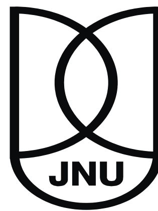
DISABILITY AND DISADVANTAGE:
A CASE STUDY OF SOCIAL EXCLUSION IN ODISHA

Thesis submitted to the Jawaharlal Nehru University

for the award of the degree of

DOCTOR OF PHILOSOPHY

SHARADA PRASANNA ROUT



CENTRE FOR THE STUDY OF LAW AND GOVERNANCE

JAWAHARLAL NEHRU UNIVERSITY

NEW DELHI-110067

2016

JAWAHARLAL NEHRU UNIVERSITY
Centre for the Study of Law & Governance
NEW DELHI-110067. INDIA

DECLARATION

Date: 08.09.2016

I declare that the thesis entitled **"Disability and Disadvantage: A Case Study of Social Exclusion in Odisha"**, submitted by me in partial fulfilment of the requirements for the award of the **Degree of Doctor of Philosophy** of **Jawaharlal Nehru University** is my own work. This thesis has not been submitted for the award of any other degree of this University or any other University.

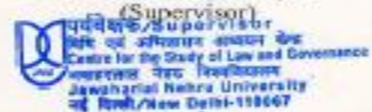
Sharada Prasanna Rout

CERTIFICATE

We recommend this dissertation be placed before the examiners for evaluation.

Prof. Jaivir Singh
(Chairperson)

Prof. Niraja Gopal Jayal
(Supervisor)



I Dedicate this Work to My Parents Whose Affection, Encouragement and Support Took Me to

Carry Forward My Dreams

And

At the Same Time I Extend My Dedication to the Millions

of Disabled, Who Have Been the Victims of

Social Political Discrimination

// Acknowledgement

With the long cherished moments of completion of this project, with warm gratitude and regards, I recall the people who have encourage and helped me in.

First of all, I extend my deepest gratitude to my revered supervisor Prof. Niraja Gopal Jayal, under her active guidance I completed my long cherished, dream. She provided moral support, affectionate encouragement, critical analysis and priceless suggestions at all stage of my thesis Work. Since my seven years of academic engagements under her active supervision, I learned many things which I cannot explain within a paragraph. Honesty, sincerity and punctuality are the core principle of her behavior which always inspires me to follow the same path for my future academic career. Again, I sincerely thanks from the core of my hart to my supervisor.

I am immensely thankful to all my respected teachers of the centre - Prof. Jaivir Singh, Prof. Amit Prakash, Dr. Pratiksha Buxi, Prof. Amita Singh, and other scholars for their valuable suggestions and guidance throughout.

I am also thankful to the disability study circles in Delhi, Dr. Renu Adlakhar, Dr, Jagdish Chandra, Prof. Anita Ghai, Prof.Nilika Mherotra, Prof. Tanmoy Vatacharya and other scholars, for their peerless help and guidance in the preparation of these Research ideas.

I am cordially indebted to libraries of Jawaharlal Nehru, CSLG Library and Odisha Disability Directorate, Odisha Disability Commissionar Office, Swabhiman NGO, Santa memorial Rehabilitation Center, Odisha Association for the Blind, Odisha Association for the Orthopedic Handicapped, Odisha Association for the Hearing Handicapped, Odisha Vocational Rehabilitation Center, Odisha Special Employment Exchange Center, Odisha Ministry of Child and Women Welfare Department, Odisha Planning Commission Department, Office of Districts Collector of Koraput and Ganjam, Office of District Welfare Department of Koraput and Ganjam, Office of District Project Coordinating Koraput and Ganjam, District Disability Rehabilitation Center of Koraput and Ganjam of Odisha for their relevant books, journals, official reports and Govt. documents for a profound enrichment of my work with copious and cognent fgacts. And also, I enormously benefitted from the various Websites and Blogks and diforent disability online groups which I mostly getting disability specific books, reports, pamphlets, and ideas for this Research work.

It is essential to acknowledge and appraise from the bottom of my heart the Helen Keller Unit of JNU library, which provides software facilities for visually impaired students that assisted me to overcome impediments towards the accomplishment of my thesis work.

The painstaking efforts of editing has meticulously been done by my respectable friends and seniors Martru, Pabitra, Susanta Bhayeena Jaga Bhayeena, Madhaba Bhayeena, Uttam, Raj, Viswa Bhayeena, Deepa Didi, Rama Bhayeena, and my others inseparable friends despite their own academic works, for which words fall short. I also extend thanks to Manju, Ajanta, Sukanti, Mamini, Rukmani, Gress, Pragya, Soma, Amit, Babita, Avinash, Siddhartha, Sandeep, Ramesh, Ranjit, Harsha, Swarab, Anil, Gerish Bhayeena, santosh Bhayeena, for their encouragement.

The words will be insufficient to owe my gratitude to my Baba (father) and late Baauu (late mother) who have become a perennial source of inspiration for me through out my life for their constant support and motivation. I am thankful to my elder brother and sister in law, my sister and brother in law and my loving younger brother Chintu for their encouragement.

Though some names are missing here, they are not missing from my heart.

JNU New Delhi Sharada Prasanna Rout

07.09.2016

CONTENTS

Abbreviation vii-xi

Introduction 1-34

Chapter One

Understanding Disability:Concepts and Approach 35-75

Chapter Two

Disability Movement and Policy Formation in India: A Critique 76-126

Chapter Three

Disability and State Policy: A Case study of Koraput 127-166

Chapter Four

Disability and State Policy: A Case study of Ganjam 167-204

Chapter Five

Disability and State Policy: A Comparative Case study of Odisha 205 -243

Conclusion 244-253

Bibliography 254-295

Annexure

Abbreviations

ADA : Americans with Disabilities Act

ASHA : Accredited Social Helth Activist

AICB : All India Confederation of the Blind

AJRRC : Amar Jyoti Research and Rehabilitation Centre

ALIMCO : Artificial Limbs Manufacturing Corporation

ARCERU : Arthritis and Rheumatism Council of Epidemiology Research Unit

BBSs : Bhima Bhoi Samarthya Sibira

BBS : Bhima Bhoi Scheme

CHC : Community Helth Center

CP : Cerebral Palsy

CPWD : Commissioner for Persons with Disabilities

CWSN : Children with Special Needs

CWN : Children with Disability

CBR : Community Based Rehabilitation

CCC	:	Central Coordination Committee
CEC	:	Central Executive Committee
CRC	:	Composite Regional Centre
CSWB	:	Central Social Welfare Board
DDA	:	Disabilities Discrimination Act
DP	:	Disability Pension
DDRC	:	District Disability Rehabilitation Centres
DGE&T	:	Directorate General of Employment and Training
DPI	:	Disabled People's International
DPO	:	Disability Peoples Organizations
DSW	:	District Social Welfare
DRC	:	District Rehabilitation Centre
DRG	:	Disability Rights Group
DFID	:	Department of Foreign and International Development
ECOSOC	:	Economic and Social Council
FCI	:	Food Corporation of India
GOI	:	Government of India
GOO	:	Government of Odisha

GHDR	:	Ganjam Human Development Report
HH	:	Hearing Handicapped
HI	:	Hearing Impaired
ICIDH	:	International Classification of Impairment, Disability and Handicapped
IPH	:	The Institute for Physical Handicapped
IRDP	:	Integrated Rural Development Programme
ISIC	:	Indian Spinal Injury Centre
IYDP	:	International Year for Disabled People
LDC	:	Lower Divisional Clerk
MVSN	:	Mahila Vikas Samabaya Nigam
MSJE	:	Ministry of Social Justice and Empowerment
NAB	:	National Association for the Blind
NBYA	:	National Blind Youth Association
NCPEDP	:	National Centre for Promotion and Employment of Disabled People
NFB	:	National Federation of the Blind
NGO	:	Non-governmental Organization
NHFDC	:	National Handicapped Finance Corporation
NICDR	:	National Information Centre on Disability and Rehabilitation

NIHH : National Institute for Hearing Handicapped

NIMH : National Institute for Mentally Handicapped

NIOH : National Institute for Orthopaedically Handicapped

NIRTAR : National Institute of Research, Training and Rehabilitation

NIVH : National Institute for Visually Handicapped

NPRPD : National Programme for Rehabilitation of the People with Disabilities

NSSO : National Sample Survey Organization

NT : National Trust

ODR : Odisha Development Report

OH : Orthopedically Handicapped

OPCS : Office of Population Censuses and Survey

ODP : Odisha Disability Pension

PDA : People with Disability Act

PWD : People with Disability

PD : Physical Disability

PHC : Primary Helth Center

PWLD : Persons with Learning Disability

RA : Rheumatoid Arthritis

RCI : Rehabilitation Council of India

RRTC : Regional Rehabilitation Training Centre

TCTVH : Training Centre for the Teachers of Visually Handicapped

TCTD : Training Centre for the Teachers of Deaf

TCMH : Training Centre for the Mentally Handicapped

SIDR : State Institute for Disability Rehabilitation

SCC : State Coordination Committee

SDS : Society for Disability Studies

SEC : State Executive Committee

SVNIRTAR : Swami Vivekanand National Institute of Rehabilitation Training & Research

SGRY : Sampoorna Grameen RozzarYojana

SGSY : Swarnajayanti Gram Swarojgar Yojana

SHGs : Self Helf Groups

SSA : Sarva Siksha Abhiyan

SWD : Social Welfare Department

SWD : Student with Disability

UGC : University Grants Commission

UNESCAP : UN Economic and Social Commission for Asia and Pacific

UNESCO : United Nations Educational, Scientific and Cultural Organization

UNO : United Nations Organization

UNCRPD : United Nations Convention on the Rights of Persons with Disability

UPIAS : Union of Physically Impaired Against Segregation

VI : Visually Impairment

VH : Visually Handicapped

VRC : Vocational Rehabilitation Centre

VTC : Vocational Training Center

WCD : Women and Child Development Department

WWD : Women with Disability

WB : World Bank

WHO : World Health Organization

YWD : Youth with Disability

Introduction

In many societies around the globe, people with disabilities are substantially treated as socially excluded groups. Though 'Disability Studies' has only recently recognized formally as a field of study, it started when scholars resisted and spoke against the hegemony of special education, institutionalization, sheltered workshops, and social inclusion. To a great extent, the conception of disability is also influenced by the social theories on which the disability studies depend in its social context. Scholarly work in the field of humanities has also seriously begun to consider the conception of disability. Today, scholars around the globe are coming up with new ways of thinking about disability and their social exclusion, policy, and practice. Yet we have miles to go in this regard.

Disability as a fact and its sensitivity is an integral part of the human experience. It cannot be alienated from the centrality of the social structure where it has its deep seated roots in the society. For which by and large disability has been conceptualized by different scholars as part and parcel of social practice and social life. Over a period of time, a wide range of scholars have emerged to give meaning, shape and definitions to disability along with its multiplicity of levels and situations.

Thus disability comes to the limelight and obtains recognition as a social phenomenon owing to some prudent principles. It is today widely accepted that disability is socially constructed and culturally bestowed (Karna 2001: 25). Moreover, it is argued by the advocates of the social model of disability, that rather than being an attribute of an individual, the 'physical, mental or sensory' disability is a intricate accumulation of circumstances, events and relationships in a given society. Hence, scholars have emphatically stressed the predicament of disability in light of Human Rights and also from the socio-political point of view (Lang 1998: 4-8)

Disability: Meaning and Perception

‘Defining disability is very complex and debatable’ as has been stated by the DFID (2007). Though resultant of physical or intellectual incapacity, disability has social and health effects as well. Its comprehensive understanding recognizes that it has dominant human rights dimensions and is also associated with social marginalization, as well as augmented exposure and vulnerability to poverty. Disability can be said to be the resultant of intricate interactions between the functional limitations that arise from physical, intellectual, or mental state of a person, alongside his social and physical environment. It is multifarious in nature and not merely a health or medical issue. Based on this, this paper adopts the definition of disability as a prolonged impairment that leads one to socially and economically disadvantageous position, denying those rights and restricting their opportunities to contribute equally in the communitarian set up (DFID 2000).

According to some scholars, disability is a commonly used term whose meaning, at one level, is simply “not being able to do something”. In the common understanding of people with impairments, it refers to them as disabled, which signals that they belong to that category of people who cannot be engaged in usual activities due to their abnormal bodily or mentally deficiency or incapacity. The writings and activities of Disability Studies (DS) in Britain have overturned this everyday meaning of disability. They opposed the way it has been adopted in many academic disciplines. In this regard, DS activists say that the inability on part of the impaired people to carry out social activities is an implication of the hurdles created by the majoritarian non-disables. These social barriers, both physical and attitudinal, limit activities and restrict the lives of people with impairments. The term disability now refers to a type of social discrimination, and disablism comes under the vocabulary of sexism, racism and other discriminatory practices (Thomas 2002: 38).

The World Health Organization has defined the terms impairment, handicap and disability from time to time in the following manner:

Impairment: Any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap: A disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of a role (depending on age, sex, social, cultural and environmental factors) for that individual (World Health Organization 1980).

Handicap is a word that is not in favor now, and many writers use the terms impairment and disability, but not quite as above. The WHO (2000) has produced a re-working of the above definitions. The word *handicap* has been dropped. *Impairments* are defined as 'problems in body function or structure as a significant deviation or loss'. The term *disability* now refers to the negative aspects of the interaction between impairment, activity limitation, participation restriction, and barriers/ hindrances encountered in the world. Making descriptions at the level of the impairment allows focusing on the individual and her/his needs as an individual. Hence, the United Nations, in providing recommendations for the conduct of national censuses defines a person with disability as: "A person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to a long-term physical condition, mental condition or health problem" (United Nations 1998).

Indian Perception of Disability

The most common definition and classification of disability used by the Government of India for all purposes was determined with the enactment of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (section 2). Accordingly, disability has been classified into seven classes on the basis of medical definition. These classes include people with blindness, low-vision, leprosy (cured), hearing impairment, locomotor disability, mental retardation and mental illness.

According to the National Trust Act (1999) for the protection of the mentally ill, two more categories have been added:

- *Learning disabilities:* It is a disorder which affects the basic psychological processes of understanding or using written or spoken language. It can damage the ability to speak, read, write, listen, spell or do mathematical calculations. Conditions such as brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia are examples of learning disabilities.

- *Multiple disabilities*: "Multiple disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

Variations in Data on Disability in India

In India there are two principal official sources of statistics on disability. But both have a story of their own with a different note. The Census Report of India figures out disability i.e. 18 percent higher than NSS estimates. The 2001 census found 21.91 million PWD (2.13 percent of the population), while the 2002 NSS round's disability estimate is 1.8 percent of the population, approximately 18.5 million. The difference in segregate estimates is in part understandable with the help of several definitions given in the NSS and census for disabilities. Both the resources show the disability percentile to be higher among men and higher in rural than urban areas (WHO 2007, Kothari 2012). These two sets of official statistical data not only contradict each other with the total numbers of disabled persons in India, but also further encourage the counting of disabled persons with a proper universal definition in future surveys of disabled persons.

Different Approaches and Models of Disability

From time to time, scholars have adopted various approaches to analyze disability and the problems faced by disabled persons in different societies. These approaches followed by scholars may be broadly categorized into two types, those adopting an individual paradigm and those adopting a socio-political paradigm (Oliver 1990). The idea of individual and social models of disability was taken quite simply and explicitly from the distinction originally made between impairment and disability by the Union of the Physically Impaired against Segregation in United Kingdom (1976). This distinction could be more helpful in understanding and expanding knowledge about the issue of disability. The individual paradigm includes the whole range of issues which the scholars have articulated as the personal tragedy theory of disability. It also includes both psychological and medical aspects of disability. Later, it was called as medicalization rather than medical model of disability (Oliver 1990). In short, there is no such thing as a medical model of disability. Rather, medicalization is a significant component in an individual model of disability. According to Oliver, there are two fundamental points that need to be made about the individual paradigm of disability. Firstly, it locates the problem of disability within the individual and, secondly, it sees the causes of the problem as stemming from the functional limitations or psychological losses which are assumed to arise from disability. These two points are emphasized in the 'personal tragedy theory of disability'. It is said that disability is a terrible event which occurs at random to unfortunate individuals. On the other hand, the development and articulation of the social paradigm of disability by disabled people themselves is a rejection of all of these assumptions. It does not deny the problem of disability but locates it directly within society. The cause of the problems is not individual limitations (of whatever kind) but society's failure in providing appropriate services and adequately ensuring the fulfillment of the needs of disabled people in social organizations. Further, the consequences of such a failure do not randomly fall on individuals but systematically upon disabled people as a group, who experience this failure as a kind of discrimination institutionalized throughout society(Ibid). But from the very beginning, different scholars and proponents have followed the medical approach to disability, under which they were trying to understand this problem on the basis of physical limitations and medical problems of the individual. The social impact was neglected.

Medical Model of Disability

The medical approach to understanding disability is the oldest, most conventional and dominant approach to the study of disability. Most approaches to disability studies are based upon the assumption that the problems and difficulties experienced by disabled persons are directly related to their physical, sensory or intellectual impairments. This position is more clearly articulated in the medical/clinical approach to disability. The medical/individual model of disability identifies 'disability' as a problem located in the individual and emphasizes the biological differences compared to the general population (Lang 1998: 5).

Therefore, the medical approach to disability defines disability as a permanent biological impediment, or assumes that individual persons with disability are less able than those who can recover from the illness and who are non-disabled. On grounds of biological illustration, the focus of disability is on physical, behavioral, psychological, cognitive and sensory tragedy (Shakespeare and Watson 1997: 293-300). Not unexpectedly, the medical model of disability does address the question of those who are permanently disabled with conditions that cannot be modified or changed by professional intervention (Quinn 1995). Thus, it is the traditional model according to which:

- Disability is caused by mental and/or physical impairment.
- The individual is 'impaired' and the individual has a problem.
- The focus of the medical profession is to 'cure' or alleviate the effects of impairments.
- Disabled people need to be treated, changed, improved and made more 'normal' to fit in with society

Social Model of Disability

Recently, however, there have been changes in attitude, emphasizing what is often termed a 'social model' of disability. This places the emphasis on promoting social change that empowers and incorporates the experiences of people with disabilities by asking society to adapt itself. There is increasing recognition that the term disability does not simply express a medical condition but a complex system of social restrictions starting from discrimination. Cross-cultural differences in the interpretation of disability show that the lives of people with disabilities are made more difficult not so much by their specific impairment as by the way society understands and reacts to disability (DFID 2005).

In the 1970s, Britain saw the birth of 'Disabled People International' (DPI) which was paralleled by the creation of the 'Society for Disability Studies' (SDS) in the USA in 1980s. DPI formed UPIAS (Union of the Physically Impaired against Segregation) that, in 1975, developed its own disablement model. That is now renowned internationally as the 'social model of disability', completely opposed to what they defined as the 'medical model of disability'. According to this model, some people suffering from functional and structural limitations are deprived by authority and forced to play a secondary role in society on the basis of physicians' and health professionals' decisions. That influences all the aspects of their lives to fight this traditional way of treating towards the people with functional and structural impairments. The Members of UPIAS developed a two-tier concept model composed of impairment and disability. They published this model in an official document entitled 'Fundamental Principles of Disability', where they defined the disablement process, attributing much responsibility to society, which disabled physically impaired people. Disability is something imposed on top of impairment; by which people with impairments are unnecessarily isolated and excluded from full participation in society (UPIAS 1976: 3). Therefore, they defined impairment as 'lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body'; and disability, as a 'disadvantage or restriction of the activity caused by a contemporary social organization which takes no or little account of people who have physical impairment and thus exclude them from participation in the mainstream social activities' (UPIAS 1976: 14).

The study found that, the social model of disability identifies three major types of discrimination: institutional, environmental and attitudinal. Institutional discrimination exists, for example, where no legal or other provision is made to ensure that people with a disability can attend

educational institutions. Environmental discrimination is where a person with a disability is unable to participate due to a physical barrier, such as inaccessible public transport or inappropriately designed buildings. Attitudinal discrimination is often expressed through fear and embarrassment on the part of the non-disabled person when confronted with a person with a disability. Also, low expectations of people with disabilities are discriminatory and undermine the confidence and aspirations of people with disabilities themselves (DFID 2007, Kothari 2012).

