear, various physical and mental health issues leading to exclusion and discrimination, similar to acid attack survivors; but they are not included in RPDA 2016. In addition, the terminology acid attack victim doesn’t align with the social & developmental model of disability, which the respective groups demand to be changed to acid attack survivors.
During COVID 19 pandemic, there was an attempt to remove the penal provisions related to Sections 89, 92 (a) and 93 of RPDA 2016 for reasons of ease of doing business for both domestic and foreign businesses and unclogging the overburdened judicial system\(^{47}\), which are critical provisions of the law to ensure accountability within both the government and private actors. This attempt was resisted by the disability groups which led to the government withdrawing the proposal. Apart from this, the government is also going ahead with a proposal to merge/cluster the various national institutes engaged in rehabilitation\(^{48}\). This is likely to impact service delivery for persons with disabilities and hamper even the limited rehabilitation and empowerment services that currently exist for persons with disabilities.

The north regional consultation observed the Election Laws (Amendment) Bill, 2021 proposed to link one's Aadhaar number with voter ID. This will impact the political rights of persons with disabilities who do not possess Aadhaar cards due to various barriers in obtaining biometric data. For example, people affected by leprosy have had issues with biometric processes\(^{49}\). So do persons with other disabilities requiring high support.

The Citizenship Amendment Act, 2019 (CAA) along with the proposed National Population Register and the National Register of Citizens exercise is likely to have an adverse impact on persons with disabilities, especially in the lower socio economic strata, as many of them lack any form of documentation such as family origin etc, continue to remain invisible and eventually end up in detention centres due to lack of citizenship proof. People affected by leprosy who were shunned out of their homes decades ago and found shelter in leprosy colonies are neither able to shift their residence, nor possess any supporting documents.

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\(^{47}\) DPwDs, MSJE Circular dated, Jan. 7, 2021


• The offices of the Chief Commissioner for Persons with Disabilities, National Trust (NT) & Rehabilitation Council of India (RCI) are without full time heads. The Delhi High Court has also responded to a public interest litigation and issued notice to the government. State Commissioners have not yet been appointed in many states.

• The State Rules for the Rights of Persons with Disabilities Act 2016 is yet to be published in the Govt Gazette in certain states like Jharkhand despite its notification in previous years. States such as Andhra Pradesh, Maharashtra and UTs of Jammu & Kashmir, Ladakh are yet to frame rules.  

• The constitution and working of State Advisory Boards and district-level monitoring committees, are not effective in most states. Andhra Pradesh and UTs of Dadra & Nagar Haveli, Daman & Diu, Jammu & Kashmir and Ladakh are yet to form State Advisory boards. In Jharkhand, a state level committee was constituted but was defunct for a long time with nominations invited in January 2021. In Odisha the last meeting of the State Advisory Board was held in 2019 and the status is so with many other states too as against the legal mandate to be convened every 6 months. In many states including Bihar and West Bengal district monitoring committees are yet to be constituted.

• None of the states in the country have constituted an assessment board to certify people with high support needs. This is despite the rules for assessment boards for high support needs being notified by some states. Only certain states such as Delhi, Gujarat, Meghalaya, Tamilnadu and Telangana have set up special courts. In the east region, none of the states including Odisha has set up special courts in line with the Act, though Odisha was mentioned to have notified the special court. Only Delhi has constituted the state committee for research on disability among all 28 states and 8 UTs in the country.

• So far, only 08 (eight) states/UTs, namely, Karnataka, Andhra Pradesh, Uttar Pradesh, Jammu & Kashmir, Maharashtra, Odisha, Kerala and West Bengal have framed and submitted draft rules seeking approval of the Union Government under Sub-section (2) & (4) of Section 121 of the Mental Healthcare Act (MHCA), 2017. Draft Rules submitted by the State of Karnataka have been approved by the Union Government.

50 Response to Unstarred Question No. 1109 dated 28/7/2021 by Dr. V Sivadasan in Rajya Sabha
52 Response to the Question on constitution of special court in Odisha at Rajya Sabha
Apart from the above, the rest of the states/UTs have not framed the draft rules under sub-section (2) & (4) of section 121 of the MHCA 2017.\(^53\)

- Organisations of persons with disabilities (OPDs) are not consulted on major policy decisions in most states except for those which receive funds from the government, who are but rarely invited.