Community Based Rehabilitation Approach

Community-based rehabilitation (CBR) is an approach which has grown out of the debate between the so-called medical and social models of disability. Its supporters believe that it can meet the basic rehabilitation needs of four out of five people with a disability. CBR attempts to combine physical rehabilitation through medical care with empowerment and social inclusion through the participation of both the individual with a disability and the community in the process of rehabilitation. CBR is often claimed to be the best approach towards inclusion and social integration, and an effective means of making the best use of scarce resources (WHO 2011).

Problem Areas of the Study

The 21st century has been seen as the hallmark of democracy, equality and justice. Democracy is a system where everyone has an equal share. We have enacted this system in the Constitution of India. Guided by this principle, the Constitution of India has committed to achieve the goal of bringing about an equitable and just society. In our preamble itself, we expressed our commitment to achieve certain human values like, justice-social, economic and political, equality of status and of opportunity, liberty and fraternity.

This is deeply ironical that while the Constitution talks about the fundamental rights of its citizens, disability rights are not protected in the Constitution. In this regard, Jayna Kothari has critically raised such issues in her book *The Future of Disability Law in India* (2012) arguing that disability related discrimination was never focused in Chapter III of the Constitution which contains the fundamental rights, or by any other statute. In the Constitution, protecting equality under Articles 14, 15, and 16 does not include disability as one of the categories for non-discrimination. The only mention of protection of persons facing disability and sickness was made in the Directive Principles of State Policy in Chapter IV of the Constitution [there is no guarantee from the State to prevent discrimination due to disability.] The only legislation enacted prior to the PWD Act which covered persons with disabilities was the Mental Health Act of 1987. This Act does not address the issues of legal capacity and rights of persons with mental disabilities; but only gives for their guardianship and institutionalization etc. hence further she argues that it cannot be considered as a legislation addressing disability based discrimination. Persons with disability were included in welfare schemes and were referred to as 'physically handicapped' or 'PH'. One implication was the affirmative measures taken by the State in reserving posts in government services. But, this was very limited and the extent of reservation for persons with disability was not uniform throughout the country (Kothari, 2012).

Six decades have already passed so far. Now the time has come to ask a very pertinent question to ourselves: have we really been able to achieve such values? And have we been able to give every citizen an equal share in the system? These are certainly questions which need to be addressed in terms of inclusive policies and welfare measures initiated by the state for the most neglected and marginalized sections of the Indian society i.e. people with various disabilities. In this regard with a broad viewpoint, Amartya Sen in his work ‘Development as Freedom’ (1999), argues that development or wellbeing has to be measured in terms of facilities and services that are available for the fulfillment of the basic needs of human beings in terms of food, shelter, clothing, education and health and also freedom from poverty, disease, illiteracy, ignorance, unemployment and malnutrition. Development has to be understood as freedom from all kinds of exploitation and awareness about one’s social and economic position.

A substantial body of literature has highlighted the gravity of the situation that, 'persons with disabilities, and especially women, youth and those are living in the countryside. The largest number of people are undereducated, untrained, unemployed, underemployed and poor'. In the context of poverty Nidhi Singal illustrates that, “the vulnerability of those living under poverty is especially marked, as 'disability is both a cause and consequence of poverty'. The poor are more likely to be disabled by impairments that are avoidable or treatable. Moreover, in both developed and developing countries a higher number of people with disabilities are likely to experience more harsh and critical poverty than the total of non-disabled people” (Singal and Jeffery 2009: 17).

Completely wiping out poverty from the world is doubtful, if the rights and needs of disabled peoples are taken into consideration. The United Nations has estimated that one in 20 persons have some kind of disability; and more than three out of four of these live in a developing country. Disability restricts access to education and employment, and leads to economic and social exclusion. A strong argument suggests that ‘disability and poverty are both the cause and consequence of each other’ (DFID 2000: 1). Their needs and rights cannot be fully addressed unless the primary causes of poverty are tackled, and unless they are enabled to get access to education, health services, and a livelihood to participate fully in social life (WHO 2011: 5).

The Universal Declaration of Human Rights (UDHR) states that disabled people have an equal right to social protection (DFID 2007). This has been reconfirmed in the (UN) Standard rules on the equalization of opportunities for persons with disabilities (Rule 8) and the new UN Convention on the Rights of Persons with Disabilities (Article 28) stated in (UN Annex 2. Cited in DFID 2007: 8). Article 28 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) deals with social protection, and states that parties agree “to ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counseling, financial assistance and respite care” (UNCRPD).

India also has framed many provisions and policies for social security. These are social insurance, social assistance, national provident funds, and universal schemes for social security, protective schemes including preventive health care, vaccinations against disease, etc. There are many promotional social

security schemes of the State and Central Governments. These include food and nutritional security, education security, employment security, health security, women security, and assistance to the disabled. These programmes are provided through various schemes, such as Food for Work, Jawahar Rozgar Yojana, Integrated Rural Development Project, Sakshara, Public Distribution System (Singal 2009: 29).

In mainstream development policy, a simplistic traditional belief predominates that disabled people are incapable of earning money, and are therefore economically dependent on their families or communities, or on charity. Most development programmes in India do not reach disabled people, due to the social or physical barriers that surround them (DFID 2005). Through various studies scholars have found that Social Security programmes in India are similarly not accessible to the disabled people. There is also very little idea as regards the inclusion of disabled people in programme formulation and delivery of the social security services (Singal and Jeffery 2009).

Disability and Gender

The gender aspect of disability has been acknowledged in recent times. As Das and Agnihotri (1999) indicate, the incidence of disability is interconnected (or influenced) by gender. Drawing upon the available information data, they have indicated that disabled women are much more deprived than the disabled men. Now gender should also be considered in disability legislation, but there is nothing in that legislation that addresses the problems of disabled women. It clearly reflects the common attitude toward disabled women in India in general. The girl child is seen as a burden on her family. There is no opportunity to improve the quality of life of a disabled girl. Already living a low quality of life without education and employment, women can do without the burden of disability (Ghai 2001: 31).

In India disabled women face the double disadvantage of customary gender roles and social beliefs. Thomas and Thomas (2002) argue that their prospects in marriage and motherhood appear to be disfigured by the presence of physical disabilities. The society constructs such women as biologically incomplete. They are supposed to be in need of care themselves and also they are unable to fulfill a caring mothering role. Such a woman may be married off to the 'wrong' person or to one who is already

married. Seeing that, they are viewed as a burden on the family. Such a woman is more likely to be divorced or neglected than other non-disabled women. There may be misconceptions about her disability due to which she is considered as a poor homemaker. Also her disability is considered as transmissible, and so likely to affect her children. There is a belief that household responsibilities and child care need physical fitness and mobility (Ibid).

Disability and violence are interlinked, many people become disabled through violence, and people with disabilities are also more frequently the targets of violence than the non-disabled people. Violence against women with disabilities points to an extensive range of ill-treatment, both individual and systemic. Violence is the most extreme form of discrimination and when it is within the family it is difficult to assess (DFID 2005). In the case of disabled women there is a difference in the definition of domestic violence, because they face it all through their life cycle (Ghai 2001). The survey by India UNDP Shanta Memorial Rehabilitation Centre reported in Andhra Pradesh, Chhatisgarh, Odisha and West Bengal, cases of violence against disabled women in both parental home and in households where they are married. There is a high level of cruelty faced by women whose physical and mental conditions make them more pathetic than the others (SMRC 2007). Women who reported verbal and physical abuse often faced emotional and physical trauma as a result (SMRC 2007: 45).

Studies have shown that individuals with disability are high risk groups because they are easy targets (DFID 2005). Many researchers had estimated that “persons with disabilities are about one or one and half times more likely to encounter violence against themselves than the population at large”. Besides physical and structural barriers, the most difficult barriers are human, related to the people who come in touch with the disabled that includes members from- family, people in professional lives, teachers, and vehicle drivers (SMRC 2007: 39). The first is the attitude of families towards girl child education and especially towards a girl child with a disability. Some of the studies found that severity of the situation, in the school itself lack of trained staff and ill treatment of disabled by both students and teachers creates barriers. The lack of sensitization among teachers and students is a significant cause of drop-outs. Teachers' sensitization remains a big challenge that needs to be addressed (WHO 2011).

There is a strong emphasis on mainstreaming women's concerns for self-development in the national policy document (Ministry of Women and Child Welfare 2000) on empowerment of women. In this regard Ghai (2001) highlights the contradiction of a hierarchy within a hierarchy that is noticeable because discussions about certain groups of women, considered lower class and caste, tribal, and minority, continue to be put in "welfare" terms. Disabled women are not even counted in this document that highlights a vision for the ministry of women and child welfare (Ghai 2001).

Disability and Education

As per the amended constitution of India, education has emerged as one of our fundamental right. In our country, earlier we had the concept of special education for the disability sector. However in the mid-1970s the integrated system of education has come into reality. Besides this, many non-governmental organizations, with the help of state administration, are providing the traditional vocational education to the disabled.

Inclusive education can be defined as the disabled and non-disabled young people learning together in colleges and universities, with appropriate networks of support (Fuller, Bradley and Healey 2004: 455-468). Here, inclusion means enabling students to participate in the life and work of mainstream institutions to the best of their abilities and in accordance with their needs. At the same time, accessible curricula refers to the designing of programmes/courses and educational materials barrier-free (fully accessible for all) without affecting the content and standard. If the course content is well designed, disabled students will be able to gain access to it. It will enable them to receive the same learning experience as their contemporaries get. A consequence of this approach is that if course materials are made accessible for students with disabilities, it increases their usability. The government has formulated a few policies and legislations regarding the education of people with disabilities.

Despite all these attempts of the government to develop the overall condition of the disabled person in general and that of the educational level in particular, their educational level is not

satisfactory. A study conducted by the National Centre for Promotion of Employment for Disabled People NCPEDP disclosed shocking facts of discrimination against those with disabilities. A survey of 89 schools across the country found that a mere 0.5 percent of the total number of students were those with disabilities, though the Persons with Disabilities Act recommends a reservation of three percent seats in institutions funded by the government. Eighteen of the schools surveyed acknowledged that they did not admit students with disabilities. Twenty percent of the schools polled were not aware of the 1995 Disability Act at all. While girls comprised 41.6 percent of the total student population, among children with disabilities, the percentage of girls was only 33.

Too few analyses and critiques of policy are to be found in the disability studies in education literature and what little there is focuses primarily on inclusive education policy. Yet, there are a number of other policy problems to be encountered, for example, curriculum policy, teacher education policy, and standardized testing policies (Mani 1994: 11). Likewise, there are few educational policy proposals that emanate from a disability studies perspective. Furthermore, we have yet to consider ways in which disability studies in education could contribute to the broader educational policy field in terms of policy analysis, methods and policy-making processes. An Act or policy is not an end in itself but only a means to address some of the problems mentioned above. So, it requires political will and effective implementation of these policies from the government as well as the private institutions.

Disability and Employment

If education is a potential tool for empowerment of a disabled person, economically gainful employment is a real and effective means to achieve human dignity and social integration (DFID 2007). Under the Persons with Disability Act, 1995, a total of three per cent of positions are reserved for people with blindness, hearing impaired and locomotors or cerebral palsy. Special employment exchanges have been established throughout India to assist the physically disabled to find work. In addition, funds in poverty alleviation schemes are earmarked to help employ disabled persons, and private sector employers are given incentives to make least five per cent of the disabled part of their workforce (Singal and Jeffery 2009). As in the general population, the vast majority of the disabled in the rural areas are employed in

activities such as agriculture and fishing and those living in the urban area are employed in manufacturing and artisan labour (Seeley 2001).

Some of the literature highlights that on the whole, only 40 percent of the disabled are in some kind of employment, with 60 per cent being either not engaged or unavailable for work. The experience of government job reservation and the special employment exchanges strongly suggest that physically disabled people are relatively easier to place in mainstream employment than those with mental disabilities. Mental disability proves to be one of the greatest challenges for those who are disabled and for those who care for them. The unemployment rate among person with disabilities is more than double the unemployment rate among their nondisabled counterparts. The reasons lie in the suspicions of the employers who believe in the medical model and consider them inferior to their non-disabled counterparts. They prefer to donate for the welfare of persons with disabilities rather than giving them employment opportunities (SMRC 2007).

Hence, till today, disability remains a great challenge before our society as well as the government. Therefore, it is important that monitoring mechanisms should be strengthened. Such drives should be undertaken at regular intervals. Although jobs available with government are a fraction of total jobs availability, and liberalization will generate more jobs in the private sector, reservation in government sector would be an explicit demonstration of official concerned. Moreover, the disabled persons will have a feel of empowerment through conferment of government position. There has been a frequent demand that reservation be made statutory. However, while making enactments, monitoring mechanisms will also have to be provided for and the provision for exemption of those employers where the disabled may not be employable at all or up to the prescribed number has to be made (Singal and Jeffery 2009: 17).

At the time of framing the constitution, the awareness about the capability of the disabled was very limited. And also they were considered for eligible for relief as is clearly reflected in the entry 'relief of the disabled and unemployable' in the State List. Government itself has reserved jobs for the

physically challenged. A number of rehabilitation programmes have been undertaken in the public and private sector all over the country. This change must be reflected in the laws and Constitution.

One main cause contributing to the limited employment opportunities for disabled people in India is lack of both school level and vocational education for disabled people aged ten years or more. Physical or mental disability is for many the starting point for other disabilities. Lack of education, poverty and employment are typically associated with the initial burden (SMRC 2007). Even those previously employed can experience tragic life changes through the impact of disability. A marriage can be destroyed, children isolated and families broken up under the burden of disability. But disability does not mean the loss of humanity and the desire for social inclusion. If taken into account properly, economic and political planning can effectively minimize it, and also reduce or eliminate the impact of disability on human life and happiness. Disabilities are not a blemish, simply another sort of difference in the variety of human life. We should appreciate disabled persons and accommodate them in our social framework and circles of friendship because they are as valuable as any other human beings. (Seeley 2001)

Disabled People in Odisha: An Overview

Odisha is the ninth biggest state in India by size, and the eleventh largest by population. According to the 2001 census of India, the total population of Odisha is 36.706.920, out of which, there are 10.21 lakh persons with disabilities in Odisha who constitute around 2.77 percent of the total population of the State. This includes persons with visual, hearing, speech, locomotors, and mental disabilities. Earlier, disability was identified on grounds of only medical rehabilitation which has now been replaced with inclusive coordinated and socio-economic rehabilitation. Disabled persons are recognized according to their abilities and are included in different professions (Government of Odisha 2004).

In this regard, the Government of Odisha also implements various programmes for the empowerment of the disabled people. In 2003 the government has passed a state policy to ensure equal opportunities to people with various disabilities. The state government has reserved 3% of posts for the

PWDs in the different groups of services. Job identification has been updated. 603 posts have been identified: Group A - 12, Group B - 54, Group C - 422 and Group D – 115 (Government of Odisha 2004).

The Government of India has promoted 20 Vocational Rehabilitation Centres and 43 special Employment Exchanges. Out of these, one each is in Bhubaneswar and Odisha, providing vocational training and employment supervision to disabled persons (Sharma 2007). Moreover, NHFDC (National Handicap Finance Development Corporation offers aid to disabled persons so that it will generate self-employment all over the states. Similarly, in Odisha, medical rehabilitation services are provided by institutions like SVNIRTAR (Swami Vivekananda National Institute for Rehabilitation Training and Research) and District Disability Rehabilitation Centres situated at Khurda, Kalahandi, Sambalpur, Koraput, Ganjam and Kandhamal (ibid). Even the Government of Odisha facilitates vocational training and pensions for disabled adults and provides scholarships, special schools and conveyance grants for disabled students (GOO 2004). In spite of all these facilities, it is evidently noticeable that the majority of the disabled population is lying under the below poverty line. This has been raising questions regarding the upliftment of disability as well as the implementations of numerous grass root programs to facilitate their conditions. As Mohapatra (2012b) denotes the condition is more pitiable in Odisha because of the consistent rate of poverty and inadequate medical facilities and capital resources.

The recent study by the UN (2011) accentuates that the inaccessibility of disabled people to education, job opportunities, healthcare, socio-political structures are responsible for their poverty rather than their impairment. Owing to this observation, numerous steps have been taken to uplift the livelihood status of disabled people. As Barron and Amerena (2007) have observed that the social model of disability marks a shift from the traditional model and has given new modes of socio-political empowerment.

Here, it is pertinent to consider the HDA (Human Development Approach) modeled on capability approach of Sen (1999), which underscores the condition of poverty as the most abysmal form of human condition, where the human being is denied the minimum existential conditions to lead a minimum standard of life (Anand and Sen 1997). The restricted involvement of disabled persons in the socio-political affairs limits their interaction with the society thus leading to their low self-confidence

and reduced dignity. As Quzilbash (2006) argues even poverty deprives the disables from the accessibility of resources and does not evaluate the condition from the vantage point of productivity.

Mohapatra (2012a) denotes that there is a disproportionate gap between the census report of India (2001) and the recent survey made in Odisha. On the one hand, where the Census Report of India (2001) shows the percentage of employment rate of disabled people in Odisha to be 32 % (33% rural, 27% urban), on the other hand, the recent survey reflects it to be 77.8%. The same report says that in 2007-2008, lesser than even one percent disabled people duly benefitted from the MGNREGA and SGRY. Only 2% have benefitted by the 'foods for work' programmes and the other parts of Odisha follows the suit (SMRC 2005).

As Mohapatra (2012a) argues that there is a gradual and stark decrement in percentage of disabled people pursuing education as we move from primary level education towards higher studies. Even the National Sample Survey (2002) reflects Odisha having a meager percentage of 0.05% for disables receiving vocational training (NYSASDRI 2005:10). Similar is the situation for disables going to special school or getting vocational training (SMRC 2005:24). This scenario suggests disables' poor condition with respect to education, training and employment in Odisha, alongside inciting the need for future research on the causes behind it.

Human beings have different desires and weaknesses. So, the society in which we all live is never formed on the basis of the special demands of few. The society must be formed in such a way that it will suit all. The needs of disabled persons must influence the planning of our society as much as the needs of non-disabled persons. Not because we must pay special attention to the disabled, but because they are citizens like everyone else.

Case Studies

This study is broadly going to focus on the issues related to disability, disadvantage and exclusion in Odisha in general and in particular to the two districts of Ganjam and Koraput, and the disadvantages and exclusion related to disability here.

These two districts have a distinct geographical manifestation and also differ in their population size. According to the Odisha Review (2010), Ganjam is the 5th biggest district in terms of size and first in terms of population. This is the 6th most urbanized district in the state having about 17.60 per cent of its population living in urban areas whereas about 14.99 per cent of the state's population lives in urban areas. Ganjam is the 9th most densely populated district in Odisha. It has 8th rank in terms of sex-ratio in the state. The economy of the district is mainly dependent upon farming. According to the census of 2001, the district has 16.3 lakh literates of which 10 lakh are males and 6.2 lakh are females. The total literacy rate works out to be 51.63 percent, the male literacy rate being 61.63 percent and female rate 38.62 indicating substantial gender gap in literacy. The Odisha Review 2010 disclosed that Population with greater level of education constitutes 4.7 percent and those indicating no educational level are only 3.41 percent. The group reporting Matriculation/ Secondary/Diploma as their level of education is 16.54 percent. Below primary group are 32.01 percent and those having primary and middle education are 32.01 and 11.72 percent respectively (Odisha Review 2010: 112-114).

Ganjam is the second largest district of Odisha with a (PWD) population of 93197:

In seeing: 54708

In speech: 6209

In hearing: 4411

In movement: 20757

Mental: 7112

(Source: Census 2001).

According to the Odisha Review (2010), Koraput is the 3rd biggest district in terms of size and

15th biggest in terms of population. Koraput is the 7th most urbanized district in the state having about 16.81 per cent of its population living in urban areas while about 14.99 per cent of the state's population lives in the urban areas. It is the 24th most densely populated district in the Odisha. It has 7th rank in terms of sex ratio in Odisha. The economy of the district is mainly dependent upon cultivation (Odisha Review 2010: 147). Koraput district stands at the 4th position in one hundred poorest district of India, as per the statistic report of the Planning Commission, Government of India. (Census: 2001). According to Census 2001, the district has 3.5 lakh literates of which 2.3 lakh are males and 1.1 lakh are females. The total literacy rate is 68.8 percent, the male literacy rate being 47.20 percent and female rate 24.26 indicating substantial gender gap in literacy. The Odisha Review reported Population with greater degree and above constitutes 6.16 percent and those indicating no educational level are only 5.5 percent. The group reporting Matriculation/Secondary/Diploma as their level of education is 18.9 percent. Below Primary group are 30.35 percent and those having Primary and Middle education is 26.66 and 12.42 percent respectively. (Odisha Review 2010: 147-150).

In the case of Koraput districts of Odisha, the total disability statistics in numbers are not available in the official records. But some pockets of data were found because of NGO efforts. Organizations like Sahara, a leading NGO in Semiliguda block of Koraput District, found that most of the disabled persons are from the below poverty line (BPL) families. Due to ignorance and illiteracy, some of these people could not avail the disability certificates from the government authorities. Most of the PWD are entirely dependent on their family members for livelihood due to lack of skill training and financial assistance. The literacy rate among the disabled population is only 11% in the region. Through a survey that Sahara undertook, it pointed out 323 different categories of disabled person in the Similiguda Block of Koraput district (Odisha Review 2012)

This data is noticeably demonstrating that in a small region the number is so high. It can therefore be speculated that the total numbers of the disabled persons statistic will be huge in the entire district of Koraput. The above information is clearly demonstrating that due to poverty and lack of knowledge, the disabled persons could not register their name in the district disability board or any other national population register agencies. Therefore, it is difficult to know about the total numbers of the disabled in the Koraput district. Only through proper survey or focus research would be possible to collect the total numbers of the disabled persons statistics in that district.

Review of Literature

The proposed work is a critical analysis of the policies and programmes adopted for the protection of social rights of the disabled and for enabling them to exercise their rights and develop capabilities. Hence it is based on the primary sources to a large extent. Various policies, acts, programme documents and other government reports will be reviewed which are reflected in the above analysis.

Amartya Sen in his work on the enlarging and ever expanding definitions of development links the two ideas by explaining how freedom can be achieved when people are allowed to develop their abilities free from the scourges of poverty, intolerance and repression. He argues that people can only be described as free when they are provided their basic needs or to realize innate abilities. The building blocks that will enable a person to be truly free include access to health care and education. He places three conditions of development by emphasizing on factors like literacy, education, healthcare, and employment (Sen 1999).

Michael Oliver has dealt with disability through an innovative and comprehensive analysis of the concept. He touches upon various issues like disability as a struggle, the social model of disability, welfare and community care, education and various rights and needs. He explicitly analyzes the social model of disability but argues that it is not a social theory and it cannot fully do the work of social theory. He further argues that discrimination against disabled people is institutionalized throughout society and that welfare provision has compounded rather than alleviated that discrimination. He campaigns for a new understanding i.e. inclusion instead of integration. According to him and Ken Davis 'we can elevate the act of walking to an importance higher than engaging in the struggle to create a decent society.' As far as, the disabled are concerned, their lives are threatened not just by physical attacks but also from policies developed by our governments. Understanding societal responses to long-term disability is not simple task; it requires analyzing ourselves and the discourses we use in order to talk about our world. (Oliver 1996: 56).

H.P.S Ahluwalia and J.P. Singh have made an attempt to collate different conceptual papers on disability in their edited work of All India Cross-Disability Convention, 'Summit of the Mind', a work that consists of a number of significant issues related to disability. The focus was primarily on developing a network between the NGOs and RCI or Government sectors. The topics covered are: Role of NGOs, ICT in rehabilitation, Educational services, poverty and disability, and importance of research. According to the editors, disability needs are dependent on a variety of factors including family attitudes, community attitudes, the socio-economic environment and even genetic endowment. An emphasis was given to the contribution of NGOs in the field of disability rehabilitation. The numbers of disabled persons served by the NGOs are higher than those of the beneficiaries being helped by both the central and state governments, 1995 PWD Act was given priority and campaigned to deal the issue of disability with human dignity. Some recommendations made by 'Summit of Mind' may 7-9, 2003 are:

(a) Rehabilitation should be made a fundamental right for every disabled.

(b) Amendments to the constitution for including disability related issues

(c) A Separate ministry should be formed

(d) Through umbrella schemes of Grants-in-aid Government of India should encourage the voluntary organizations to work in the field of disability. NGOs and ZACs should ensure that the provision of 'Education for all' is effectively used to include children with disabilities. (Ahluwalia and Singh 2003).

Colin Barnes, Geof Mercer, and Tom Shakespeare in their work discuss the importance of investigating the interplay between an individual's everyday life and the wider society, in a comparative and historical perspective. They highlight the changing perceptions of disability and the more recent social model approach articulated by disability theorists. They draw attention to the relative absence of analysis within disability theory of important social divisions affecting disabled persons' lives, including gender, minority ethnic status and race, age and sexuality. They further focus on the systematic exclusion of disabled people from the core institutions of contemporary society. Social welfare theory is here advocated as the solution. According to the authors, the sociological analysis of disability has implications for both disabled and non-disabled people, in that it raises issues which must be confronted in any society (Barnes, Mercer and Shakespeare 1999).

Colin Barnes, Mike Oliver, Len Barton in their work emphasized on the importance and role of disability studies in the present society. A disability study examines the experience of disability and knowledge about people with disabilities. Gary Albrecht argues that the development of disability study should be examined and understood in context. These include the contention that those involved in disability studies share a common discourse, that leaders and spokespeople in the field represent all disabled people, and that only disabled people can effectively understand disability and contribute to the development of the discipline. (Barnes, Oliver, and Barton 2002)

G.N. Karna made an attempt to understand the concept of disability and various problems and issues related to it in the Indian context. He appeals for a demarcation between impairment, disability and for evolving the human rights and socio-political approaches for understanding the problem of disability. He further emphasized on the changing perspectives in policy making in post independent India. He holds that disability is no longer viewed as an individual problem, but as an outcome of the interaction between the disabled individual and the environment. On the magnitude of the problem of disability in developed versus developing societies, he discusses that disability is defined in diverse ways according to the purpose for which the definition is required. Secondly, the lack of comprehensive policies related to the prevention of disabilities and the rehabilitation of disabled persons suggests that the greater percentage of them are resorting to support from their family and public assistance, and this reliance imposes additional burdens on the families and societies. He emphasizes on the responsibility of the government to initiate various policies and programmes to ensure human rights to the people with disabilities. (Karna 2001)

Kundu, C.L. Mani, M.N.G., and others in Status of Disability in India [2000] have given a picture of various categories of the disabled and their status in terms of education, health, employment, parental and community involvement in India. They emphasize inclusive education and teacher preparation for the disabled. They further discuss various programmes related to the education and rehabilitation like IEDC, PIED, etc. and provide statistical data relating to each category of the disabled and their position in the society. (Kundu 2000). Kundu, C.L., Mani, M.N.G. give the slogan that inclusion is not a programme but an ideology. Mani (2003) argues that inclusion is highly essential in India because a large number of people with disabilities live in rural areas. Secondly, one specialized teacher

cannot attend a number of students in an integrated system and the extent of disability in each category ranges from mild to severe. Further, Mani discussed about inclusive education and its role. In inclusive education programmes in India, three types of services are directly or indirectly required by the disabled child. They are the services provided by the general classroom teachers, non-disabled children and parents as well. The concept of child-to-child learning, cooperative learning approaches, etc., have demonstrated that true learning can happen through interaction between the disabled child and all entities in the general school. Along with these, he discussed support services and peripheral services. Mani advocated a few vital factors like capacity building in general education, Adopting need-based instructional strategies, exchange of manpower and material resources, enlisting parents and community's participation, improving child-to-child learning and making the programme for children with disabilities an integral part of the general educational system for the success of inclusive education in India. He observed that the policies of inclusion in India are sound but the practices are flexible, need-based and context-specific. The process of expansion of services has started from the perspective of human rights of disabled children. The much-cherished goal of education for all disabled children can be achieved when the philosophy of inclusion is fully absorbed in the general education system. (Mani & and M.N.G 2003)

Nidhi Singal has critically examined different systems of education adopted for the disabled in India She has referred to various policies and programmes like IEDC, DPEP, SSA programmes, and various policy issues including the role of various ministries. She even raises the question of the attitude and working of the non-governmental organizations in India. Discussing various dimensions of inclusive education, she shows that while the concept is commonly used, there is little or no clear elucidation of what ‘inclusive education’ means for the Indian context. She quotes a DPEP document which dealt with changing terminology in the field, listed mainstreaming, integration, inclusion and full inclusion as the new terms. She urges for building alternative systems of education and distributive notion of social justice. The challenge for inclusive education is not only to bring about changes in the policies, programmes and organizational structures, but also in the attitudes and values that society holds. The perception of people with disabilities as being passive recipients of care and welfare has an impact on the nature of services provided to them. In her words,

> "It is important that we begin to see inclusion as a resolution of dilemmas that extend well beyond the boundaries of traditional special education and are endemic within mass education as a whole. Our response to difference helps us to examine some fundamental issues of values and purposes in our education system. it is important that we engage with dilemmas and tensions arising from difference. Only then can we begin to develop effective schools for all. Unarguably, these developments cannot take place within the existing structures of thought and practices. Much more needs to be done to develop schools that welcome diversity." (Singal 2005).

Janet Seeley has explicitly focused on poverty and explained how disability and poverty are both a cause and consequence she holds the radical view that both policy and practice should go beyond welfarism and ensure that disabled people can participate and get benefit from mainstream rural development programmes. She further explores how livelihood-based approaches can improve access by the disabled to resources and entitlements. After analyzing various policies and programmes, she holds that Ministries too view disability-related issues as mere welfare matters which have no bearing on their respective mandates. Despite the efforts, still there is exclusion. Practically, none of the rural development projects funded by the Government or donors in India take active steps to include the disabled. Many rural development schemes specifically target poor people who can undertake particular types of wage labour. Those who are unable to undertake such activities often cannot participate in planning or decision-making.

Livelihood approaches must be sensitive to the existence of persons with disabilities within any target group so that their needs are automatically included in the planning, financing and implementation of mainstream development cooperation activities. Seeley argues that support should be given within livelihoods programmes and projects for piloting opportunities for the disabled in a small number of development activities initially. Policy guidelines will need to establish concrete mechanisms and practices for implementing agencies, including adequate monitoring. Self-help groups among the disabled influence policy and practice to some extent. She believes that those sustainable livelihoods approaches need to embrace a rights-based approach to development rather than just a needs-based approach for the disabled. Much of development has viewed the disabled as an unproductive burden on others, or continues as though they do not exist. In this context she emphasizes the role and importance of non-governmental organizations (Seeley 2001).

Research Questions:

The proposed study will try to examine the following research questions:

- Are the models and approaches adapted by the Indian state sufficient and appropriate enough to understand Disability problems?
- What are the factors that explain the emergence of policies at national and state level for the disabled in India? What steps have been taken through various social security policies at national and state level to meet the diversified needs and to ensure better opportunities?
- How have disability movements and other actors in India and also at the international level affected social security and reduced the poverty gap of persons with disabilities?
- What are the loopholes in the social system due to which the institutions are not capable of addressing the social needs of the disabled people?
- To what extent is "Social Inclusion" truly inclusive in nature?
- What are the ways in which disability studies in social security could contribute to the broader social inclusion policy field in terms of policy analysis methods and policy making processes?
- Is there any mismatch and politics in the formulation and implementation of different inclusive policies and programmes?
- What is the role of civil society organizations as pressure groups in formulation and implementation of social security policies of the government
- Are there any policies to deal with and reduce the difficulties of disabled women?

Hypothesis

Poor people with disabilities are caught in a vicious cycle of poverty and disability, each being both a cause and a consequence of the other. Women with disabilities in India face double discrimination due

to the dominance of traditional gender roles and social beliefs. Disability limits access to education, social participation and employment which leads to economic and social exclusion. Internal movements for Disability Rights and international disability consciousness have resulted in various policies and programmes in India. However, policies on disability in Orissa are neither easily accessible to the disabled, nor are capable enough to remove their social and economic exclusion. The non-state organizations (NGOs and Other Voluntary Organizations) can emerge as pressure groups to influence the state, in formulation and implementation of effective policies and programmes to ensure a better social life for the disabled.

Methodology

This research is mainly focused on two districts of Odisha, Ganjam and Koraput, and focused upon persons with disability in these two districts. I followed four indicators for my research work, such as health, education, employment and social security on the basis of which I prepared my research methodology before going to the field.

For this study, I have followed certain research methods to collect information and data from the field. Those methods are, Open Ended as well as Close Ended questionnaire, through close observation and semi structured interviews of the stakeholders which made use of bilingual questionnaires (prepared both in English as well as Odia). In addition, I have substantiated arguments through photographs and video clippings.

Data Collection

Data has been collected both from primary and secondary sources. Primary data includes direct interviews with the stakeholders whereas the secondary data has been collected from Governments reports, census report, reports of world conferences on disability, books, journals, newspapers, workshops, experts, parents, guardians, neighbors, observations, web sites, etc. During the two months of my field work, I conducted 220 interviews using random sampling method.

Limitations

I spent near about two months to complete this work, but still I could not cover all the Blocks of these two Districts within this period of time frame, due to multiple factors. Therefore, I had taken three Blocks from each district i.e. Koraput and Ganjam respectively. I was able to gather much more information that includes both primary and secondary data, books, reports and pamphlets from various NGOs and government organizations in this regard.

Chapterisation

Besides introduction and conclusion, the work has been divided into five chapters. In the introduction, an effort has been made to understand various concepts and terminology on disability discourse. It has further highlighted various approaches and theories, and tried to identify various categories under disability. This part has also attempted a brief review of literature, the main objectives, research questions, hypothesis, methodology and chapterisation.

In the first chapter entitled "Understanding Disability: Concepts and Approaches", an attempt will be made to understand various definitions and terminology on disability. It will further study various approaches and theories, and also will try to identify various categories under disability studies. An attempt will be made to identify various causes of disability and factors including poverty which accentuate the social exclusion of disabled persons to a large extent.

The second chapter entitled “Disability Movement and Policy Formation in India: A Critique” will be partly conceptual and partly comparative. It focuses on the social rights of the disabled, and the politics and movements which led to the emergence of policies and programmes. Various national and international factors which affected the disability movements and policy formulation for social inclusion will be examined.

The third chapter is titled “Disability and State Policy: A Case Study of Koraput.” This is one of the core Chapters of this Research work. Both secondary and primary sources have been used to compile this Chapter. In the introductory part, this Chapter has analyzed the general status of socio economy, demography, education, health, employment and other conditions of Koraput district. In the subsequent sections, emphasis has been given to map out the status of the disabled people in the district of Koraput along with existing state policies for the disabled and their implementation. While analyzing the provisions of various state government policies relating to disabilities in the district of Koraput, the data and information collected from the field have been used to examine their success and failure. This chapter primarily aims to examine the educational, employment, health and social security status of the disabled people in Koraput.

The fourth chapter is titled “Disability and State Policy: A Case Study of Ganjam.” This is the second of the core Chapters of this Research work, and both secondary and primary sources have been used to compile it. In the introductory part, this Chapter has analyzed the general status of socio economy, demography, education, health, employment and other conditions of Ganjam district. In the subsequent sections, emphasis has been given to work out the status of the disabled people in the district of Ganjam along with the existing state policies for the disabled and their implementation. While analyzing the provisions of various state government policies relating to disabilities in the district of Ganjam, the data and information collected from the field have been used to examine their success and failure. This chapter primarily aims to examine educational, employment, health and social security status of the disabled people in Ganjam.

The fifth chapter entitled “Disability and State Policy: A Comparative Case Study of Odisha,” begins with a discussion of various disability legislations existing at the national and state level. In

subsequent sections, emphasis has been given to mapping out the status of the disabled people in the state of Odisha along with the existing state policies for the disabled and their implementation. While analyzing the provisions of various states' policies relating to disabilities in the state of Odisha, the data and information collected from the field (Two Districts of Odishai—Ganjam and Koraput) have been used to examine their success and failure between these two districts. This chapter primarily aims to examine educational, employment, health and social security status of the disabled people in Odisha in a comparative frame in these two districts.

The concluding chapter is a summary of the findings of the whole study. An attempt has been made to suggest some measures for effective policy formulation and programme implementation to ensure better facilities for the education, health facility, self-employment and better social protection schemes for the disabled in the study areas.

Chapter One

Understanding Disability:Concepts and Approach

No society in the world is homogenous. Based on their respective experiences, different societies are characterised by heterogeneity and multiculturalism.. As a multicultural society consists of different groups/communities, it accommodates differences and diversities. The existence of diversities and differences leads to the emergence of different cultural practices and thereby generates various notions/perceptions, concerning different groups defined in terms of their respective social identities and cultural practices. Such notions are marked by both positive and negative features, as the 'Other' comes to be positively or negatively valued. In the context of disability and disabled people, though we are not born with these notions, our perceptions are inevitably constructed in terms of negative valuation. Our perceptions are developed on the basis of our everyday experiences, in terms of what we see and hear, and how we are socialised into thinking about them. Their representation is marginal in the public sphere and negligent in the everyday roles that others perform in society. To put it differently, our perception is largely influenced by society's non-acceptance of people with disabilities as a person, which invariably affects the dignity of the individual.

Scholars have stated that the notion of the disability originated in the western world. People who suffered injuries in the wars, victims of natural and manmade calamities, or people having deformities and infirmities in the various faculties, were treated as disabled and consequently people were

contemptuous towards them. They were socially excluded and marginalized from the rest of the society. Thus, they were out of the mainstream of developmental activities. The person with disability has been discriminated against in society from the beginning of human civilization. S/he cannot be separated from the margins of the social structure, where s/he has her/his roots. Since our perceptions have developed out of our everyday experiences of social structure, by and large, different scholars conceptualise disability as an integral part and parcel of our social and cultural practices. And in the course of time, a wide range of scholars have come forward to give meaning, shape and definition to disability, along with its multiplicity of levels and situations. So disability comes to the forefront and gets recognition as a 'social issue'. It is owing to some painstaking work that it has come to be realized that disability is also socially and culturally constructed and culturally accorded (Karna 2001: 25). Moreover, the proponents of the social model of disability argue that physical, mental or sensory disability is not just an attribute of an individual but a complex accumulation of conditions, activities and relationships in a given society. Hence, scholars have enormously deemed the predicament of disability by shining the light of Human Rights on it. (Lang 1998: 4-8)

Disability: Meaning and Perception

As such, the definition of disability varies, depending on the different points of view that inform it. Historically, as we saw in the Introduction, disability has been considered primarily as a medical condition - a problem located within the individual. Since then, this medical or individual model has been challenged by disability activists who have reconceptualised disability as primarily a social phenomenon (DFID 2005). The social model of disability draws a clear distinction between

'impairments' and 'disability'. It argues that "it is society that disables people with impairments, through its failure to recognise and accommodate difference, and through the attitudinal, environmental and institutional barriers that it erects against people with impairments. Disability thus arises from a complex interaction between health conditions and the context in which they exist" (DFID 2005: 4). This social understanding of disability has gained widespread acceptance, and is reflected in the UN World Programme of Action for Disabled Persons, the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, the World Health Organization's International Classification of Functioning Disability and Health (ICF), and by the World Bank, DFID and others (DFID 2005: 16).

Further, the DFID report (2007) highlighted that disability has not only physical and intellectual dimensions but also social and health implications. This has a human rights dimension too. The various understandings of disability suggest its proximity with the larger understanding of social exclusion, thereby increasing exposure and vulnerable to poverty. Disability is the product of continuous interface between the functional handicaps arising from a person's physical, intellectual and mental condition and the surrounding social and physical environment. This is multifarious in nature and not merely confined to health and medical condition. Within this backdrop, the operational definition of disability adopted in this study is that it is a 'long-term impairment leading to social and economic disadvantages, denial of rights, and limited opportunities to play an equal part in the life of the community' (DFID 2007 : 8).

This chapter attempts to analyze the various definitions of disability given by various organizations, as disability is not only physical impairment but also psychological, physiological, and emotional impairment. Many scholars, policy makers, national and international organizations, try to define disability and formulate law and models to provide better opportunities to them. In India, disability is defined by Government of India in the 'Persons with Disability Act', Census of India, National Sample Survey Organization, Rehabilitation Council of India, Planning commission of India and others etc. It is also further trying to focus on the role of national and international civil society organizations for the disabled in order to create a dignified life for them.

Different scholars have used various terms to refer to this category of people. Terms such as impairment, disability, handicap etc. are used and sometimes interchangeably. Though the interchangeability of these concepts can be found in the literature, they do not connote the same things. It is essential to distinguish between these terms. The World Health Organization has defined these terms in the following ways:

***Impairment*: Any loss or abnormality of psychological, physiological or anatomical structure or function.**

***Disability*: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.**

Handicap: A disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfillment of a role (depending on age, sex, social, cultural and environmental factors) for that individual (WHO 1980: 15).