- In most states of the country, political representation of persons with disabilities is lacking due to reasons such as political parties not choosing them, barriers experienced at the ROs office while filing nominations, cancellation of their nominations, other harassment, etc. Those who manage to contest individually and win to hold the local offices carry out good work for the community, yet by facing inaccessible infrastructure and other barriers every day.

**Suggestions for effective implementation:**

- Both State and Union Governments must recognize the fact that people with disabilities continue to experience discrimination and inequalities and therefore should conceptualize strategies to put an end to inequality to avoid discrimination on the basis of disability.

- RPDA 2016 and MHCA 2017 should be implemented with stringent penalties for systemic delays.

- All laws concerning persons with disabilities such as the National Trust Act & RCI Act should be harmonized in line with RPDA 2016.

- All laws that discriminate against persons with disabilities should be amended.

- Amend Articles 15 & 16 of the Constitution of India to include “disability” as a ground on which discrimination is prohibited.

- Constructive consultation with all relevant stakeholders should be ensured before passage of laws.

- Persons injured by other serious burns should be added under the ambit of RPDA 2016 along with acid attack survivors. The term ‘victims’ as in ‘acid attack victims’ should be replaced with a dignified term.

- Ensure that Rules for RPDA 2016 and MHCA 2017 are notified in all states.

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\(^{53}\)Answer to a question by Shri Elamaran Kareem in the Rajya Sabha dated August 3, 2021
➢ Mandate regular execution and reporting of State Advisory Boards and District management committees in all states and districts.

➢ The district courts and district committees must be set up in all states on priority.

➢ The RCI should formulate guidelines for streamlining, recognizing and providing certification for psychotherapists to help bridge the shortage of mental health professionals.

➢ Focussed inclusion in the legal mechanism specifically to promote land and property ownership rights in favor of both men and women with disabilities should be ensured.

➢ India needs a legislative framework, such as an Equality Law, which promotes equality and non discrimination, taking into consideration the multiple intersectionality experienced by persons with disabilities.

➢ Mandatory implementation of reservation in education, employment, social security and poverty alleviation schemes should be worked out.

➢ Increased representation of persons with disabilities, especially by introducing affirmative actions and reservations across all levels of governance and administration including panchayats, state legislatures and parliament should be ensured. Persons with disabilities should be nominated to Rajya Sabha and Vidhan Parishad (in states that have them). Whether elections or events, persons with disabilities must be made icons for better visibility.

6.4. DISABILITY INCLUSIVE ENVIRONMENT/ CLIMATE ACTION - RESPONSIBLE CONSUMPTION & PRODUCTION (SDG 12), TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE (SDG 13), LIFE BELOW WATER (SDG 14), & LIFE ON LAND (SDG 15)

Restrictions in equal opportunities, participation & dignified facilitations:

- There is a huge lack of awareness among all stakeholders including persons with disabilities about access to environmental/ climate justice being a legitimate right of persons with disabilities.

- Depending on the type of disability and multiple disabilities, it is imperative that persons with disabilities are adversely impacted by climate change and global warming.

- It is appalling that the recent COP-26 meetings held at Glasgow, Scotland could not provide access to persons with disabilities to participate in meetings, either physically or virtually. Even the UNFCCC is yet to recognize the role of persons with disabilities in climate action that addresses ecosystem restoration processes.
Suggestions for effective implementation:

➢ A holistic policy framework must be put in place to mainstream persons with disabilities to exercise their right to environment/ climate justice.

➢ Such a policy framework must span across all of the Sustainable Development Goals which include health and nutritious food security, education, employability and livelihoods, access to clean potable water and sanitation, which underlie environment/climate justice.

➢ Leadership of urban and rural persons with disabilities and organizations working for their wellbeing must be recognized as the primary stakeholders in all the activities that address the climate crisis. All strategies for the implementation of climate action which include reduction of carbon emissions, renewable energy, transport, regenerative agriculture/ natural farming and other strategies for disaster risk reduction, must bring issues of persons with disabilities to the center of all operations to provide access to environmental/ climate justice.

➢ A mandatory legal framework for equal opportunities that respects the life with dignity of all persons with disabilities in all environmental/ climate justice initiatives is crucial.