Though mentions of these terms can be found in the earlier literature, there is a shift in the use of these terms in the contemporary literature, which mostly uses 'impairment' and 'disability' rather than the old term 'handicap'. The WHO (2000) has reworked these concepts and the word handicap has rightly been dropped. *Impairments* are defined as 'problems in body function or structure as a significant deviation or loss'. The term *disability* now refers to the negative aspects of the interaction between impairment, activity limitation, participation restriction, and barriers/hindrances encountered in the world (WHO 2001: 9). Reference to impairment reflects on individual and his/her needs as an individual. Reiterating such an understanding, the United Nations, in providing recommendations for the conduct of national censuses, defines a person with disability as: "A person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to a long-term physical condition, mental condition or health problem"(Cited in Mbogoni and Angela 2000: 7).

The term 'disability' presents a complex phenomenon. From the above assessment of the concept, the question arises as to what we imply when we say that someone is disabled. There is no simple way of defining disability. It can be perceived from diverse perspectives. Therefore, it seems desirable to examine the ways in which disability is defined and also who defines it. In this regard, for a better understanding of the term disability, Townsend's analysis of disability might be helpful (Lane, Townsend 1973: 110-115). He has analysed disability under the following categories.

Firstly, the understanding of disability is associated with anatomical, physiological or psychological abnormality or loss. Thus, the disabled may be perceived as people who have lost a limb or part of the nervous system through surgery or in an accident; become blind or deaf or paralysed; or are physically damaged or abnormal in some or paralysed, usually observable respect (Ibid).

Secondly, there are chronic clinical conditions altering or interrupting normal physiological or psychological processes; such as bronchitis, arthritis, tuberculosis, epilepsy, schizophrenia and mental (manic) depression. These two concepts of loss or abnormality and chronic diseases then, in fact, overlap; for even though a loss may be sustained without disease, prolonged disease usually has some physiological or anatomical effect (Ibid).

Thirdly, disability is generally taken to mean the functional limitation of ordinary activity, whether that activity is performed alone or with others. This reflects an individual's incapacity for self-care and management in the regular activities, in the sense of being a disabled unable to finding difficulties while climb a stairs, wash cloths and brush. This principle of limitation applies to other aspects of ordinary life. By reference to the average person of the same sex, an assessment can be made of the relative incapacity of the individual in the management of household affairs and the performance of both

normal social roles as husband, wife, father or mother, neighbour or Church member, as well as of particular occupational roles (Ibid).

Fourthly, disability can be visualized as a pattern of behaviour with particular elements of a socially deviant kind (ICD-10 198). This pattern or behaviour can, in part, be directly ascribed to impairment or pathological condition, such as "a regular physical tremor or a limp, or an occasional fit. Activity is not only restricted, but also dissimilar, and the dissimilarity of disabling situations depends as much on how it is perceived by the individual and other as on its physiological determination" (Karna 1999: 49). Similarlly, sociologists have recently thought to focus attention on the concept of 'sick role'and of 'illness behaviour'. "Society expects the blind or the deaf or the physically disabled to behave in certain approved or stereotyped manner" (Albrecht 2001: 60).

Finally, disability means a 'socially defined position or status, the actor not only acts differently but also occupies a status, thereby attracting a mixture of difference, condescension, and indifference' (Karna 1999: 50). The disabled attract certain kinds of attention from the rest of the population because of the position that s/he occupies in that society. There are also some societies where mild forms of sub-normality, schizophrenia or infirmity are not identified as disability (Ibid).

However, we cannot find similar levels and types of disability in different people with disabilities, who experience different kinds and degrees of impairment. The percentage of disability differs from person to person in different types of disabilities. The quantum of impairment experiences differ in both hearing and visual loss. As different types of impairments affect people at various levels, degrees and in different contexts, the implications of these impairments also differ on the basis of time, issues, contexts and actors involved. Similarly, the scope of mental retardation ranges from profound to mild—so mild that even after coming out of school, disabilities are static; while others are progressive. Multiple sclerosis, muscular dystrophy, cystic fibrosis, visual and hearing

impairment, certain types of cancer and heart conditions represent progressive disability. Whereas some conditions are congenital others are acquired. All these factors distinct from each other in origin, experience and effect of disability, are of crucial importance for social science research in this area (Albrecht 2001: 61).

Moreover, there is a problem in determining who should be treated as disabled and who should not be on the basis of their impairment. What criteria should be adopted in this regard? Does a mild stammer constitutes a speech disorder and should a person with a limp be treated as physically disabled? Is there any difference between a one-eyed and a totally blind person? Therefore, generally, people are normally labeled as disabled when they fall outside an accepted norm of functioning or behaviour. Thus, the concept of disability is ultimately guided by judgments (Ibid: 62).

owever, the whole literature is inconsistent and indiscriminate in its use of the terminology. It is a major problem in the field of disability studies. Imprecision in the use of terminology and the conceptual confusion it creates is the major reason for developing systematic information on chronic illness (or disability) and its wide-ranging ramifications (Townsend and Lane 1973).

Terms such as disorder, disabled, physically handicapped, impaired, crippled and disadvantaged create much difficulty in understanding the magnitude of disability, by their indiscriminate and synonymous use by scholars (Karna 1999: 51). Scholars have used these terms in such a way that very often they seems to be indistinguishable from each other. But the professionals in this field prefer not to use these terms synonymously. Thus, impairment denotes the functional limitations which affect a person's body as a result of social, physical and attitudinal barriers. For example, inability to walk is impairment, while an inability to enter a building because the entrance is of a flight of steps is a disability. Therefore, disability refers to the oppression experienced by a person

with physical, sensory or intellectual impairment experiences as a result of prejudicial attitudes and discriminatory actions.

Despite the hard efforts of scholars from various disciplines, the growth of a well-conceived definition of the term 'disabled' has eluded us so far. Different countries have followed different criteria to define it. No two countries have subscribed to a similar definition. So much so, the professionals, scholars and international bodies have also adopted various approaches to the study of disability. If disability is defined in terms of socio-political perspective, it would be easier to understand who is disabled and who is not disabled. Briefly stated, a disabled individual could be perceived as individual who experiences social oppression in addition to his/her specific physical, sensorial or mental impairment. Disability is resulted from the interaction between the impairment of the individual and the socio-political environment (Ibid).

Indian Perceptions of Disability

As has been pointed out earlier, disability is a social construction, and every society develops its perception on the basis of its respective context and experience. Definitions of disability differ at national and international levels. In India, disability is defined by Government of India in 'Persons with Disability Act', Census of India, National Sample Survey Organization, Rehabilitation Council of India, Planning Commission of India and others etc.

The Indian perception of disability is clearly reflected in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (section 2). This definition has been used for all practical purposes. Governed by the medical definition of disability, this Act has identified seven types of disabilities, such as blindness, low-vision, leprosy (cured), hearing impairment, locomotor disability, mental retardation and mental illness.

(a) *Blindness:* it refers to a condition where a person suffers from any of the following conditions, namely, total absence of sight; or visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or limitation of the field of vision subtending an angle of 20 degree or worse; low vision : "Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

(b) *Hearing Impairment:* "Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies.

(c) *Locomotor disability:* "Locomotor disability" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy,

(d) *Cerebral palsy:* "Cerebral Palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development.

(e) All the cases of orthopedically handicapped persons would be covered under the category of "locomotors disability or cerebral palsy."

Source: (Person With Disability Act 1995).

According to the National Trust Act (1999) for the protection of the mentally ill, two more categories have been added:

- *Learning disabilities:* It is a disorder which affects the basic psychological processes of understanding or using written or spoken language. It can damage the ability to speak, read, write, listen, spell or do mathematical calculations. Conditions such as brain injury,

minimal brain dysfunction, dyslexia, and developmental aphasia are examples of learning disabilities.

- ***Multiple disabilities*: "Multiple disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.**

Rehabilitation Council of India Act 1992: Rehabilitation Council of India also Defines Disability in the following ways:

(a) Hearing Handicap: It refers with deafness with hearing impairment of 70 decibels and above in the better ear or total loss of hearing in both ears.

(b) Locomotor Disability: It refers a person's inability to execute distinctive activities associated with moving objects from place to place, and such inability resulting from affliction of bones, joints, muscles and nerves.

(c)Mental Retardation: In this category a condition of arrested or incomplete development of the mind of a person, this is specially characterized by sub normality of intelligence.

(d)Visually Handicapped: A person who suffers from any of the following conditions: Total absence of sight; Visual acuity not exceeding 6/60 or 20/200 (sentinel) in the better eye with correcting lenses, or; Limitation of the field of vision subtending an angle of 20 degree or worse. The rehabilitation council of India act, 1992, provide for regulation and monitoring of the training of professionals and personnel in the field of rehabilitation, promoting research in the field of rehabilitation and especial education, and the maintenance of the central rehabilitation register. This act links health with other social issues, such as hygiene and sanitation. Similarly training of teachers needs to be linked with other social issues because the professionals produced from this training are

linked to the services rendered to person with disabilities. **Source:** (Rehabilitation Council of India, 1992).

The Planning Commission of India also subscribes to the definition in the Persons with Disability Act 1995, for its policy formulation.

"A Person, who is blind, is deaf, has orthopedic disability, has a neurological disorder, or is mentally retarded. The definition includes any person who is unable to ensure him/herself, wholly or partly , the necessities of a normal individual or social life, including work, as a result of deficiency in his/her physical or mental capability. **Source: (**Planning Commission of India).

Similarly, Census of India and National Sample Survey Organization (NSSO), have also followed certain definitions for their understanding of disability. These are given below.

As Per the Census of India, 2001 Disability is defined in the following way:

(a) Seeing/Visual: A person who cannot see at all (has no perception of light) or has blurred vision even with the help of spectacles will be treated as visually disabled A person with proper vision only in one eye will also be treated as visually disabled. You may come across a situation where a person may have blurred vision and had no occasion to test whether her/his eyesight would improve by using spectacles. Such persons would be treated as visually disabled.

(b) Speech: A person will be recorded as having speech disability, if she/he is dumb. Similarly persons whose speech is not understood by a listener of normal comprehension and hearing, she/he will be considered to having speech disability. This question will not be canvassed for children up to three years of age. Persons who stammer but whose speech is comprehensible will not be classified as disabled by speech.

(c) Hearing: A person who cannot hear at all (deaf) or can hear only loud sound will be considered as having hearing. A person who is able to hear, using hearing aid will not consider as disabled under this category. If a person cannot hear through one ear but her/his other ear is functioning normally, should be considered having hearing disability.

(d) Movement/ Locomotors: A person who lacks limbs or is unable to use the limbs normally will be considered having movement disability. Absence of a part of a limb like a finger or a toe or a thumb will make a person disabled by movement. If any part of the body is deformed, the person will also be treated as disabled and covered under this category. A person who cannot move herself/himself or without the aid or another person or without the aid of stick, etc., will be treated as disabled under this category. Similarly, a person would be treated as disabled in movement if she/he is unable to move or lift or pick up any small article placed near her/him. A person may not be able to move normally because of problems of joints like arthritis and has to invariably limp while moving, will also be considered to have movement disability.

(e) Mental: A person who lacks comprehension appropriate to her/his age will be considered as mentally disabled. This would not mean that if a person is not able to comprehend her/his studies appropriate to her/his age and is failing to qualify her/his examination is mentally disabled. Mentally retarded and insane persons would be treated as mentally disabled. A mentally disabled person may generally depend on her/ his family members for performing daily routine. It should be left to the respondent to report whether the member of the household is mentally disabled and no tests are required to be applied to judge the member's disability (Bhanushali 2005, Government of India 2003a and Census of India 2001).

As per the Definitions of disability the National Sample Survey Organization (NSSO, 2002, 58 Round) in India given below:

(a)Visual Disability***:*** means, loss or lack of ability to execute tasks requiring adequate visual acuity. For the survey, visually disabled will include (a) those who do not have any light perception both eyes taken together and (b) those who have light perception but cannot correctly count fingers of hand (with spectacles/contact lenses if he/she uses spectacles /contact lenses) from a distance of 3 meters (or 10 feet) in good day light with both eyes open. Night blindness is not to be considered as visual disability.

(b)Speech Disability: Means, inability to speak properly, speech of a person is judged to be disordered if the person's speech 'is not understood by the listener. Persons with speech disability will include those who cannot speak, speak only with limited words or those with loss of voice. It also includes those whose speech is not understood due to defects in speech, such as stammering, nasal, voice, hoarse voices and discordant voice and articulation defects, etc.

(c)Hearing Disability: refers to persons' inability to hear properly, hearing disability is to be judged taking into consideration the disability of the better ear. Hearing disability will be judged without taking into consideration the use of hearing aid (i.e. the position for the person when hearing aid is not used). Persons with hearing disability may have different degrees of disability, such as profound, severe or moderate. A person will be treated as having 'profound' hearing disability if he/she cannot hear at all or can only hear loud sounds, such as thunder or understands only gestures. A person will be treated as having 'severe' hearing disability if he/she can hear only shouted words or can hear only if the speaker is sitting in the front. A person will be treated as having 'moderate' hearing disability if his/her disability is neither profound nor severe. Such a person will usually ask to repeat the words spoken by the speaker or will like to see the face of the speaker while he/she speaks or will feel difficulty in conducting conversations.

(d)Locomotor: Persons having locomotor disability will include those with (a) loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, deformity or dysfunction of joints which affects his/her "normal ability to move self or objects" and (b) those with physical deformities in the body (other than limbs), such as, hunch back, deformed spine, etc. Dwarfs

and persons with stiff neck of permanent nature who generally do not have difficulty in the normal movement of body and limbs will also be treated as disabled.

(e) Mental: Persons who have difficulty in understanding routine instructions, who do not carry out their activities like others of similar age or exhibit behaviors like talking to self, laughing/crying, staring, violence, fear and suspicion without reason would be considered as mentally disabled for the purpose of the survey. The "activities like others of similar age" will include activities of communication (speech), self-care (cleaning or teeth, wearing clothes, taking bath, taking food, personal hygiene, etc.), home living (doing some household chores) and social skills (NSSO 2002 58th Round Bhanushali 2005 and Ministry of Statistics and Programme Implementation).

Similarly, the definition of 'disability' has been subscribed differently in the international context. Different nations have their own definition and laws to address their disability related issues and challenges. Gradually, these definitions have been changed due course of time to overcome from the limitations and extend its scope and prospect. The definitions of disability which recognized in various acts and provisions of United States of America, United Kingdom are described below.

United States of America

The Americans with Disabilities Act (ADA) came into force on 26 July 1990 in order to provide civil rights protections to the disabled people. As per the act, the term 'disability' means with respect to an individual: (i) a physical or mental impairment that substantially limits one or more major life activities of such an individual; (ii) a record of such impairment; or (iii) being regarded as having such impairment (ADA 1990). But, this Act was limited in its scope and later it was amended in 2008, which was called formerly Americans with Disabilities Act Amendments Act (ADA). This Act holds the basic definition of the disability as mentioned in ADA original documents. However, it widens the larger scope of the disability definition which can include the coverage of maximum individuals possible in the ADA Act. The modifications in the disability’s definition are prepared with a view to make it easier for the individuals who require protection under the ADA in order to avail the welfare benefits (ADA

1990).

United Kingdom

In a similar manner, in 1995, the Disability Discrimination Act (DDA) came into force to prevent the people with disability against any form of discrimination. This Act makes it unlawful to discriminate against people with disabilities in relation to employment, the provision of goods and services, education and transport. As per this Act, a person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. According to this definition, the term 'impairment' covers physical or mental impairments; this includes sensory impairments, such as those affecting sight or hearing. The term 'mental impairment' is intended to cover a wide range of impairments relating to mental functioning, including what are often known as learning difficulties. A 'substantial' adverse effect is something more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people. A 'long-term' effect of impairment is one which has either lasted for at least 12 months, or where the total period for which it lasts is likely to be at least 12 months or, which is likely to last for the rest of the life of the affected person. An important aspect of this Act is that the people who have had a disability within the definition are protected from discrimination even if they no longer have a disability (DDA 1995).

The PWD Act 1995: An Analysis

Despite one of the most important Rules for the people with disabilities in India 1995, this Acts has been criticized on certain grounds highlighting its flaws and limitations. Some of the criticisms are highlighting in the below section:

Mehrotra has broadly discussed and compared the ‘PWD’ Act of 1995, with ‘ADA’ Act of 1990,

in her book ‘Disability Gender and State policy Exploring Margins’. She highlights clear distinction between these Acts, “The PWD Act addresses the needs of very few categories of disability, whereas American Disability Act also protects People Living with HIV/AIDS (PLWA) from discrimination in various sectors including employment and health care. Thus, the law has not been able to broaden its horizon, (iii) It protects persons with disabilities against discrimination only in the public sector. The large private sector may not follow the provisions under this Act. That is, it lacks a holistic approach. Facilities accorded to disabled under this Act, in terms of education and employment are ruefully low. Punishment of persons who practices discrimination with disabled is not addressed, (vi) Diseases caused by heart problems, cancer, epilepsy, muscular dystrophy, communicable diseases like tuberculosis, hepatitis, HIV infection and AIDS, disabilities like autism, dyslexia, and hemophilia should be included in the disability benefit list, (vii) Despite the fact that the physical or mental impairment of people living with HIV/AIDS is not apparent, they are not regarded as able-bodied individuals. On account of the stigma associated to them, they are most often denied access to treatment and discriminated in the workplace preventing them from participating in mainstream society” (Mehrotra 2013: 82).

Furthermore, she elaborates that the PWD Act was a milestone which helped the disabled to come together and demand for its implementation and better policies but soon after its commencements, the gaps of this Acts started surfacing which reduced the value of the Act. One of the major criticisms of this Act is that the definition of disability is very narrow and it left out several key categories out of its purview. An Amendment Committee was appointed by the government within three years of the notification of the Act which submitted its report to the Ministry of Social Justice and Empowerment in 1999. But, on fortunately the recommendations did not receive much attention from the ministry (Ibid).

Jayna Kothari has critically raised such issues in her book ‘The Future of Disability Law in India’. She broadly explains that “By giving a definition in terms of only seven specific disabilities, the PWD Act defines disability through a medical model and not a social model of disability”. Instead of defining disability in “specific medical conditions such as blindness, low vision, hearing impairment, locomotor disability, and so on, the Act ought to have focused on the effect of the impairment, which may prevent persons from carrying on their day-to day activities or having access to facilities”. It would

have been more useful to define disability perhaps as defined in the DDA, which states that: 'subject to the provisions of Schedule 1, a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. In this Act, 'disabled person' means a person who has a disability" (Kothari 2012: 23).

Even the DDA Act stated that "the case like depression, schizophrenia, eating disorders, bipolar affective disorders, obsessive compulsive disorders as well as personality disorders and some self- harming behaviors as examples of mental impairments; also the Learning difficulties comes within the scope of mental impairments" (Kothari 2012: 47 and DDA Acts 1995).

But, under the categories of mental illness under Section 2(q) of the PWD Act, there is no provision to recognize the learning disabilities viz. dyslexia, dysgraphia, respectively. Dyslexia is a form of learning disability, which interferes with reading, writing or spelling. Among children, the cases of learning disabilities are between one to three percent. Though of normal or potentially normal intelligence, children with learning disabilities may not interpret what they hear or see in the same way as children of equal intellectual ability do (Kothari 2012).

In recent times, the draft 'Rights of Persons with Disabilities Bill, 2012' is a recent attempt of Government of India which includes several new provisions for PWDs like 'ADA' and 'DDA'. It includes definition of 'person with disability' on the ground of medical and social models. Definition of 'person with benchmark disability' defines disability not less than 40 per cent. And definition 'person with disability' defines 'person with long term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder his full and effective participation in society on an equal basis with others. While this Bill come into the force as a rule then all the individuals cover under this new Acts.

Cultural and Historical Notions of Disability

Culturally, the society has developed different perceptions about the people with disabilities. It has

developed negative attitudes about people with disabilities. They have been treated as sinners. Disability has been seen as punishment from God for the sin committed by disabled people themselves or their relatives during their supposed previous births or 'Janmas'. Sometimes it was assumed that people who displeased their forefathers would have to pay for it via their disability (Oliver 1999). Such perceptions are still present in villages today.