➢ All productions, distributions and other value addition processes must promote adequate systems in place in consultation with producers and consumers with and without disabilities, to behave in a manner that all citizens are responsible for our limited resources. Moreover, governments must educate all citizens including persons with disabilities to behave responsibly to access all resources belonging to our generation and future generations.

Good practices and initiatives shared by participants at the regional consultations

Social Security:

➢ Detailed RIGHTS project with components on accessibility, community based rehabilitation, inclusion and equal opportunity with a 1703 crores budget allocation for 6 years is being worked out by the Government of Tamilnadu. Under this project, data of all persons with disabilities in the state is to be streamlined and essential social security programs are to be identified and executed.
Government of Andhra Pradesh has taken up an initiative of identifying & creating a centralized database for persons with disabilities by using scientific approach & disability guidelines. SADAREM ICT solution is designed to cover the following features: Scientific assessment of the degree of disability is done on the basis of methods and formulas prescribed in the Gazette 2001 issued by the Ministry of Social Justice and Empowerment, Government of India. Persons with impairments can register for disability certification at their village secretariat, upon which, appointments will be given to the nearest hospital with date and time. Once the assessments are done at the hospital and the verification is complete, a disability certificate will be issued which the person can download from the village secretariat.

Meghalaya has appointed a UDID officer at each district for dealing with the UDID process in addition to the State Nodal Officer.

Assam has issued 88,178 UDID cards so far out of 1,97,000 UDID registrations, out of which 37,000 applications are rejected. Manipur has issued 4348 UDID certificates out of 9290 UDID registrations and Nagaland has issued 1242 UDID certificates out of 1539 UDID registrations till date. Sikkim has made a total of 3001 UDID registrations & certificates, out of a total of 5767 persons with disabilities, who have disability certificates. (Total population of persons with disabilities in Sikkim as per Census 2011 is 18,187).

The scheme, “CM giSotharabasingi Tengbang” in Manipur has five sub schemes including maintenance grant / caregiver allowances of Rs.1500/- per month to persons with benchmark disabilities / high support needs. They would also be covered under "Swavlamban health insurance scheme for persons with disabilities", where the State Government will provide the mandatory beneficiary contribution of INR 366 per annum, which will provide a health insurance cover of INR 2 lakhs to four members of a family with outpatient charges.

Persons with disabilities in Sikkim are provided housing loans of INR 10 – 18 lakhs with 25% subsidy.

Persons with disabilities in the urban areas of Mizoram are facilitated with a hassle free disability certification process.

Haryana Government provides Rs.1250 as support allowance to children of persons with 100% disability\(^5^4\) in addition to a maintenance allowance of Rs.1800 for children with disabilities.

Arunodoi scheme, launched in October 2020 in Assam, provides financial assistance of INR 830 per month through Direct Benefit Transfer (DBT) scheme to specific categories such as the poor and single women, including women with disabilities.

In Bihar, the compensation provided for acid attack survivors whose faces have been disfigured is increased from Rs 3 lakh to Rs 7 lakh. If the survivor of acid attack or

\(^{54}\) Source: a Haryana based organisation
rape is under the age of 14, the compensation would be an additional 50 percent.\textsuperscript{55} Survivors of acid attack who have suffered damage in their eyesight up to 80 per cent or have acquired disability would get a monthly compensation of Rs 10,000 instead of the whole compensation amount in a single installment.

- ALIMCO (Artificial Limbs Manufacturing Corporation) the government entity and the largest producer of assistive technology solutions in India, produces over 350 different kinds of aids and appliances.

Support & Assistance during COVID 19 pandemic:

- In Tamilnadu COVID 19 pandemic helpline was functional 24x7 at the office of the State Commissioner for Persons with Disabilities, with video call facility for deaf persons in sign language. Food supplies and medicines were procured and sent to the doorsteps of people with disabilities who requested for the same through this helpline. Doorstep vaccination of persons with disabilities was initiated first in the country and executed.

- During the 2021 lockdown, Mizoram Government provided assistance of INR 2000/- from the Chief Minister’s Relief Fund to eight blind children who lost their livelihood due to the pandemic. Local level task force was mobilized to give food and cash as well as facilitate testing facilities, nursing care and meal services to persons with disabilities as per their requirement, through sensitisation. Plans included provisions of mobile vans and dispensaries, free medication and transportation of persons with disabilities.