Society has developed an attitude of indifference towards people with disabilities which would consistently lead to their isolation from family as well as society. They have been experiencing exclusion from different festivals, social exclusion, family gatherings etc. because of the belief that their presence is not worthwhile. Frequently considered as unlucky, they have been compelled to stay indoors. Such attitudes towards them not only negatively affect their confidence but also gradually violate their human rights. It leads to the emergence of a feeling of hopelessness and helplessness and they have been suffering from social ills for no reason. That has not only created distrust among people with disabilities but also contributed to their suffering in silence and isolation(Lang 2001, WB 2007).

Different Approaches and Models of Disability

From time to time, scholars have adopted various approaches to analyze disability and the problems faced by disabled persons in different societies. These approaches followed by scholars may be broadly classified into two types, the individual model and the socio-political model (Oliver 1990). The difference between impairment and disability drawn by the 'UPIAS' in United Kingdom (1976) has significantly contributed to the construction of individual and social models of disability. This division could be more helpful in understanding and expanding knowledge about the issue of disability.

The individual model includes the whole range of issues which scholars have described as the personal tragedy theory of disability. This concept has been heavily influenced by the

psychological and medical aspect of disability. The latter came to be considered as the process of medicalisation rather than medical model of disability (Oliver 1990). In short, there is no such thing as a medical model of disability. Rather, médicalisation is a significant component in an individual model of disability.

Oliver puts emphasis on two important concerns related to the individual model of disability. Firstly, it contends that the problem of disability should be located within the individual, and secondly, the reasons for the problem arise from the functional limitations or psychological losses, which are assumed to emerge from disability. These two concepts are associated with the 'personal tragedy theory of disability'. On the other hand, the social model of disability has been developed and articulated by the disabled people themselves, who have argued against the individual theory of disability and further located the problem of disability directly within society rather than with the disabled indivisual. The cause of the problem is not the product of the individual limitations (of whatever kind) but the product of the failure of the society to provide appropriate services and adequately ensure the fulfillment of the needs of disabled people in social organizations (UPIAS 1976).

The consequences of this failure do not simply and randomly fall on individuals but systematically upon disabled people as a group who experience this failure as discrimination institutionalized throughout society. But from the very beginning, different scholars and activists had followed the medical approach to disability, under which they were trying to understand the problem of disability based on only the physical limitations and medical problems of the individual. The social impact was neglected.

However, for better understanding, these concepts could be divided into different subheadings such as traditional, medical or clinical, human rights and socio-political models, materialist, feminist, cultural and postmodernist and poststructuralist approaches. To limit the study of disability to any one approach would amount to limiting

its nature and scope. In fact, the study of disability cannot be properly understood, unless some sorts of human rights/socio-political integrated approach is developed in this regard.

Medical Model of Disability

Firstly, Disability is understood in the context of a disease framework and absolutely on a clinical basis. Actually the problem is located on the disabled individual. But, disability is viewed as a difference from the societal standard. So, the doctors and paramedical professionals are trying to cure or improve the disabled condition in order to render them capable them of being as `normal' as possible.

Secondly, the medical approach seems to give predominance to the medical professionals and the caregivers over the disabled persons lives. This leaves little scope for the disabled and their family to participate in the any decision-making process for their better life prospects.

Thirdly, according to the medical model, the disabled individuals are biologically and psychologically inferior to their able bodied counterparts. Hence, they are not treated as fully human and by implication and presumed to lack the capability to decide for themselves.

Fourthly, disability is visualized in terms of a personal victim, which sometimes affects some individuals. The medical approach reduces disability to impairment and locates it within the body or mind of the disabled individuals. But, the power to define, control and treat disabled individuals is located in the hands of medical and paramedical professionals.

So, a medical understanding of disability defines it as a permanent biological impediment and positions individuals with disability as less able than those who can recover from the illness or who are non-disabled. As a condition of biological impairment, the key focus of disability is on the physical, behavioural, psychological, cognitive and censory tragedy. Hence, the problem to be addressed by disability services is situated within the disabled individual (Shakespeare and Watson 1997: 293-300). But the medical model of disability does not have much concern for those who are permanently disabled in a way that cannot be modified or changed by professional intervention (Quinn 1995). In this view, the disabled individuals who cannot be improved by professional intervention could be allowed to speak for themselves and for their better life chances.

As Liver and Sapey argue , in the field of rehabilitative science and services, the biomedical perspective on disability continues to have a significant presence in the areas of training and practice. But, the focus is on a different set of issues, the adjustment and adaptation of disabled individuals to a life as close normal as possible. Similar kinds of action are also adopted in the areas of social care or welfare services. However, in the latter, those who have entered for these professions, such as social work in Britain, are likely to have been taught the social model approach in their trainingprogram Liver and Sapey1999).

The social disadvantages associated with the disabled individual are palpably recognized at numerous platforms and discliplines, which propels a new mindset and understanding dynamics towards disability. This has been noticed by therapists who have aptly deciphered many of these discriminations and inequalities structured for the disabled individuals into the broader social framework. Even the rehabilitation policies thrive upon these understandings, but in a longer run the area of rehabilitation by and large leads to social difficulties and exclusion of disabled individuals.

And this causality further created impairment for the disabled individuals. This set of ideas which gave emphasis on impairment causes limitations in regular activity, due to

restrictions of built from the wider social environment. This has been drawn from many in the rehabilitative services in the International Classification of Impairment, Disability and handicapped (ICIDH). The important and dominating ideas made in the ICIDH require some attention.

Gradually, at the international level the discussion and debate took place and to build consensus on a theoretical framework which reflected various dimensions of disability beyond the medical model. The International Classification of 'Impairments, Disability and Handicaps' (ICIDH) from WHO in 1980 was a major development in this regard. It further highlighted that "Personal, social and environmental factors are all at play in "creating" disability. It was acknowledged that not only physical or mental impairments but the attitudes of society and its institutions had a significant impact on the opportunities of PWD" (World Bank 2007: 1).

Mehrotra has pointed out some important observations in her book. The questions of disability and its definition have been major concerned for many years, in national population censuses and household surveys across the world. Historically, this question of disability has largely been presented and measuring its long-term effects upon survivors of war, famine, accidents and diseases. Furthermore, she underlined that "there has been demand for disabled person's statistics that may be seen as a result of the declaration of the International Year of Disabled Persons in 1981, the UN World Program of Action concerning Disabled Persons 1982, the United Nations Decade of Disabled Persons from 1983 to 1992, and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993. Thus, the need of statistical data on disability required some sort of categorization for classification of the disability. To serve the purpose, WHO came up with the classification known as the International Classification of Impairments, Disabilities and Handicaps (ICIDH), which was later revised as International Classification of Functioning, Disability and Health (ICF)" (Mehrotra 2013: 60).

In the year 1968-69 Amelia Harris and the Social Survey Division, on behalf of the office of Population Censuses and Survey (OPCS), made the first British study to assess the frequency of 'impaired' and 'handicapped' people labelled 'handicapped and impaired in

Great Britain'(Harris 1971). The aim of the study was to collect epidemiological data. Harris called 'impairment' the loss of a limb, partially or wholly, or the presence of a dysfunctional limb, organ or body part; with 'handicap' she meant the loss or the reduction of one or more functional abilities (including self-care, using the toilet, feeding, getting dressed, performing the postural changes to get up and lay down the bed, washing, taking a bath, buttoning, putting one's stocks on, women combing their hair and men shaving). She classified as 'impaired' those who have at least one impairment, and 'handicap' as those who experienced difficulties in performing one or more of the above-described activities in their day to day life. Based on these definitions, around 8-9 people with an impairment were found in every one thousand inhabitants, and up to 378 people every one thousand when older than 75 years, for a total amount of three million people older than 16 years of age coming under this category in Britain. According to the study, about 4% of the whole population aged 16-64 years have some impairment and about 28% of the people older than 65 have some form of impairment, with the male/female ratio unfavorable to the latter. On this basis, about half a million people would be identified as handicapped in Great Britain.

Harris's study had much impact on the research by a group of operators from the Arthritis and Rheumatism Council of Epidemiology Research Unit (ARCERU) of the University of Manchester. This study was coordinated by Philip Wood and Elizabeth Dabley. They interrogated the conceptualisation of the terminology used by Harris and highlighted the uncertainties in her work in using 'impairment' and handicap' as if they were interchangeable. The considerations of these authors on Harris' study, as well as their previous studies, were made in parallel with a job assigned to them by the World Health Organization.

Wood had been a consultant to the WHO during the revision stage of ICD. While in Geneva, he had the opportunity to see the new model that the WHO wanted to develop with the aim of describing the consequences of pathologies. After looking at the first version of this model (Classification of Impairments, Disability and Habdicaps) that

classified impairment, he put forward his suggestions that derived from his study on rheumatoid arthritis (RA), and also from his analysis of Harris's work. He got the task to revise the first version of this new model and his work became known internationally at the 29th Assembly of the World Health Organization in May 1976, when it was presented to the public, and the Assembly resolved to publish it for research purposes (Resolution WHA 29.35). It was called International Definition of Impairment, Disability and Handicaps (ICIDH) and was put into force by the World Health Organization in 1980. The main aim of this model was to describe and categorize the consequences of disease, such consequences being distinguished between impairment, disability and handicaps.

Wood and his group defined impairment as 'any loss or abnormality of psychological, physiological, or anatomical structure or function'. Disability was defined as 'any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being'. And, finally, they defined handicap as 'a disadvantage for a given individual, resulting from impairment or a disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual' (WHO 1980 and 1993).

This ICIDH approach considers impairment, disability and handicap as three different levels of pathology consequences, which are related to different levels of experience and individual awareness. These three conceptions are illustrated in certain way that "(i) impairment, (ii) disability, and (iii) handicap, each describing the response to or experience of the consequences of disease, injury, or disorders at the levels of the body, person or society, respectively. The motto of ICIDH seeks to medicalize disability and also intends to cover the distance from symptoms to social role and moves from objectivity to subjectivity" (Cited in Mehrotra 2013: 60-61). However this conception advocated a mechanism of multiple relations among the different levels instead of a direct connection. The explicit representation was produced with the ICIDH model which highlighted the presence of linear and direct links among the three levels of pathologic consequences. This approach was widely criticized by the disabled persons' organisations due to its narrow understanding of disability, because it was defined as the socialization of the experience of an illness and as a 'disadvantage' of a disabled person.

Therefore, the WHO's ICIDH plan has recently been revised in the form of ICIDH-2. The term 'disability' has been replaced with 'disablement', with a focus on limits to activities; `handicap' is superseded by considerations of `participation'; and impairment remains, as before, loss or abnormality of psychological, physiological or anatomical structure or function. The question that arises here is, "do these changes in terminology represent a shift in thinking in the direction of social modelist ideas?" The authors of ICIDH-2 have certainly acknowledged the voices of disabled people's organizations in Britain and internationally, and have succeeded in giving a positive turn to 'disablement'. However, many voices of those with a professional interest in the plan have also been attended to. The end result is a plan that differs from the original ICIDH in its use of language and in details, but not in its three-tier 'impairment-disability-handicap' structure. However, the old causal links from level one to level three are not so clearly in evidence.

The ICIDH-2 stands for what is now termed the 'bio-psycho-social' model, a synthesis of the medical and social approaches to disablement. Each dimension of disablement is conceptualized as an interaction between essential features of the individual and that person's social and physical environment. However, within the field of Disability Studies, opinions differ on whether ICIDH-2 has anything to offer disabled people's empowerment. The outcome of the present period of field-testing ICIDH-2 will be of interest to all.

Social Model of Disability

The social model is the widely preferred model when thinking about disabled persons' day to day life activities. The social model, formed by disabled people themselves, has been followed by most disabled persons' organizations for their everyday work. But society creates many barriers for the disabled people being able to participate fully in day to day activities, and the social model attempts to remove unnecessary obstructions which prevent disabled persons from participating in the society for

accessing work and living independently on a regular basis. It further asks what can be done to remove barriers to inclusion. It also acknowledges that attitudes towards disabled people create unnecessary obstructions to inclusion and requires people to take proactive action to remove these barriers. The social model emphasizes the problems faced by disabled people as a consequence of external hindrances. For example, in the way organisations are providing information (not offering a variety of formats such as Braille, large text audio description, sign language interpreter, etc), or inaccessible office buildings for the disabled persons. This example clearly reflects that societal attitude towards disabled people is very negative. The disabled people are not getting equal chance of participation in the public platform due to multiple layers of hindrances surrounding them. So, the disabled persons' organizations were strongly upholding the social model and at the same time rejecting the medical model that devalued the disabled person's life condition. Further, they found that due to stigma and social discrimination, the disabled persons were often unable to do anything for their upliftment.

Let us look at the history of the social model that started from Great Britain. At the beginning of the 1970s, a group of people institutionalized on account of their impairment joined a group of local professionals who supported them and started a study about the disabled life condition to find out how and through what measures the disabled person's quality of life could be enhanced and life chances be improved. The study acknowledged the highly discriminating and disempowering situation the disabled were experiencing in their regular activities. It further noticed that they were unable to launch interventions or preventative measures against social discrimination. That is why the people with disabilities decided to form their own association in order to get recognition.

In the 1970s, Britain saw the birth of 'Disabled People International'(DPI) which was parallel by the 'Society for Disability Studies'(SDS) in the USA in 1980s. DPI formed UPIAS (Union of the Physical Impaired Against Segregation) that, in 1975, developed its own disablement model which is now known internationally as the 'social model of disability' as opposed to what they themselves described as the 'medical model of disability'. According to this model, some people suffering from functional and structural impairment are deprived of their authority and forced to play a secondary role in the society on the basis of physician's and health professional's decisions that influence all aspects of their lives. To fight this traditional way of behaving against the people with functional and structural limitations, the Members of UPIAS developed a two-tier concept model composed of impairment and

disability. They published this model in an official document entitled 'Fundamental Principles of Disability', where they defined the disablement process ascribing much responsibility to society, which disabled physically impaired people. Disability is something imposed on top of our impairment; by the way we are unnecessarily isolated and excluded from full participation in society. Therefore, they defined impairment as 'lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body'and disability as a 'disadvantage or restriction of an activity caused by a contemporary social organization which takes no or little account of people who have physical impairment and thus excluding them from participating in the mainstream social activities' (UPIAS: 1976).

The members of UPIAS were the toughest opponents of the subsequent ICIDH model by the World Health Organization. This is also an example of individualistic approach with a medical base that had an explicit reference to the causal and direct link between impairment, disability and handicap whereby disabled people were given less chances of participation in the mainstream activities of society. On the other hand, they tried to disseminate a vision where the physical and the social environment shapes the difficulties that people with functional limitations or impairment encounter in regular activities due to social barriers. Therefore, they tried to eliminate the causal relation between impairment, disability and handicap. To define the disablement process they adopted the term 'disabled' in the sense of being deprived (by the environment) of the capability or of the possibility to perform a specific task.

This socio-political understanding of disability led the activist and scholar Mike Oliver to talk of 'the social model of disability'. The possibility was opened up regarding restrictions of activities and countless disadvantages experienced by the disabled people. They are the product of interaction and social relationship between impaired and non-impaired people of the society, rather than a result of any impairment as such. The different ideas of disability invoke medical, welfare and other cultural discourses which create many restrictions of activities and social disadvantages, the inevitable and tragic consequence of being disabled, which need be challenged and refuted. In fact, these

traditional ideas could be understood to be a key part of the oppressive tool to determining the lives of the disabled people.

During the 1970s and the 1980s, Europe and the USA witnessed the emergence of different organisations, whose main concern was to address different forms of oppression, discrimination and segregation experienced by different people. They also aimed to focus on the recognition of the rights of the disabled people. The US movement was called 'Society for Disability Studies'. The contextualization of the British as well as the US approach to the disabilities reflects certain kinds of differences as well as similarities. While the British approach analyzes the social structure and its impact on people with disability, the American approach analyzes the social roles and attitudes towards the inability to take on specific roles for the disabled people. To put it differently, the British movement mainly focused to restructure the society, while the American approach focused much on changing the attitudes towards the people with disabilities.

The commonality between these two approaches is based on the fact that both the approaches go beyond the medical approach and construct an individual-centric analysis. These approaches highlight the deficiency of the individual model of disability on the grounds that it hugely neglects the impact of social processes which make people disabled. Although they are different in terms of their respective experiences, both approaches do acknowledge that disability is the product of some restrictions created by society. These social restrictions are discriminatory since they limit the individual's full and egalitarian participation. So, the UPIAS emphasizes that 'Physical disability is a particular form of social oppression'. The existence of physical and social barriers constantly limits the individual's access to different public activities. The society imposes a situation of disablement upon disabled people, and it is necessary to remove the barriers created by society, or any others that constitute such discrimination.

The study found that one of the important concerns of the social model of disability is to identify different types of discrimination that are practised against people with disabilities. According to the social model of disability, disabled people are primarily facing three types of discrimination, namely institutional, environmental and attitudinal. Institutional discrimination reflects the lack of legislative measures to ensure equal opportunity to participate in educational institutions, thus depriving disabled people and generating discrimination against them. Environmental discrimination takes place when the surrounding environment is not disabled friendly. In other words, this form of discrimination exists where there is the presence of physical barriers such as inaccessible public transport or inappropriately designed buildings due to which the disabled people will not be able to participate. Attitudinal discrimination takes place when the counterpart (people who are non-disabled) of the disabled people develop indifferent attitudes which structure or restructure their behavioral pattern towards the latter. In short, the presence and practice of different forms and degrees of discrimination against the disabled people will essentially undermine their confidence and aspirations (DFID 2007 and Kothari 2012).

This shows that disability is socially caused and a form of social oppression. But, how can this social phenomenon be theorized? What is its social history? In the newly emerging British disability studies of the 1980s, some of the leading thinkers sought answers to these questions by drawing upon Marxist theory or materialism. With the gaining of interest in DS, these dominant ideas have been challenged by a growing number of disability studies writers, and engaging with other theoretical constructs, like feminism, postmodernism and poststructuralist. There is now an active debate about the nature of both disability and impairment in DS.

Community Based Rehabilitation Model

The combination of between the medical and social models of disability has led to the emergence of the community based rehabilitation (CBR) model. This model believes that the basic rehabilitation of disabled people may be accommodated into this four or five individuals for their empowerment. It attempts to combine medical care with empowerment and social inclusion, which ensures the adequate participation of both the individual with a disability and the community in the entire process of rehabilitation. The CBR model claims to be the best approach, because it gives adequate attention to social inclusion and addresses the social hindrances.

Historically, this concept was first introduced by the World Health Organization in 1969. The CBR approach targets the enhancement of the service facility in order to provide more equal opportunities and to promote and protect the human rights of disabled people (Helander, 1993:5. Cited in, Erb & Harriss-White, 1996: 27). The concept of CBR is constantly increasing in popularity. The space of CBR projects extended in recognition of the UNICEF Rights Declarations of 1975, 1979 and 1981, as well as the Decade of the Disabled Persons (1983-1992). It noticed a major noteworthy transformation in the area of service facility. Those barriers created by the physical environment such as in housing, transportation, social and health services, education and work opportunities, and cultural and social life. All these issues are comprised under the concerns and goals of CBR projects. This CBR approach has formed six goals such as: "i) to deinstitutionalize medical care; ii) to expand access to rehabilitation; iii) to "demedicalize" social responses to disability and contribute thereby to a reduction in social stigma; iv) to work with disabled people in situ and not in segregated institutions; v) to reduce the cost of appropriate service provision and vi) to shift investment from curative to preventative measures." (Narayan 1990, Thomas 1993b. Cited in, Erb & HarrissWhite, 1996: 27).

The World Health Organization report on disability has also highlighted that this CBR method was constantly less expensive than other methods, and the children were benefited from longer engagement with community interventions (WHO 2011). It further points out that because the CBR

model makes strong relationships between disabled people and their family members, it may bring significant support to disabled people and caregivers. Due to this, the concept of independent living has started to be introduced within community-based rehabilitation, which will help CBR services guarantee better self-determination for people with disabilities (Ibid 156). Some other studies have also noticed that the CBR advocates targeted the demedicalisation of definitions and tried incorporating local definitions of disability into their mission plans (Miles, 1990). But, on other hand, there is also criticism of the CBR approach. As per the view of critics in India, CBR clearly reflects biases of the urban educated, social activists and also the funding agencies to influence their agendas on their viewpoint. Their emphasis is on need survey, advanced planning, budgeting, record keeping, outcome evaluation etc. All the CBR approaches are not only new but also differ with informal village functioning (Dalal 2002, Miles 2002, Cited in. Mehrotra 2013: 317).