- In Dibrugarh district, Assam, during the 2\textsuperscript{nd} wave of the pandemic in 2021, the district authority admitted COVID 19 infected children (boys) with disabilities in the hospital for better care.

- Initiatives were taken to make COVID 19 advisories accessible in the states of Assam\textsuperscript{56} and Nagaland.

- The Health department of Mizoram provided certain wheelchair accessible facilities including accessible toilets in COVID care wards. Persons with disabilities were provided door step vaccinations in both urban and rural areas.

\textsuperscript{55}\url{https://indianexpress.com/article/cities/patna/bihar-cabinet-approves-compensation-for-rape-acid-attack-victims-raised-5263393/}


\textsuperscript{56}\url{https://socialwelfare.assam.gov.in/resource/covid19-advisory-for-disabled-people}
State disaster management authorities in Sikkim gave priority to persons with disabilities in vaccination for COVID-19 virus.

In Odisha, Swabalamban initiative by Swabhiman successfully trained and employed 117 youth in COVID-19 pandemic related opportunities.

Health:

The National Leprosy Eradication Program (NLEP) under the Ministry of Health and Family Welfare has included the mandate of active case screening for leprosy within other programmes such as Rashtriya Bal Swasthya Karyakram, Rashtriya Kishor Swasthya Karyakram, Comprehensive Primary Healthcare, Ayushman Bharat for population-based screening of women and men of 30 years & above and the National Urban Health Mission (Urban Leprosy Screening)\(^{57}\).

Tele Mental Health is one of the new initiatives introduced by Mrs. Nirmala Sitharaman, Finance Minister of India during the previous budget session.

Sugamya Bharat Abhiyan App was launched by the Ministry of Social Justice & Empowerment, Government of India to identify gaps and facilitate remedial action by concerned authorities.

Trained ASHAs had been assigned to conduct door-to-door survey of persons with disabilities for any communicable diseases from 2021 as per the micro-level planning done by the districts in Odisha\(^{58}\).

In Nagaland, one DDRC is functional at Dimapur and two more DDRCs have been approved for the districts of Mon and Tuensang. There is one functioning DEIC at the Naga Hospital Authority, Kohima.

In Sikkim, a DDRC is functional in East District, Gangtok, attached to STNM Hospital.

Education:

The National Council of Educational Research and Training (NCERT) is in the process of developing a booklet on inclusive education involving various stakeholders including persons with disabilities, (especially the representatives of newly added disabilities in the Act.). It is hopeful that the booklet will be a useful tool covering the specific requirements of persons with diverse disabilities.

\(^{57}\) Leprosy Mission Trust India’s Report

\(^{58}\) Virus blow to leprosy screening, special drive from. Source: The Hindu. 26/12/2020.
BUDS\textsuperscript{59} schools are free and open special schools for children with intellectual disabilities of poor families. There are 62 BUDS schools in the state of Kerala, all owned and managed by the local government institutions under the support and guidance of Kudumbashree Mission and the community structure. BUDS schools are set up and run according to the guidelines issued by the Government of Kerala.

In Assam, there is a scholarship of INR 2,400 per annum (INR 200 monthly) for students with minimum 40% disabilities for education purposes. There is also a scholarship of INR 3000 per month (Yearly INR 36,000) for students with minimum 40% disabilities to pursue Medical and Technical Education.

In Manipur, there is a scheme, “CM giSotharabasinggiTengbang,” which includes a scholarship scheme to students with disabilities, with INR 3,000/- per annum for Class I-V, INR 4,000/- per annum for Class VI-VIII, INR 6000/- per annum for Class IX-XII and INR 8000/- per annum for pursuing graduation and above. Under the scheme, free travel and concession to persons with disabilities are being given to them in public transport under Manipur State Transport (MST).

In Odisha, laptops are being distributed to visually impaired students studying in colleges and universities. In addition, Swabhiman, an NGO, distributed tablets to students with disabilities during the pandemic for their matriculation examination preparation in 2020.

Saksham a unique initiative by Swabhiman in Odisha has set up model inclusive child resource centres, that provides support mechanism not only for the education of children with disabilities but also strengthens the support system required by the school, teachers, therapists, interpreters and parents towards the holistic development of children with disability. The project works with 321 children with disabilities in urban poor areas of Odisha. It brought back 112 children who dropped out of schools to continue their education, trained 700 government teachers and reached about 10000 beneficiaries.

**Employment & Livelihood:**

- Mizoram state has complied with the 4% reservation in jobs in line with the RPDA 2016. Grievance redressal officers had been appointed in all departments.

- In Nagaland, 4% reservation in government jobs has been notified. Government posts have been identified for categories A, B, C and identification for categories D and E are underway. In Nagaland, notification on the appointment of grievance redressal officers had been received from 44 government departments by the State Commissioner for Persons with Disabilities, Nagaland so far.

\textsuperscript{59} http://thekudumbashreestory.info/index.php/programmes/social-empowerment/buds-school
Persons with benchmark disabilities belonging to the age group of 18 to 50 years, who are educated till high school and have undergone skill development training, are provided an (one time) assistance of INR 20,000 in two installments as rehabilitation grant for livelihood in Assam, under DeenDayal Divyangjan Punarsanthapon Achoni\(^{60}\). A total of 8 persons with disabilities from each district can avail this grant.

The “CM gi Sotharabasingi Tengbang” scheme of Manipur supports persons with disabilities within the age group of 19-59 years by providing soft loans to take up sustainable employment opportunities including self-employment through Manipur Society for Skill Development (MSSD).

West Bengal and Chhattisgarh are among the 6 best states for providing employment to over 1 percent of persons with disabilities among those enrolled under the MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act) scheme.

The Government of Karnataka has listed 145 categories of jobs that can be assigned to persons with disabilities.

**Accessibility:**

- The Accessible India Campaign has created more awareness on the need for accessibility in all public buildings.
- The Smart Cities Mission offers a great opportunity and huge funds to ensure inclusion and participation of persons with disabilities in workplace, neighbourhood activities and in social life.
- Most of the government websites in Nagaland comply with the accessibility norms.

**Data, Partnerships & Empowerment:**

- The Government of India has adopted ‘Sabka Saath Sabka Vikas’ as an overarching goal, envisioning an inclusive new India in partnership with multi-stakeholders aligning with the key principles of the Constitution of India, i.e. equity, equality and inclusion.
- Election Commission of India has set up an accessibility division within its office to focus on the monitoring and implementation of accessible facilitations in the electoral process for persons with disabilities across the country. ECI works in partnership with the civil society groups working in the disability domain.
- The North East Region District SDG Index & Dashboard (Baseline Report 2021 – 22), tracks progress of the districts of all eight states of the region, on 84 indicators that

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\(^{60}\) https://sonitpur.gov.in/portlet-sub-innerpage/list-of-beneficiaries-under-deen-dayal-divyangjan-punar-santhapon-achoni
are aligned with the Ministry of Statistics and Programme Implementation’s (MoSPI) National Indicator Framework (NIF) to get an overview of the performance of districts in the region against different SDGs. In this exercise in which 103 districts were considered for ranking, 64 districts belonged to the front runner category while 39 districts were in the performer category in the composite score and ranking of districts. All districts in Sikkim and Tripura fall in the front runner category.

- Through the efforts of an association for hemophilia in Punjab and the cooperation of appropriate authorities, there is increased awareness among persons with hemophilia on RPDA 2016. 70% known cases of people with hemophilia were assessed and provided with the disability certificates and UDID cards in Punjab, regular blood transfusion was enabled during first lockdown through the engagement of state’s National Health Mission (NHM) as well as managed to create separate wards in the hospitals for transfusions, instead of the general practice to do it in the emergency wards which had the risk of transmitting infections during the pandemic.61

- The CREATE in IIT Madras is involved in developing innovative technologies like the recent wearable assistive devices to empower people with hearing and motor disabilities. IIT-M’s R2D2 (TTK Centre for Rehabilitation Research and Device Development) is working on research, design and development of rehabilitation and assistive devices for people with movement impairments.62

- Various welfare activities such as awareness campaigns, research activities, collaborative employment opportunities in private sector, delivery of food, medicines and essentials, facilitation of easy access to disability certification, community services pertaining to education, health and rehabilitation and other human rights are being practiced on the ground by civil society groups across the country like Sanchar - West Bengal, Amar Seva Sangam – Tamilnadu, et al and OPDs like Odisha State disAbility Network, Chhattisgarh Vikalang Manch, Bihar Viklang Adhikar Manch, Divyang Adhikar Manch – Jharkhand, etc to name a few. Such initiatives also serve as models for the governments to work out similar measures on a much larger scale.