It was further critical because the local cultural significance have hardly been included in these programmes. Despite getting some governmental and non-governmental support, this CBR approach has failed in bringing any noteworthy change in the disability sectors particularly in rural areas. One of the positive advantages is that because of this grassroots level activism, it disseminated all the information, awareness and politicization among disabled persons, who raised their voice for their empowerment (Erb & HarrissWhite 1996, Lang 2001, World Bank 2007). But, this NGOisation of activism was widely criticized, because they ignored the cultural issues and are dictated their agendas. However, a new kind of exclusion and discrimination has been introduced even in those contexts where it did not exist (Mehrotra 2013). Regardless of many criticisms, this CBR approach actually has brought some change in the lives of mentally impaired persons and has also empowered the many disabled person who live in the rural areas.

Role of NGOs

Nongovernmental organizations (NGOs) are private, not-for-profit organizations. These voluntary organizations or civil society organizations have often performed wherever governments support mechanism have failed to provide for particular requirements. So, in such under-provided areas, these voluntary organisations' advantages can include their potential for innovation, specialization, and

responsiveness for the development of those sectors. NGOs often run community based work and user focused programmes to encourage participation by disabled people in their communities for their empowerment. These voluntary organisations can collaborate with governments to offer services for disabled people. They also often perform as instruments for promoting new kinds of service facilities and for measuring the results. But it is noticed that many organisations are small and with limited capacity, so their good works cannot always be disseminated and followed more extensively. And also, they have many disadvantages because of their weak financial sustenance and because they may have concerns different from those of government (WB 2007, WHO 2011).

Furthermore, since the last two to three decades, extensive research has been conducted in developed and developing countries regarding the role of NGOs and governmental organisations for the empowerment and social integration of disabled persons. NGOs may be defined as "those non-profit organisations which are not part of the governing machinery and which have not been established as a result of an agreement with government. NGOs include research institutions, trade unions, private foundations, environmental groups, indigenous agencies, grassroots level organisations, etc." (U.N. Department of Public Information for NGO Representatives, 1980). The Economic and Social Council (ECOSOC) of the United Nations defines an NGO as any international or national organisation which is not established by intergovernmental agreement. This broad term includes private voluntary organisations, community groups, professional and trade associations, labour unions, academic and scientific organisations and others (Chandra 2000: 157). However, there is a shift of focus from institutional care to community participation, as it indicates the rapidly growing social awareness for the rights and equitable status of the disabled community.

Mainly, the activities of NGOs would fall in the following three broad categories: (i) service institutions organised by disabled individuals or their parents/relatives and by others on humanitarian considerations; (ii) advocacy organisations at the state and national levels; and (iii) international agencies and organisations.

Service Institutions

The range of services provided by NGOs is very wide and includes prevention, early detection, fitment and physical restorative services, education, training, placement, awareness creation, psychosocial rehabilitation, and campaigning through the publication of newsletters, periodicals and journals. Some of them are even training human resources, producing aids and appliances and providing infrastructural support for rehabilitation. Some of them have even taken the lead in evolving innovative model services.

Many of the organisations work only for one category of the disabled and cover many aspects of their rehabilitation. Some of them work for more than one category of disabled, but their number is very small. The relatively more difficult work of looking after persons with multi-disabilities such as deaf-blind is done only in the voluntary sector, but the service centres for such disabled are very few in number.

The rehabilitation units in the voluntary sector are more humane and considerate to the disabled population than the governmental set-up. However, the quality of service offered by them is generally far below standard and also fragmented. All the three types of rehabilitation centres suffer from some common deficiencies. In brief, all of them are situated in the major urban areas and do not provide services for the rural population. Often, all the three types of rehabilitation centres are found in the same area, both in the government and in the voluntary sector (Narasimhan and Mukherjee 1986: 52-53).

From the beginning, most of the NGOs and donors have mostly followed the medical or charity point of view on disability rather than focusing on rights-based approaches. Their main focus has been on distributing medical aids rather than seeing the social and attitudinal causes of deep-rooted poverty with disabled people at large. Hardly any mainstream NGOs had even thought of including disabled people in their development agendas until the late 1990s (Mehrotra 2013). However, in the last decade, despite many positive measures, the social status of the disabled still needs further attention. Rehabilitation services are still inadequate, given the increasing population of disabled persons across the world. Therefore, there is a necessity to bring a new legislation in this regard nationally as well as internationally to improve the living condition of all disadvantaged sections of

society.

Materialist Paradigm of Disability

Building on the early insights of Vic Finkelstein (1980), Mike Oliver (1990) examined the relationship between disability and capitalist relations of production. If disability is the restriction of activities imposed on people with impairment by contemporary social structures and practices, how did this come into being? In Oliver's view the answer lies in the emergence of industrial capitalism. In brief, the competitive wage-labour relationship that took place during the large scale industrialization process in the late 18th century in Britain began to systematically exclude the people with impairment from direct involvement in economic activities. This is primarily because of the fact that long hours of labour in factory environment required a standardized dexterity, speed and intensity of work. Many people with impairment were unable to sell their labour power under such conditions; they were increasingly socially positioned as dependent, excluded in the economy of generalized commodity production.

During the 19th century, large-scale industry increasingly usurped small-scale manufacturing and paddy commodity production, the dependency of impaired people was consolidated, and the policy solution to the social problem they posed was found in institutionalization and medicalisation. The exclusion and dependency that disabled people experienced in the 20th century-barriers in education, employment, welfare services, housing, transport, cultural and leisure domain, whether in institutional or community setting-could be traced back to this earlier economic relegation of the impaired to the category of the 'nonproductive' and the dependent. Oliver further explains, the nature of the economy, through both the operation of the labour market and the social organization of work, significantly affects the process of producing the category of disability and determining the response of the society towards disabled people. Different degrees and forms of discrimination and oppression that the disabled people

experienced are rooted in the economic and social structures of capitalism which themselves produces racism, sexism, homophobia, ageism and disablism.

An Australian writer Brendan Gleeson (1997, 1999) has considerably developed this materialist perspective on the historical emergence of disability. He highlighted the argument that disability has its origin in the transition from feudal to capitalist social relation of production. These kinds of analysis make the significant point that disability is not a transhistorical, universal and social phenomenon. But, it is bound up with social relationships at specific historical times. This understanding goes much beyond the argument that disability is the cause of many different restrictions, rather it can be contextualized in reference to specific space, time and economy.

However, disability studies in Britain have raised various perspectives and complex issues. It further challenged the materialist prioritization of the economic roots of disability and the contemporary operation of structural barriers in the broader social environment and this was supported by various authours such as Corbett 1994, Warmsley 1997, Morris 1996, Crow 1996, Vernon 1996, and Corker 1998 . Questions have been framed about the adequacy of this agenda in dealing with matters of difference among disabled people, especially those associated with gender, race, sexuality or type of impairment. Taking deafness as an example, perhaps people with particular form of disability experience form of disablism which emphasize on language, communication and cultural system as these are causing the disabling barriers traditionally identified in social modelist context. However, similarly women with disability suffer from multiple discriminations. First as people with disability in comparison to non-disabled people and secondly, being women in a patriarchal society. Thirdly, their priorities have not been addressed in conventional social modelist thinking. The writing that has emerged through an engagement with such questions has drawn upon feminist, postmodernist, poststructuralist and other social constructionist theoretical ideas. The work of feminists in disability studies is of note, but should not be mistaken for a single set of ideas. In the

broader feminist thinking, it has fragmented into several feminism, each links to other theoretical tradition, some materialist and some social constructionist.

Moreover, the social model of disability itself has come into the frontline and questioned. How is this limited, exclusive, inadequate, in need of adaptation, transformation or replacement? This vigorous debate is ongoing across disability studies.

Theorising Impairment

Within disability studies, all the theorists such as materialist, social constructionist and feminists, have clashed over one issue: its understanding of the nature of impairment. Social modelists like Oliver (1996c) and Barnes (1998) have argued that "the personal experience of living with impairment is not the concern of the disability studies and that intellectual and political energies should be concentrated on understanding and tackling the wider social causes of disability"(Oliver 19996; Barnrs 1998). Further they see a focus on impairment as putting a danger to the gain made by the social model theory which separating of impairment from disability. It gives relief to the 'impairment causes disability' positions in the medical model of disability and medical sociology and other disciplines as well(Ibid).

The argument for the necessity of giving attention to impairment has been made on a number of grounds. First, feminist writers like Jenny Morris (1996) and Liz Crow (1996) have argued that "the social modelist relegation of impairment to the domain of 'the private and personal' is a reflection in DS of a patriarchal separation of 'the personal' from 'the public', the private from the social". Jenny Morris argues that this is problematic for disabled women. There was a concern within some disabled feminist

scholars. They have argued that “the way our experience was being politicized didn’t leave much room for acknowledging our experience of our body, that too often there was not room for talking about the experience of impairment, that a lot of us feel pressurized into just focusing on social barriers”. (Morris 1991: 29).

A plea was being made for impairment experiences to be acknowledged, discussed and shared in disability politics and in the preface of disability study. And also, the feminists brought the argument of disabled women’s lives, by emphasising that the ‘personal is political’ in their slogan. It was seen as anti-holistic and unacceptable to construct impairment in term of the ‘private’. Further, it was suggested that impairment did restrict activities in important ways, a position seen as particularly problematic by those social modelists who associate disability with ‘restricted activities’.

In response to the earlier feminist calls for impairment to be taken seriously, and for it to become a concern within disability studies, Mike Oliver (1996c) has acknowledged that a sociology of impairment may well constitute a field of study, but has also stuck to his guns, that impairment is not the business of DS. Not all materialistically oriented DS writers have agreed with this stand. Paul Abberley (1987, 1996), for example, has long argued against the social naturalization of impairment through its relegation to the realm of the biological (leaving it, unchallenged, in the hands of bio-medics). However, unlike social constructive thinkers, Abberley has drawn attention to the ‘real’ social production of impairment - the material creation of impairment in capitalist and other societies. Impairment is produced through a myriad of social production and other processes: accident and injury in work-places, accident in transportation, medical mistakes, drug therapies and surgical advances (extending the life expectancy of many people with impairment), wars, street and domestic violence, and so forth. Thus impairment is as much social as it is biological.

The arguments about the nature and relevance of impairment are ongoing. It is an issue that that requires further theoretical and political attention. This is a particularly pressing matter given the growing importance in the areas of genetic sciences and associated technologies, whose advances potentially have a positive impact on the life of disabled people.

Summing Up

Thus from the above explanation of the different approaches to disability, it is abundantly clear that the emergence of the disability rights movement in Britain saw the conceptualization and articulation of the social model of disability. In the early stages, disability theory understood this in terms of the medical and charity viewpoints. The roots of the socially created restriction of activities experienced by people with disability were sought in the social relations of the capitalist system of commodity production. Contemporary exclusions were located in the operation of the socio-structural 'social barriers'. The social model itself has, in turn, been criticized and vigorously defended. The contemporary debates on disability focus much on the cultural creation of disability. The feminists and others have increasingly focused on the intersectionality between disability and other forms of oppression and marginalization such as gender, race, and sexual orientation (and, to a lesser extent, class and age). The role of CBR or NGOs has been significant in the rehabilitation and empowerment of disabled persons in rural areas. These organisations have reached those areas where the government machinery could not reach and deliver its welfare programs among the disabled community or other disadvantaged sections of the society. Due to NGOs' efforts, somehow the situation has improved and empowered the disabled person.

Chapter Two

Disability Movement and Policy Formation in India: A Critique

Introduction

As discussed in the previous chapter, the dehumanisation of individuals with physical, sensory and mental disabilities has always been a problem of society. Throughout all ages, the disabled have been abandoned, depressed, marginalised and stigmatised in almost all societies; whether it is East or West, there is no exception to this issue of social disadvantage. They have been identified as one of the minority groups in the society, which is mostly backward, least assisted and totally neglected. Persons with disabilities are identified as the poorest and the weakest sections of the society, who have been socially, educationally and economically disadvantaged, and also have been denied their right to exercise freedom of thought and choice. Everywhere people with disabilities are victims in seeking education, employment and physical access. There is a lack of access to participate in the political process. However, political participation is relevant in the political system, just as participation is also important in all other aspects of their life. In view of this, Karna observes "it has thus become necessary for the disabled people in India to actively participate in mainstream politics or to feed their ideas into the system" (Karna 1999: 142).

They are excluded not only from the political system, but also in many other areas of life. People with disabilities are prevented from playing their full and rightful part in their society (Enticott et al. 1992: 32). Disabled people in general are absent from all major areas of social life, where their voice can make changes in decision making which may affect their living condition, but also the welfare of their communities. From this point of view, disabled people do not exist, they are socially dead (Finkelstein 1993: 63).

In past decades, the issues raised by the disability rights movement, for disabled persons' development, were a hotly contested debate in both the academic sphere and the political arena. The political involvements have focused on issues of discrimination and segregation policies. It was further moving beyond the traditional concerns about medical and welfare provision to focus on areas such as antidiscrimination legislation, the role of charity and cultural representation, segregation in transport and education sectors, and innovations to increase autonomy (through centers for independent living). The academic debate has developed the concept of the social model, originally started within the Union of Physically Impaired against Segregation (UPIAS), and it has seen a conflict between the approaches of disabled and non-disabled researchers (Shakespeare 2009: 370).

In the second half of the previous century, the disabled people in western countries like United States and Great Britain started raising their voice against discrimination in their society. During the 1970s, in Great Britain the disabled group had formed the 'Union of Physically Impaired against Segregation' (UPIAS) to fight against exploitation and social stigma. The main objective of UPIAS was to achieve equal rights and equal opportunities to lead an independent life in the society. And also further UPIAS rejected the medical model and gave importance to the social model. Since, the medical model defined Disability as basically a diseased condition and in an absolutely clinical framework. Basically a problem focusing on the individual, the disabled person is here seen as an abnormal human being. So the medical and paramedical professional is to cure or improve this problem in order to enable them to be as normal as possible (Shakespeare and Watson 1997: 293-300). However, the UPIAS developed its own model that is known as the social model of disability as fully opposed to what they themselves, defined as the medical model of disability. According to this model, "some people suffering from functional and structural impairment are deprived of their authority and forced to play a secondary role in society on the basis of physicians' and health professionals' decisions that

influence all the aspects of their lives. Disability is something imposed on top of our impairment; by the way we are unnecessarily isolated and excluded from full participation in society. Therefore, they defined impairment as 'lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body' and disability as a 'disadvantage or restriction of an activity caused by a contemporary social organization which takes no or little account of people who have physical impairment and thus excludes them from participation in the mainstream of social activities" (UPIAS 1976).

In similar fashion, Scotch has also given an account of American disability rights movement in the 1970s, the disabled activists to some extent were directly involved in the policy debate in America where they had raised their voice against discrimination in day to day life. According to him, "Initially, in America, the disabled rights activist focused on the benefit issues. But later on, the benefit issues appear to have had lower priority than issues like discrimination (including access to transportation, housing and public services, accommodation in employment, and integration in education), the promotion of client control in rehabilitation services and the development of independent living programs operated and governed by disabled people" (Scotch 1989: 384). Such things are clearly reflected in the American disability rights movement. The disabled rights groups rejected the charity approaches which were basically based on the welfare policies of the government. Like Great Britain, they also followed the social model for their emancipation, in America rejecting the medical model which only defines disability as a clinical framework. Further, they promoted independent living centers in various parts of America, providing rehabilitation facility to the fellow disabled which were based on the CBR approach. Later on, people with disabilities in a different place in the world have become aware of their rights and have formed similar kind of organisations to claim their rights from the society, like any other minority group movements, such as women, blacks, Dalit and transgender etc. This awareness has led to a disability movement across the globe in the recent past and they all reject this medical and charities approaches and also reject the segregation and discrimination policies of the state.

Concept of Disability Movement

The disability movement is the movement of disabled people through which they make their voices heard and reshape their future actions, and express what they want (Oliver 1996). Many disabled scholars say that non-disabled people, no matter how sincere and sympathetic they are towards the disabled, are oppressing the disabled people. In the twentieth century, in western countries, the people with disabilities began to claim their equal rights and equal opportunities in society. The disability movement has emerged as the parallel movement with other allied movements launched for emancipation and empowerment of minorities like women and black people in western societies. The basic goal of all these movements is to secure equality, social justice and participative democracy. The new social movements take a critical position to society, frequently challenging the frontiers of nation states. Holding this view, G.N Karna asserts “the disabled people are not only marginalised politically, but also relegated to the margin of society” (Karna 1999: 145).

Certain scholars see “the disability movement as the last civil rights movement” (Briedger 1989), which has been greatly stimulated by the movements of other minorities. These movements are directed towards realising all the goals of rights secured by other groups, including anti-discrimination legislation. However, the disability movement fundamentally differs from other social movements. A noted analyst of disability studies remarks that “though it is not inherently distressing to be a woman or to be a black, it can be distressing to be ill or to be in pain” (Morris 1991).

Professor Harlan Hahn of California University, who is himself a disabled, started the disability rights movement in the University campus. In his view, there is an important linkage between the formation of the disability rights movement and the growth of disability policy as a significant area of research (cited in Karna 1999:145).

Other scholars like Mason, however, disagree with the claims of the disability movement being an organisation, though Mason agrees that the movement has learned tactics from disabled people’s own organisations. In his view, “the disability movement is rather a political analysis of the problem of disability” (Mason 1992: 16).

To begin with a workable definition, the disability movement may be defined as a social and civil rights movement directed towards mainstreaming disabled people into society. According to Oliver (1996), “there are four hallmarks of new social movements that apply to the disability movement, as follows: (i) marginalisation from traditional politics, (ii) linkage between the personal and the political, (iii) a critical evolution of society, and (iv) post-materialism”. The first of these is that disability movements tend to be located at the periphery of the traditional political system and thus are marginalised. They do not have the same power with the State like other movements, whether in terms of consultation procedures, lobbying or resourcing (ibid.). This does not invalidate their political significance. But that cannot refute their inner potential.

The new social movements have significant implications in the ever-changing political settings. But, the relation between the personal and the political is often an important tool for these movements. The new social movements is become a part of a conflict over social oppression; because it provides a critical evaluation of society as part of a social struggle to achieving their objective and it is still vigorous system of domination and applied newly emergent methods for its aims and objectives(Oliver 1990).The new social movements are mostly focusing on the supremacy over achieving the materialist values of the individual, and others relating issues such as, income satisfaction of material needs and social security (Oliver 1990). While it is agreed that the disability movement is concerned with issues relating to the quality of life of a disabled individual, it also needs to be agreed that many disabled people are still faced with material deprivation and social disadvantage, and the movement is mainly concerned with this. Another feature of the new social movements is that they are focused on issues cutting across national and international boundaries over the disability issues. The Disabled People International (DPI) Second World Congress has defined its objectives and strategies to achieve the global movements, arguing that the issue of empowerment is necessary for the person with disability. Thus, they should collectively work to achieve their goals (ibid.).

The disability movement is an objective part of the new social movements. There must be some kind of social basis for new forms of shifting political action or change. The 1970s witnessed various developments in the international arena. At the same time, the laws have also been reformed internationally for the legal remedy for the persons with disabilities. The number of organisations for

the disabled increased since the early nineteenth century. But most of the earlier organisations were charitable organisations. These organisations were not primarily concerned on the issue of political awareness and they controlled disabled individuals' lives. Their main concern was to alleviate the symptoms rather than relieve the causes of disablement. Also, these organisations stem from the surplus time and money of the wealthy class and provided many people with means of livelihood. A large number of able-bodied people earned high amount of salaries as administrators of charities, while the disabled had the greatest difficulty for finding any employment at all. Sutherland (1981) puts a pertinent question, "what is this if not exploitation?"

The above section indicates that the society perceived the disabled persons only on the basis of medical and charity model, where the disabled were interpreted as dependents and beneficiaries of state welfare policies. Such approaches diminished the disabled person's capability to perform in the mainstream society in the past. But, these medical and charity notions of disability are still visible in many countries.

Disability Movement and Policy Formation: An Interface

Many scholars observed that in the previous century, especially in western countries, social movements emerged for the rights of the disabled person. These social movements attempted to review the concept of disability through political and legal action and through public education. This movement has raised its voice against the social stigma, isolation and dependency, which the societies have labeled against the people with disability in the society. The disability rights movement has also raised voice against the negative social attitude and social exclusion which are hindering the disabled persons in the society on day to day basis. Therefore, they rejected the medical and charity model which devalued the capability and potentiality of the disabled. So, they followed a social model to achieve their main objectives.