- Swabhiman in collaboration with the Government of Odisha enabled the establishment of a separate department for disability, SCPD Office as well as changed the designation of Minister concerning the welfare of persons with disabilities as ‘Minister Disability’. The Bhima Bhoi Abhiyan, which is a single window approach for ease of accessing entitlements, is a result of Swabhiman’s collaboration with the Government of Odisha.

- Department for the welfare of differently-abled persons, Tamilnadu is working in collaboration with Vidya Sagar, an NGO in Chennai to create ‘Museum of Possibilities’, where all assistive devices and simple adaptations are displayed to

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61 Source: A Punjab based organisation

62 [https://r2d2.iitm.ac.in/](https://r2d2.iitm.ac.in/)
empower persons with disabilities to live independently within the community.\(^{63}\) Government of Tamilnadu is also partnering with Amar Seva Sangam on community initiatives for early intervention of children with disabilities and village based rehabilitation using low end technology like mobile phones, based on their successful pilot carried out in the villages of Tenkasi district\(^{64}\).

**Observations on the follow up action taken on the recommendations of second VNR parallel report**

- **SDG 1 - No Poverty:** Recommendations regarding 25 % higher quantum of assistance are not followed, information about the general poverty alleviation schemes is not made available to persons with disabilities, and efforts are not taken towards collecting data on persons with disabilities who have accessed the poverty alleviation schemes.

- **SDG 2 - Zero Hunger:** Mid day meal program for children with disabilities including children on home based education is not effectively implemented.

- **SDG 3 - Good Health and Well-being:** None of the suggestions given under SDG 3, including addressing the needs of persons with disabilities in Universal Health Coverage, sensitization of health personnel etc were implemented effectively.

- **SDG 4 - Quality Education:** Appointing nodal officers at district level, use of technology etc and other recommendations towards education of children with disabilities were not implemented.

- **SDG 5 – Gender Equality:** Suggestions like disaggregated data on women with disabilities with regard to Beti Bachao-Beti Padao and other schemes for women were not published.

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\(^{63}\) [https://tnmop.in/](https://tnmop.in/)

SDG 8 - Decent Work and Economic Growth: None of the recommendations in the second VNR for SDG 8 were adequately addressed in terms of policy, programs and schemes.

SDG 17 - Partnership for the Goals: Strengthening data collection and reporting mechanism from the disability lens to publish disaggregated data for all schemes have been initiated in few states like Tamilnadu.

Advocacy Charter

The 17 SDGs are complementary to each other as well as interdependent, the action agenda for one goal cannot be alienated from the other. The advocacy charter provides a comprehensive action agenda to be followed by respective departments and convergence of departments, which should be enforced strategically by the central nodal agency NITI Aayog.

End Poverty (SDG 1)

1. Ensure adequate & dignified social security measures for all persons with disabilities, which shall be inclusive of:

   ➢ A dignified disability allowance covering the disability extra cost incurred due to inaccessible transport / spaces, maintenance of assistive aids, personal assistance, unemployment, rehabilitation therapies etc;
   ➢ Quality assistive aids with distribution mechanism at PHC level;
   ➢ Implementation of 5% reservation in all poverty alleviation schemes, housing programs, subsidies for retrofitting infrastructure, instruments and vehicles;
   ➢ Any such appropriate social security program;
   ➢ Appropriate monitoring mechanism and reporting on the above actions in the public domain.
   ➢ Ensuring simplified and hassle free disability certification and enrolment of UDID for 21+ categories of disabilities, that enables them to access all social security programs, by enforcing:
     # Revision of disability assessment guidelines on the aspects of functionality of individuals, taking into account the restrictions and barriers that persons with disabilities face in day to day life.
# Analysis and rectification of all gaps that exist in the evaluation of all categories of disabilities.

# Training programs to doctors and other medical staff involved in the process of certification, on disability competencies.

# Availability of specialist doctors at district medical boards, and mandating their sensitisation on assessing invisible disabilities so that persons belonging to newly added categories of disabilities such as chronic neurological conditions, blood disorders, etc don’t experience any further barriers in getting their disabilities certified.

# Certification to be carried out at PHC level with minimal (one) hospital visit for individuals with disability or door step assessment.

# Facilitation of offline application process should be enabled wherever technological barriers are faced by persons with disabilities.

## Good Health & Wellbeing (SDG 3)

2. Ensure quality health & rehabilitation services with appropriate disability accommodations at the community for all persons with disabilities. Towards this,

- All health care services including all health care infrastructure, products, programs, services and information should be made accessible for all persons with disabilities;

- All professionals / personnel engaged in all health care services to be oriented periodically on providing required disability accommodations to all health care seekers with disabilities;

- All diagnostic, therapeutic and rehabilitation (CBR) intervention for all persons with disabilities should be listed and made available in all PHCs;

- All health expenses of all persons with disabilities should be covered in all health insurance policies;

- Home based health care & rehabilitation for all persons with disabilities should be covered under universal health coverage programs and policies;

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65The success achieved by the Hemophilia Society in the State of Punjab in training Medical Board doctors can be easily scaled up with the partnership of the organisations working with all the 21 different disabilities.
➢ Basic essential services for good health such as nutrition, safe drinking water, clean sanitation facilities and hygiene promotion should be made accessible and available for persons with disabilities;

➢ Persons with disabilities should be involved in system planning and decisions with regard to health care services for persons with disabilities.

Quality Education (SDG 4)

3. Ensure quality & inclusive education for all children & adults with disabilities in the community by,

➢ Making all educational institutions, infrastructure, information, communication and services accessible for all children / adults with 21+ disabilities;

➢ Imparting accessible teaching learning methodologies;

➢ Evolving disability specific curriculum;

➢ Conducting periodic training programs for all educators on the same;

➢ Ensuring 5% reservation in all higher educational institutions for all persons with disabilities;

➢ Facilitating any other essential support mechanisms such as distribution of quality learning aids (ex: tablets, laptops, mobile phones), specific assistance to students who dropped out of school, provision of escorts and accessible transport to go to school, etc.

Gender Equality (SDG 5)

4. Ensure holistic empowerment of women and girls with disabilities, inclusive of safe environments and accessible judicial protocols. This agenda should be enforced by,

➢ Effectively including women with disabilities in all mainstream programs for women;

➢ Formulating & implementing specific developmental programs for women with disabilities;

➢ Mandating accessibility and inclusion of women with disabilities in all policies and processes to reduce injustice against women and ensuring monitoring and reporting mechanism of the same;

➢ Ensuring that focused measures to reduce violence, abuse and exploitation against women with disabilities includes amending the structure of Internal Complaints Committee under the Sexual Harassment at Workplace Act 2003 to have an expert
woman with disability as an invited member if either party is a woman with disability, conducting sensitisation programs on disability accommodations of persons/ women with 21+ disabilities;

➢ Any other appropriate programs and measures.

Decent Work & Economic Growth (SDG 8)

5. Ensure economic empowerment & sustenance of all persons with disabilities, through various measures, including:

➢ Executing 4% reservation for persons with disabilities in all government jobs and all flagship livelihood generation programs;

➢ Clearing all the backlogs in all identified posts so far;

➢ Withdrawing exemption in certain police services from the purview of reservations;

➢ Implementing the Supreme Court order on extending the reservation for employees with disabilities in job promotions⁶⁶;

➢ Mandating job opportunities in private sector;

➢ Enforcing accessible & inclusive vocational training programs;

➢ Executing reasonable accommodations in all job placements and vocational trainings;

➢ Developing equal opportunity policy for persons with disabilities at all establishments / departments;

➢ Formation & functioning of grievance redressal mechanism;

➢ Conducting and monitoring social audit of all such measures as mentioned above;

➢ Carrying out any other appropriate measures.