In the context of the American disability rights movement, Richard Scotch has made the noteworthy observation that the disability rights movements in America was only made by a small group of disabled persons. Only these individuals have raised their voice on behalf of the entire population of American persons with disability. Such kind of claims we will find in all the countries, where the disability rights movement took place in the recent past. Even in India, some disability rights groups are claiming that they have struggled for all disabled persons. But this is not true at all. Because many literatures pointed out that, only some specific disability group have fought for their own cause, for example, the deaf people were concerned for their own issue. But if they claim it as the disability rights movement, then it may not be considered, that is a disability rights movements. Nevertheless, personally, I believe that it is deaf rights movement rather it is called disability rights movement. Similarly, the term disability is an umbrella term which encapsulates all under one vocabulary. When Jagdish Chandra is talking about the blind rights movement in America, he did not use any such vocabulary, which referred to all groups of disability. He categorically mentioned that it is blind rights movement, rather than disability rights movement. However, there is no data available on individuals or organisations in this regard. Only few national leading organizations were visible in the disability movement for its leading and their participation in the past time. Many studies, debates and discussions were going on about these organisations. There are some strong arguments raised by some scholars that the entire community does not necessarily belong to the ongoing movement as participants. However, all the people with disability are not part of the disability movement just like all the black minorities have not participated in the black civil rights movement; all the Dalits have not taken part in the Dalit movement and all women were not a part of the feminist movement. Mostly, the disability rights movements are controlled by the various national and local organisations that represent on behalf of diverse disabled groups. These national and local inter- organizational coalitions some time break and differing opinions on certain matters.

A number of organizations focus exclusively on particular disability group. They are not always part of the disability rights movement, for example, the national federation of the blind is concerned for the blind people only. Similarly, some other organizations only focus on their own issues. Sometimes, all these disability organisations are coming under one umbrella group for a common agenda. There are some national organisations, but primarily they are not the disabled organisations. Only they extend

their support according to their interest and also they provide all the logistical support even to the local level organisations.

Disability and the Capacity for Political Action

Disabled people are unable to lead political activity. They are mostly poor, uneducated, unemployed and homeless, and they are living in the charitable organizations or under the care of the caregivers. The people with disability may have common experiences over their problems. But, such situations typically dominate over their life. Hence, despite their common experiences, the disabled people are unable to create any such platform where they can share their common agony.

Also, disability is not a unitary experience. It varies from one section to another section. People who are deaf, blind or physically handicapped may face similar kinds of humiliation and distress in the society. But in the case of rehabilitation, it may differ from one section to another section of disabled person. For example, a blind person has a mobility issue, a deaf person has communication problem and wheelchair bound person has the accessibility issue. Despite all these problems with various disability groups, they have constituted an umbrella group for the sake of their common rights across the world in various occasions. Through these movements, they have achieved the common goal that they desired.

The history of the disability movement depicts that in 1960s, the formation of broad cross-disability social movement has formed by the local people with diverse disability groups in United State. During this period, grass-roots political activism was started on college campuses by the disabled students (Scotch 1989). During this period, nowhere else in the world, similar kind of activism took place. If I see this particular incident in the Indian context, then we are very much far from the American grass-roots disability activism. Nevertheless, till today in India, in the colleges, disability activism is not visible at all. Only in recent times, one can find some kind of activism in some of the leading Universities which are located in the metropolitan cities. Sometime the disabled leaders learned the tactics and methods from the other movements and applied that knowledge while they

launched a protest. In this connection, I would like to share some of my personal experiences. As a blind student, I was the part of much protest in University level for the cause of our rights. But, I remembered that on most of the occasions only the blind students groups launched protest for their rights. Only sometimes the other disability groups were joined the protest if the issue also related to them. I mention this incident, because, in India, all the disabled groups hardly ever form a truly joint forum for the disability rights movement. Because, in many occurrences, it has noticed that a broad cross-disability group has formed for their rights, but this cross-disability group has got divided within few days over the issues of leadership. Also, these disability rights groups disagreed on various occasions. This may be one of the biggest drawbacks for the Indian disability rights movements.

During the 1970s, in United States, a cross-disability groups started protest in the college campuses on various issues like the denial of admission to the severely disabled in the college and in the job sector. Thus, the disabled demanded to be directly involved in all the matters and make a larger community so they could avoid such situations (Scotch 1989). I think the American disability rights movements have a unique feature in the world. Such kind of events rarely took place elsewhere at that time. Even in the recent times in India, discrimination is prevalent in the public institutions. Very often, some colleges or schools are denying giving admission to the disabled students due to negative social attitudes. Likewise, the disabled persons are also denied employment in the Government jobs despite all the legal provisions for the persons with disability in the constitution. They are always discriminated against by the government authorities. Sometimes, the national and local newspapers are highlighting such news in their headlines. But, there is no such strong reaction over the issues. Only some disabled groups are showing their concern but the other groups remain silent on such matters. This is the biggest drawback in the Indian cross-disability groups. The above analysis clearly reflects that a common identity of the disabled is completely lacking, making it difficult to form one disabled identical group for the common cause, in all the countries. But, in the case of other minority groups such as, black, gay, transgender and women carried a single identity for their liberation from social discrimination has emerged. Such things are completely lacking on the matter of disabled common identity.

Further the American cross-disability group put pressure on the government against all the discrimination policies in the late1980s. During that period, in the national election, all the political

parties listed disability issues in their manifesto (Scotch 1989). The senators debated over the disability discrimination legislation in the American parliament in that year and finally, in 1990, the American with Disabilities Act (ADA) came into force (Ibid). The American disability rights movements are stronger and more vigorous than any other country's disability rights movements. Similarly, in the mid-1970s, in Great Britain, the disabled formed a group for fighting against the discrimination in the society. The Union of the Physically Impaired against Segregation (UPIAS) in 1976 was formed against the discriminatory policies of the Government. The UPIAS was concerned about social barriers and societal discrimination. So, it put forward the social model to fight against such social discrimination. The main proponent of UPIAS is M. Oliver, who raised his voice against the social barriers.

> "Disability is something imposed on top of our impairment by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. Thus we define impairment as lacking part or all of a limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities" (UPIAS 1976: 14).

The UPIAS has given a social model approach, where they are looking the centrality of institutional, ideological, structural and material disabling barriers within society and that is fundamental to the social model of disability (Oliver 1976, Barton, 2004: 286).

Further, Barton writes, "Discovering our identity as disabled people is very important. It's still important today, otherwise people won't value themselves. I think this is probably the biggest success that the movement has been able to point out. It is our movement, nobody else owns it. We know who we are."(Barton 2004: 287). What Barton has mentioned is very important, because until and unless the disabled do not realize their own identity, they cannot achieve their political goals. We can see in the past, when the non-disabled people were leading the disability rights movements, they hardly achieved anything for the disabled. Mostly they used the disability movements from their perspective. The disabled people were not taken into consideration in this regard (Oliver 1996, Karna 1999, Sarin 2009). Many literatures point out that most of the voluntary organisations which are run by the non-disabled persons are only concerned with monetary benefit. These individuals are working

closely with top government officials. So they are not interested to raise their voice against any discrimination policies of the government due to their political affiliation with them. Thus, the disabled must realize their political capacity and lead their own fate with fellow disabled individuals for their rights. One of disabled scholars states that “Nothing about us without us! choices and rights in our lives.” (Barton 2004: 289). This is very much true because the disabled only can share their own problems, the other person cannot realize the same agony and suffering.

Shakespeare also emphasizes the identity of disability which is very significant. He highlights that disability identity does not have a homogenized character like other minority groups such as, black, gay and transgender etc. All such minority groups have common identities which help them to fight for their common cause. But, in the case of disability, this identity consciousness is lacking because the disability groups do not carry a single identity. They are situated in multiple constituencies. Further Shakespeare argues that “identifying as a member of an oppressed group and organizing to effect social change are critical. This is the assertion of group identity in the face of oppression, constructed through a political and cultural struggle focused on pride. And this pride is about the assertion of a positive identity, personally and collectively, in the face of prejudice and discrimination” (Shakespeare 2009: 377). The crucial issue regarding identity is the process whereby individual people with impairments come to recognise themselves as disabled, focusing on the social oppression which is basic to that condition. People are socialised into particular ways of viewing disability which are based on individualised and medicalised attitudes. Disability is widely seen as individual medical tragedy, by disabled people as much as by non-disabled people (Ibid 378). But, the possibilities of people with various impairments coming together in a political struggle are reduced by the tendency of medicine and welfare to arbitrarily divide up the constituency. Separation of the old from the young or segregation of people with different physical conditions who nevertheless share similar social experiences however, they could not established any common platform whereby their social recognition could have addressed for commonly (Shakespeare 2009: 378, Scotch1989, Nagase & Blume 2009).

Another Indian scholar Anita Ghai, (2015;161) while referring about the disability identity that is more complex to compare with any other minority groups such as, Dalits, Women and Muslims etc, in the Indian context. She further highlights that “The markers of any identity are complicated. While

the discourse in general embodies disability not as definite as compared to identities that are associated with gender, race, sexuality, caste, nation, and class. Although there are problems in identity formation of these categories as well, disability however is surely fluid and consequently problematic. Within the disability discourse, a major issue is the conflicting is the idea of identity" Ibid. I personally realize that as a disabled individual my identity is my disability, rather than my cast or religion. I often notice that the disability identity is always identified according to his or her disability, rather than cast, community, religion or minority groups in the Indian society. Even, for example, if the Dalits, Womens or Muslims groups are raging their political concerned for their benefits. But, these minority groups never address their fellow disabled. So that, the disabled identity is more complex and mor difficult to form a common identical groups like any other minority groups. Therefore, the disability movement is not successful like any other social movement. Many scholars opined that, due to heterogeneous identity the disabled groups never succeeed in forming an alliance for their emancipation.

Many European scholars have argued that the social model of disability has immense potential for the disabled person's emancipation, because it rejects all forms of social discrimination which further marginalizes the disabled in all walks of their life. It also highlights the common agony faced by the different categories of disabled individuals in society. This social model has indirectly created a common identity within the disabled groups because, in the recent past, many disabled groups jointly fought for their rights under one banner. Such incidents indicated that the disabled common identity was rarely observable. Through this social model of disability, it provides a platform, where the disabled persons may establish their position in terms of socio-economic conditions in society. It can be further argued that the disabled persons are expressing their concern over injustice and discrimination in all spheres of life. They desire to remove all such injustice and try to establish a dignified life in society.

This social model of disability had insisted upon the disabled people in UK to fight for their own rights against all forms of social discrimination which were created by the state authorities or the society. These institutions valued disabled persons only in terms of the medical or charity prospective. Thus, the social model gave a boost to create a common disabled identity for their rights which further gave a momentum to lead an independent life. Later on, this had turned into the disability rights

movements in Great Britain. In 1970s, a large number of disabled people started disability rights movement in UK against discrimination and they continuously fought for their rights. Because of their constant efforts, the Disability Discrimination Act (DDA) was enacted in the British parliament in the year 1995 and this law checked discrimination against the disabled persons in the country (Oliver 1999, Barten 2004).

Disability Rights Movement: The Indian Scenario

In the second half of the twentieth century, the disability rights movement by disabled people began in the western world, particularly in Great Britain and United States of America, seeking the rights and entitlements of the disabled people in the society. The focus of this movement was to redefine the concept of disability and create awareness among the people through political and legal action and public education to protect the rights of the disabled people in the society. The leaders of the disability rights movement argue that stigma, dependency, isolation, stereotypical thinking, negative attitude, exclusionary practices etc. are the barriers for the disabled people to participate in their social life. The prime objective of this movement was to reject medical and charity approaches and propagate the social model to create a barrier-free society where the disabled people can lead an independent life with their `normal' counterparts.

However, the disability rights movement that began in the twentieth century was scattered because no specific data on individual or organizational participants of the movement was available. The members of the national organizations working for the empowerment of the disabled people were visible as the supporters of the movement. Therefore, it is difficult to characterize the participants of the movement. Literature reveals that all the disabled people were not the members of this movement. Unlike the Black Civil Rights Movement and Feminist Movement, only a few thousand disabled people were actively involved in the movement and made continuous demands for the protection of the rights and entitlements of the disabled people in the society. Besides the disabled people, a large number of nondisabled people including the parents of the disabled people were actively involved in the movement. The disabled people in India were largely influenced by the

disability movement of western world as a result of which the disabled people started a similar movement in India in 1970s.

In Indian society, disability is perceived as the creation of existing cultural and structural impediments like beliefs, stereotypes, poverty, lack of development, illiteracy, unemployment and caste, class and gender barriers etc (Mehrotra 2011). The disabled people have been continuously deprived in areas like education, employment, mobility and other spheres of life. Struggle for survival and the cultural understanding largely influence the perception of disability in India. It seems that the prevention and rehabilitative model play a significant role in such circumstances (Ibid). The approach of Indian society towards the aspirations of the disabled people was guided by the welfaristic and charitable approach (Bhatt 1963). However, to overcome this problem, the qualified disabled people, influenced by the disability movement of the western world, started to claim their rights in 1970s. After strenuous efforts by the disabled people, a significant change has been noticed in Indian society towards the disabled persons. For the first time, the Indian state has recognized the human and legal rights of the disabled (Karna 1999).

Literature reveals that the disability movement in India is primarily dominated by the blind persons and the leading national organizations formed for the protection of the rights of the blind people in the country. Jagdish Chander (2011), one of the frontline researchers in the field of disability movement in India, strongly opines that the disability movement in India was started by the qualified blind persons in 1970s seeking the rights and entitlements of the disabled people. In the subsequent sections, this chapter intends to deal with how the disability movement in India was led by the blind people in general and the leading national organizations formed for the empowerment of the blind persons in 1970s like National Federation for the Blind (NFB). Besides, this chapter also intends to highlight the contemporary atmosphere in which these groups emerged and a significant change in the approach of the government towards the issues which were raised by them. In addition to this, it is quite pertinent to focus upon other social movement prevalent during the time and their role in articulating the interests of the disabled people. This chapter also focuses upon another aspect, that is the global factor in terms of various international treaties, conventions, declarations etc., which played a vital role in creating a conducive atmosphere for the disability legislations in the international arena. In view of this development at the international level and its impact on the domestic environment, an

attempt has been made to prove the significant factors which influenced the Indian state to come up with the PWD Act in 1995.

Emergence of Disability Movement in India

Before the 1970s, the disability movement in India was scattered and the disabled people were not able to raise their voice against the government claiming their rights and entitlements. The non-disabled professionals and experts used to speak on behalf of the disabled persons. In 1960s, some prominent upper middle class blind young people like A.K Mittal and Jawahar Lal Caul visited United States of America for higher education. The disability rights movement in America was under way by that time. There, they closely observed the techniques and leadership of the disabled leaders who were leading the disability rights movement. They were highly influenced by the ideas, techniques and the leadership of the American disability rights activists. After returning to India, they thought to start raising their voice against the government applying those pressurizing techniques and formed a national level organization namely National Federation for the Blind NFB in 1970s (Chander 2011). They realized that self-advocacy is the only guiding principle through which the rights of the disabled people can be protected. Taking this principle into consideration, the blind people of India have raised their voice demanding opportunities in the employment sector with the help of National Federation for the Blind NFB headed by a blind person. They not only raised the issues pertaining to the blind community but they also demanded equal opportunities for the other segments of the disabled people. The research work of Jagdish Chander (2011), a pioneer of disability studies in India, clearly demonstrates that the disability movement in India was totally dominated by the blind people and it was led by the Federation, other similar organizations and blind student's union since its inception (Ibid). It indicates that the participation of other disabled groups was not visible in the movement.

Disability Rights Movement: The Role of Organized Blind People in India

As mentioned above, the disability movement in India was led by the blind people and the leading national organizations like NFB. In the leadership of National Federation for the Blind, the blind activists adopted various techniques and methods to demonstrate against the government. On the eve of Disability Day, in the month of March, 1973, the blind activists of NFB gathered at Teen Murti Bhavan of Delhi to organize a protest in the mode of a shoe polishing event where the Prime Minister was scheduled to come for the organization of a cultural programme to witness the event. They planned to carry their graduate and master degree certificates hanging in their neck and would offer their services to the dignitaries present to polish their shoes (interview with Mahendra Kumar Rastogi, quoted in Chander 2011). The intention of this event was very clear that the activists were intended to make the high-level government officials aware about the massive unemployment among the qualified blind persons. Following this event, NFB continued its protest by organizing rally and burning the copies of the degree certificates of the blind persons publically. Then they went relay hunger strike for two weeks. All these activities enabled the activists to get an appointment with the Prime Minister where they raised their demands for employment for qualified blind persons and for quotas system in the public sector (Ibid).

Estimating the arguments of M.K Rastogi and Jagdish Chander (2011), the study further states that the National Federation for the Blind intensified its activities to strengthen the movement. A national level conference was convened by the Federation in April, 1973 to have a concrete dialogue with the government officials where some of the Members of the Parliament were present to mark the event. The objective of this conference was to create consensus among the government officials to have a quota system in the government services for the blind persons in line with the reservation for the SC and ST (Chander, 2011). After strenuous efforts by the activists of the Federation, a significant development was witnessed in 1977 with the issuance of the Office Memorandum through which it was recognized that the rightful claims of the disabled people should be covered under affirmative action. Besides, reservation for three per cent jobs in C and D categories of Central Government and Public Sector Undertaking were introduced for the first time in this Office Memorandum (Mani, 1988). Expressing his opinion, Jagdish Chander (2011) holds that it was a landmark development in Indian history because, for the first time, Indian Government had legally recognized the rights of the disabled people by offering three per cent jobs in C and D categories.

This development enhanced the aspirations of the blind activists of the Federation and they were strongly motivated to put pressure on the existing government to implement the memorandum (Chander 2011). According to him, the Office Memorandum was a major cause of the radicalization of the blind movement in India. It also multiplied the spirit and enthusiasm of the blind activists to carry forward their struggle for the rights of the disabled people. The new generation activists also came forward to extend their wholehearted support to the leaders of the Federation to strengthen the movement (Ibid). Before 1977 there was nothing to motivate the activists but, after the issuance of the Memorandum, the activists got a legal base to fight against the government for the rights of the disabled.

In continuation with its struggle, another massive rally was called by the Federation on the eve of the International Disabled Day celebration in 1980. Huge number of blind activists from all parts of the country participated in the rally. The main aim of this rally was to put pressure on the government to implement the reservation policy of three per cent jobs in C and D categories for the disabled persons. During the rally, the blind activists attempted to cross the prohibitory order and the police resorted to *lathi* charge against them (Chander 2011: 200-205). This event was given wide coverage by different media houses. Reporting the event, *The Times of India* wrote "as the world observed the International Day of the Disabled, the police lathi charged on the blind protestors in the Parliament Street when they stepped out to meet the Prime Minister for raising their demand for employment opportunities to the qualified blind persons and end the discrimination". It also highlighted some prominent issues raised by the protestors during the event. Those issues include the appeal of the Federation to treat the blind persons as backward classes and confer all the facilities meant for the backward classes; to make education compulsory for all blind people and establishment of premier institutions for the training of the blind people (The Times of India, March 17, 1980).

Wide coverage of the event of March 16 by different media houses gave an impetus to the movement. Another rally was organized on 19th of March under the leadership of the Federation raising the same issues. This incident put remarkable impact on the government. Highlighting the interview with S.K Rungta, one of the prominent blind activists, Chander holds that a high level meeting was scheduled with the Prime Minister and the delegates of Federation on 25th March in the same year to discuss all the demands raised by the blind protestors and after discussion, Mrs. Gandhi

assured that all the demands will be taken into consideration and a committee will be set up to look into the incident of March 16 (Chander 2011). Consequently, a significant achievement was witnessed on 5th of August; for the first time, the post of chair- making recliner was earmarked for the blind in India. Scholars in the concerned field consider this event as a landmark accomplishment of the ongoing disability movement in India. For the first time, the capabilities and potentialities of the blind persons were recognized by the government and the identification of the government posts for the blind began (Ibid).