⁶⁶ Civil Appeal 1567 of 2017,
https://indiankanoon.org/doc/167678907/
Industry, Innovation & Infrastructure (SDG 9); and Sustainable Cities & Communities (SDG 11)

6. Enforce stringent measures towards ensuring Access for ALL by:

➢ Executing universal design standards in all public infrastructure (including buildings & transport systems), information, communication & technology, products, designs, services and programs;

➢ Identifying & addressing the gaps in implementing Accessible India Campaign in the next one year;

➢ Enforcing section 44 (1) & (2) of RPDA 2016 on all new establishments/ buildings to comply with accessibility standards, assigning appropriate authorities and access audit protocols for the same;

➢ Carrying out any other appropriate measures.

Reduced Inequalities (SDG 10)

7. Execute policy reforms to reduce discrimination and inequalities faced by persons with disabilities. Towards this agenda,

➢ Amend Sec. 3(3) of the RPDA 2016 to remove the discriminatory clause;

➢ Amend Article 15 & 16 of the Indian Constitution to explicitly prohibit disability-based discrimination;

➢ All State Governments to establish separate departments for disability;

➢ Disability cells / Nodal officers for "inclusion" to be designated in all Govt (Union & State/ UT) departments;

➢ Persons with disabilities to be engaged in planning, decision making and implementation stages of all development programs;

➢ All existing programmes to be revisited by the Central Advisory Committee followed by public consultations such that their design and implementation is aligned with the objectives of the RPDA 2016 facilitated by budgetary allocations;

➢ Political participation of persons with disabilities to be facilitated by enabling reservation for persons with disabilities in all elections from local governance bodies (i.e. Municipal bodies and Panchayat elections) to State Legislative Assembly Elections across all States, Loksabha elections and nominations to Rajya Sabha.
TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE (SDG 13); LIFE BELOW WATER (SDG 14); & LIFE ON LAND (SDG 15)

8. Include persons with disabilities in all discussions, programs and action agenda on climate justice.

Further to this, all legal stratifications must take into account intersectionality based well being approach within all climate action strategies.

Peace, Justice & Strong Institutions (SDG 16)

9. Enhance budget allocation, monitoring, capacity building and larger sensitisation of multi stakeholders including persons with disabilities for inclusive development:

➢ 5% allocation for disability should be made across all Ministries, which should be structured by way of consultations with financial experts, gender experts and disability experts including persons with disabilities in a time bound manner;

➢ Allocation of CSR funds towards development programmes of persons with disabilities should be enforced;

➢ MLAs should be assigned funds for disability development similar to MPLADS;

➢ The long pending vacancies of Chief Commissioner for Persons with Disabilities and Chairpersons of National Trust and Rehabilitation Council of India (RCI) should be filled immediately;

➢ Civil Societies working with persons with disabilities including Organisations of Persons with disabilities (OPDs) and District Level Committees should be engaged in monitoring the ground realities of persons with disabilities and prompt states to accelerate action in lines with RPDA 2016;

➢ Enhance the capacity building of CSOs (OPDs) and District level Committees, and larger sensitisation of persons with disabilities in the community for inclusive development.

Partnerships for the Goals (SDG 17)

10. Ensure that disaggregated data on disability is made available across all ministries, departments, commissions, cooperatives, agencies, institutions, schemes and flagship programs of the Union and State Governments and a dynamic centralized data source is created:
➢ Government reporting procedures followed by different ministries in the form of Monthly Progress Reports, Quarterly Progress Reports and annual reports should capture disaggregated gender based data on disability.

➢ The gaps in collating disability data should be identified and the formats for obtaining the same for different reports/ records/ databases should be established.

➢ Certain parameters on which data should be obtained for further monitoring on disability inclusion and strengthening state action on better response mechanism include, but not limited to the following:

#Persons / women/ trans persons with disabilities accessing Antyodaya scheme (upholding the right to food), vocational programs, livelihood opportunities (including self employment options, microfinance facilities, etc.), health care services, diverse educational programs, sports & culture, etc;

#Disaggregated data on the violence experienced by women and trans persons with disabilities (including the data maintained by the National Crime Bureau), the remedial measures obtained by them;

#The district wise data of persons with disabilities on account of disaster risk reduction and management;

#The First Information Report (FIR) format taking into account the detailed information of disability of persons/parties concerned.

- Develop partnerships with civil societies / OPDs and assign persons with disabilities as inclusion focal points in all ministries, departments and nodal agencies under the Union and State Governments.
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