In the 1980s, a significant development took place in the international arena. United Nations Organisation declared 1981 as the International Year for the Disabled People (IYDP), urging member states of the international community to take necessary steps for the empowerment of the disabled people. The same was also commemorated in India. This gave momentum to the blind activists to carry on their protest. Continuing the momentum, they started a long run protest for one month on very first day of International Year for the Disabled People i.e. 1st of January 1981. During the protest, the protestors adopted different activities like *dharna* (picketing), rallies, chain fasts, blocking of roads and trains etc. to draw the attention of the government. As a result of this long protest, the leaders of the blind movement reached at an agreement with the government where the government assured to bring a comprehensive legislation in the coming session of the Parliament (Chander, 2011).

Another similar movement for five long months was started by an advocacy group for the blind, National Blind Youth Association (NBYA) in the month of March 1984 with a charter of comprehensive demands which contained all issues pertaining to the life of blind people like education, employment and other better services in the spectrums of life (Chander 2011, Sarin 2009: 335). The activists of NBYA also adopted the same techniques like *dharna*, rallies, court arresting, blocking roads and the ways of the foreign dignitaries to Rajghat to draw the attention of the government officials. The blind protestors of NBYA also adopted different methods like meeting with the Lok Sabha Speaker to discuss various issues and problems pertaining to the blind persons and distribution of pamphlets containing similar issues among the Members of the Parliament to garner popular support (Sarin 2006, Chander 2011). Quoting the statements of Sarin (2006) and Yadav (2005), Chander (2011) further states that the activists of that movement attempted to enter into the Rastrapati Bhavan on the eve of Independence Day but they had been arrested by the security officials

due to the violation of prohibitory order. Then they resorted to indefinite hunger strike after two days of that incident from 17th August onward. However, the political situation during that time was not favourable because of the ongoing Operation Blue Star for which the leaders of the movement called of the strike on 27th August (Chander, 2011).

Discussing the methods of the blind movement, Jagdish Chander points out that a unique mode of week-long protest was initiated by the activists of the Federation in April 1987 under the leadership of S.K Rungta demonstrating the job skills of the blind persons in front of the Prime Minister's resident. The very purpose of this demonstration was to sensitise the government officials and the political leaders about the job skills of the blind persons and they succeeded to draw the attention of the Prime Minister (Chander 2011: 244). However, this event did not give any positive result. Then the leaders of the Federation again continued their rallies from the month of July onward that year. During this sustained movement, the activists demanded job opportunities for the unemployed qualified blind persons and enactment of a disability law in the country. Consequently, Government of India agreed to set up a committee to prepare a comprehensive disability legislation and around 4000 qualified blind persons registered their names in the employment exchanges in the same year (Ibid: 246). Chander further notes that the promise for comprehensive disability legislation did not materialise but government launched a special recruitment drive for the blind persons in group C and D categories in 1987 and a number of qualified blind persons were recruited into various government jobs. This is a historic achievement of the Federation. After this achievement, the focus of the Federation was shifted to pressurize the government for comprehensive disability legislation. For this purpose, the blind activists organised massive rallies adopting different techniques like 24 hours ticketing at Rajghat on the eve of Independence Day Celebration to put pressure on the government in 1988 and 1989 (Ibid: 307).

The demand for a comprehensive disability legislation made by the Federation was appreciated throughout the country and the NGOs working for the empowerment of the disabled people also raised their voice for the same. They also joined in the movement to pressurize the government to enact disability legislation. The delegates of the NGOs met with the Minister of Social Welfare for the State, Rajendra Kumari Bajpayee and offered her a memorandum demanding for disability legislation and she assured that the government will come up with disability legislation in the

ongoing parliament session (Chander 2011). But that did not happen. So the Federation called another rally at the end of that Parliament session on 4th May 1989 and demanded to meet the Prime Minister. The blind activists succeeded in getting a meeting with the Prime Minister on 8th May and the Prime Minister gave an assurance to bring a comprehensive disability Bill in the coming Parliament session. Following this, the activists started their demonstrations like uninterrupted ticketing, indefinite hunger strike, stopping of trains etc. under the leadership of the Federation from the very first day of the monsoon session of the Parliament in July 1989 demanding the introduction of the disability Bill in the Parliament (Ibid). However, their demands did not materialise this time also. Jagdish Chander also holds that due to the unstable government at the centre, the blind activists were unable to convince the top leaders of the country to introduce the disability Bill in the Parliament. After this failure, the Federation gave a call to boycott the election. During the period, the Federation adopted peaceful approaches like lobbying with the government officials, meeting with top leaders of the country and so on, to make them aware about the needs of disability legislation in the country. They succeeded in meeting with subsequent Prime Ministers of India, VP Singh and Chandra Shekhar. Both Prime Ministers showed their commitment to bring the disability Bill in the Parliament. But the Federation was once again disappointed (Ibid).

In the year 1992, a new government was formed at the centre, replacing the Chandra Shekhar government, under the leadership of Mr. Narasimha Rao. Continuing their demonstrations, the blind activists started belligerent contentious activities to put pressure on the new government for the enactment of a comprehensive disability legislation and met Margaret Alva, Minister of Personnel, to have a discussion in this regard (Chander 2011). According to Jagdish Chander, the rallies, demonstrations, ticketing, hunger strike etc, were continued by the activists of the Federation and, on the other hand, the leaders of the Federation were lobbying with the top government officials to accept their demands. He also observes that due to strenuous efforts by the activists, awareness among the government officials and ministries and strong advocacy by the Federation, the battle for a comprehensive disability legislation came to an end with a logical conclusion. Finally, the disability Bill was tabled in the Parliament by Narasimha Rao government, passed on 31st December 1995, and became an Act after the getting the consent of the President of India Shankar Dayal Sharma on 7th February 1996 as “Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995”.

Disability Rights Movement: The Role of Other Disability Groups in India

Though the disability rights movement was started in India in 1970s, it is still trying to register its presence in the public domain. It has, however, undoubtedly touched the lives of a huge chunk of disabled persons and fought for a more disabled-friendly environment in the country. Different factors also contributed to a large extent for the growth of disability movements in the late 1980s and 1990s. Among these was a much more accountable state policy, the strong presence of women's movements, and the interest and pressure from international agencies, the presence of which created a more favorable situation for the political mobilisation of marginalised groups such as the disabled. The passing of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 owes much more to international pressure than to lobbying and protests by disability rights groups (Mahrotra 2011: 65-66).

It was in this context that disability rights activism emerged in the country and the persons with disabilities (PWD), who had remained silent till the early 1990s, began to find collective expression to fight against discrimination. One of the possible reasons for this lies in the complexity and diversity involved in the issue, because the disabled community is not a homogeneous group. It possesses heterogeneous characteristics. Disability cuts across race, caste and class divisions and therefore the likelihood of framing groups was not a simple possibility. Different sources indicate that more than seventy percent of the disabled live in rural areas where they do not have any information about their rights and opportunities. The attitude of the Indian state was clearly informed by the medical, charity and religious models in which PWDs were perceived as dependents and recipients' of the welfaristic provisions initiated by the states. They were not seen as capable of formal employment and responsibility for them was invested with families and communities. The failure of the Indian state to perceive PWDs as productive members of society was parallel to the invisibility of women's work and non-enumeration of it towards GDP. Mahrotra claims that "The theory of karma, family ideologies, attitudes of charity and pity marked the attitudes of society towards the PWD and clearly informed state policies towards them" (Ibid). This kind of apathetic attitudes towards disabled people motivated them to raise their voice against the discrimination perpetrated by the society.

The discussion in the previous section showed that the disability rights movement in India was primarily dominated by the organized blind people and the other disability groups remained invisible on the frontlines of the movement. On the other hand, scholars of Disability Studies strongly argue that the role of other disability groups cannot be denied in passing the PWD Act 1995. According to them, some like-minded disabled activists from different disability groups came closer and formed an advocacy group known as Disability Rights Group (DRG) in 1994 to fight for their rights and entitlements (Karna 2001, Bambani 2005 and Mahrotra 2011). They also assert that the disability rights movement in India started only in the early 1990s. The launch of the Asian and Pacific Decade of Disabled Persons in 1993 gave a definite boost to the movement. In that year, the Indian government organised a national seminar in New Delhi to discuss the various issues concerning disabled citizens. The main need that emerged from the seminar was for a comprehensive legislation to protect the rights of PWD. However, it was only after intense lobbying of the Disabled Rights Group (DRG) that the crucial legislation was passed in 1995 (Hosamane 2007).

Impact of Disability Rights Movement and Various Disability Policies at the National Level

Through the ages, disabled people have been experiencing social oppression by the inaccessible social structure and social practices. “This oppression causes both individual denying and diminishing personhood; and systemically on those who share the label ‘disabled’, that is, denying or diminishing citizenship and civic participation” (Kothari 2012: 30). Therefore, the disabled people themselves formed a new approach, the social model, through which they started their fight against such discrimination in the society. According to Kothari, “the importance of rights for the persons with disabilities is essential for their struggle for equality and social participation” (Ibid).

The Constitution of India expresses the fundamental rights in Part III and these rights are for all Indian citizens “men, women, children, persons with disabilities and minorities respectively”, without

any bias or favor. Persons with disabilities would enjoy such rights like other persons or citizens. But, nowhere in Indian Constitution, has the term disability been specifically mentioned. The Constitution, which prohibits discrimination on the basis of 'religion, race, class, sex, or place of birth' under Article 15, fails to mention disability as a prohibited ground. Fundamental rights such as the right to education and the right to employment and livelihood that essentially stem from the right to life guaranteed in Article 21 do not specifically address disability-related issues. It is only in the Directive Principles of State Policy under Article 41 that disability is briefly mentioned. These principles direct the State through this article to make effective provisions for securing the right to work, to education, and to public assistance in cases of unemployment, old age, sickness, and in other cases of undeserved want. Justice Sinha notes that "even the provisions of Article 41 should be implemented in consonance with the complementary principles of non-discrimination and reasonable differentiation". While the Indian Constitution has special provisions for the vulnerable sections of society such as women, children, and backward classes, the class of persons with disabilities was left out, as they were not high on the agenda of the framers of the Constitution. This omission was carried one step further when persons with disabilities were again not considered for inclusion at the time of the 42nd Constitutional Amendment of the fundamental rights in 1976 (Kothari 2012: 1-4).

The disabled people are also equal citizens of the country and have as much share in its resources as any other citizen. The denial of their rights would not only be unjust and unfair to them and their families but also would create larger and serious problems for the society. According to Kothari (2012), "What the law permits to them is no charity or generosity but their right as equal citizens of the country" (17).

The central and state governments from the very beginning initiated a large number of welfare schemes and enacted laws to monitor the functioning of governmental and non-governmental agencies. Four national institutes for four different types of disability – blindness, orthopedically handicapped, hearing impairment and mental retardation – were established in different parts of the country. All these national level institutes were intended to serve as apex bodies in the respective fields of man power development, evolving suitable service models, carrying out research and serving as information and documentation centres. The government has also set up 11 regional vocational training centres in different parts of the country. The state government and voluntary groups also run

various training courses for these disadvantaged communities. To ensure uniform standards in technical courses in the field of rehabilitation of the disabled, the Government of India set up the Rehabilitation Council of India in 1986 based upon the model of the Medical Council of India (Odisha Rule 2003, Swaviman 2012, Mehrotra 2013).

India is a signatory to the resolution that was passed by the General Assembly of UNO in 1992. It laid emphasis on the enactment of legislation aimed at equal opportunities for people with disabilities, protection of their rights and prohibition of abuse and neglect of these persons and discrimination against them. Under Article 253 of the Constitution of India, the parliament can enact a law even in respect to the subject of state list in order to give effect to international conference. This made it possible for Indian Parliament to enact a comprehensive law for persons with disabilities (Karna 1999, Mehrotra 2013: 77).

Prior to 1995, there was no comprehensive law for persons with disabilities. The first attempt was made in July 1980 when a working group was set up. A draft legislation known as 'Disabled Persons (Security and Rehabilitation) Bill' was prepared in 1981, on the eve of the International Year of Disabled Persons. Another attempt was made by the Indian Parliament to protect the interests of the mentally retarded persons, as a result of which the Mental Health Act came into existence on 22 May 1987. It is an Act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs and for matters connected therewith or incidental thereto. The Rehabilitation Council of India (RCI) was set up initially by the Government of India in 1986 as a society to regulate and standardize training policies and programs in the field of rehabilitation of persons with disabilities. Because, the majority of the experts engaged in education, vocational training, and counseling of persons with disabilities were not professionally qualified. To ensure proper training and to create rehabilitation professionals in the country, RCI Act was enacted in 1992 (Pandey 2005, Mehrotra 2011, Chopra 2013). The Rehabilitation Council of India Act, 1992 provides for constitution of the Rehabilitation Council of India for regulating the training of rehabilitation professionals, maintenance of a Central Rehabilitation Register, recognized rehabilitation qualifications, minimum standards of educations, and so on (Mehrotra 2013:78). Once again, in the year 1987-88, a committee was constituted under the chairmanship of Member of Parliament, Baharul Islam who was a former Judge of the Supreme Court. The committee submitted its

report in June 1988 and it had made wide ranging recommendations concerning the various aspects of rehabilitation, e.g., prevention, early intervention, education, training, employment, etc. These recommendations, however, could not be enacted into a law. Nonetheless, Indian Government later came up with certain provisions and safeguards in the form of laws that address disability with an intention to ameliorate the conditions of these people (ibid).

The most significant state policy came through when the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act or PWD Act was passed in the winter session of the parliament in 1995 and it came into enforcement on 7 February 1996. The Act gives fundamental rights to all disabled people in the country for equal opportunity. The Act provides both preventive and promotional aspects of rehabilitation like education, employment and vocational training, research, manpower development, creation of barrier-free environment, reservation, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes, etc. The Act contains 14 chapters and 74 clauses. In Chapter 1, blindness, low vision, leprosy, hearing impairment, locomotors disability, mental retardation and mental illness are defined. According to this Act, a disabled person is one who is suffering from not less than 40 per cent of any of the disability as certified by a medical authority. There is a provision in the Act to create a central level and state level coordination committees and the Executive Committee. The main functions of these committees are to review and coordinate the activities of government and NGOs to develop policies and to monitor and evaluate the programmes and policies for person with disabilities. The Act sought to:

> “spell out the state's responsibility towards prevention of impairments and protection of disabled people's rights in health, education, training, employment and rehabilitation; work to create a barrier-free environment for disabled people; work to remove discrimination in the sharing of development benefits; counteract any abuse or exploitation of disabled people; lay down strategies for a comprehensive development of programmes and services and for equalization of opportunities for disabled people; make provision for the integration of disabled people into the social mainstream; and spread mass awareness through TV/radio and other media” (Pandey 2005, Addlakha and Mandal 2009, Kothari 2012, Mehrotra 2013).

This Act envisaged the appointment of a Chief Commissioner for Persons with Disabilities

(CCPD) to act as a watchdog on the rights of the disabled people. He has the powers of civil court. A simple application by an aggrieved person with disability will set the law in motion and the commissioner has the power to investigate it and take necessary steps to safeguard the rights. The CCPD has the power to monitor the utilization of funds disbursed by the central government. CCPD is required to submit reports to the central government on the implementation of the Act. The report has to be laid before the parliament, which is the highest law-making body. Similar provisions have been made at the state level (Mehrotra 2013: 80).

The PWD Act has made an effort to place positive obligations on the State for access to education, employment, health care, and social security. Section 26 of this Act enjoins authorities to ensure an appropriate educational environment until the child is 18 years old. There is also a provision for aids and appliances to be provided to the disabled. Under Section 43, it has been stated that there should also be preferential allotment of land to the disabled.

The PWD Act has various loopholes that might have an adverse effect on the minimal entitlements and protections that the Act gives to the persons with disabilities; for instance, if the state does not have sufficient means or resources, then it may avoid its responsibilities towards the disabled persons. The Chief Commissioner and Commissioners are required to submit reports to the central government and the respective state governments. However, research is hardly done in this regard and reports are never submitted.

In addition, the Act also establishes forums for grievance redressal: the Chief Commissioner of Persons with Disabilities and the state commissioners are authorized to note complaints relating to the deprivation of the rights of persons with disabilities or regarding the non-implementation of laws, rules, administrative orders; and protections that the Act gives to the persons with disabilities. For instance, if the state does not have sufficient resources, then it may avoid its responsibilities towards the disabled persons. In one of the early cases under the PWD Act, the Supreme Court refused the argument of the state that it did not have sufficient economic capacity to implement the provisions of the Act, relating to accessibility. The Court observed that while economic capacity was a germane consideration, it could not be used to thwart the spirit and object of the Act (Chopra 2013: 812).

The PWD Act addresses the needs of very few categories of disability, whereas American Disability Act also protects People Living with HIV/AIDS (PLWA) from discrimination in various sectors including employment and health care. Thus, the law has not been able to broaden its horizon; it protects persons with disabilities against discrimination only in the public sector. The large private sector may not follow the provisions under this Act. That is, it lacks a holistic approach. Facilities accorded to disabled under this Act, in terms of education and employment are ruefully low. Punishment of persons who practices discrimination with disabled is not addressed. Diseases caused by heart problems, cancer, epilepsy, muscular dystrophy, communicable diseases like tuberculosis, hepatitis, HIV infection and AIDS, disabilities like autism, dyslexia, and hemophilia should be included in the disability benefit list. Despite the fact that the physical or mental impairment of people living with HIV/AIDS is not apparent, they are not regarded as able-bodied individuals. Due to the stigma associated with these diseases, they are most often denied access to treatment and discriminated in the workplace preventing them from participating in mainstream society.

However, PWD Act was a landmark which helped the disabled to come together and demand its execution but soon after its adoption, the lacunae of this law started surfacing which rendered the efficacy of the Act low. One of the major criticisms of this Act has been that the definition of disability is very narrow since it leaves out several key categories out of its purview. An Amendment Committee was appointed by the government within three years of the notification of the Act which submitted its report to the Ministry of Social Justice and Empowerment in 1999. However, the recommendations of this committee did not receive much attention by the ministry (Mehrotra 2013: 81-82).

Addressing the loopholes of the PWD Act, the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act was adopted on 30 December 1999. The Act provides for the constitution of the Board of the National Trust, Local Level Committees, Accountability and Monitoring of the Trust. It has certain provisions for legal guardianship of the four categories of the persons with disabilities and creation of enabling environment for their as much independent living as possible (Mehrotra 2013: 79). Also, the specific objectives of the Act are the following: to enable and empower persons with disabilities to live as independently and possibly close to the community to which they belong, to promote measures for the care and protection of persons

with disabilities in the event of death of their parent or guardian, and to extend support to registered organizations to provide need-based services during the period of crisis in the family of disabled covered under this Act.

UNCRPD and Evolution of Disability Policy in India

Questions have been raised by disability activists as to whether the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, which is more in the form of a social welfare legislation, is adequate to guarantee people with disabilities equal rights for participation in society as fully equal citizens. This question becomes more important in the light of the provisions of United Nations Convention on the Rights of Persons with Disabilities, which India has signed and ratified.

In the course of time, the Indian government has ratified UNCRPD in 2007; and disabled people's organizations have been putting pressure on the government to pass an appropriate law on disability following the UNCRPD through the policy and governance. After many rounds of deliberations, the National Academy of Legal Studies and Research (NALSAR), Hyderabad, which had been given the responsibility, submitted a draft of Disability Bill, 2011 to the Government of India in June 2011. It was a comprehensive draft, because, it involved many disability organizations in the process of preparing the draft bill. Since then several alternative drafts and critiques have emerged. The draft proposes to make the categories more open and inclusive for large number of other impairments (Kothari 2012, Mehrotra 2013: 83-84).

More recently, the draft 'Rights of Persons with Disabilities Bill, 2012' is a recent endeavour of the Government of India which includes several new provisions for PWDs. It includes definition of 'person with disability' on the ground of medical and social models. Definition of 'person with benchmark disability' defines disability not less than 40 per cent. And definition 'person with disability' defines 'person with long term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder his full and effective participation in society on an equal

basis with others.

The bill also talks about gender and reproductive issues which are very much important in contemporary times. Special provision has been made for the PWDs who need high support. It also adds right to life, liberty and justice, education, skill development and employment, social security, health and rehabilitation and recreation. Separate emphasis is given on private employment. The most important provision is establishment of disability rights courts. PWDs have been given the right to make complaints of violation of their rights, in order to get justice. There is provision of penalty on the ground of discrimination, sexual harassment, abuse, etc., of PWDs. Duties and responsibilities of the state have been defined broadly in the draft. The draft talks about entire administrative set up from the central level to district level to ensure proper implementation of programmes and policies.

This draft has evoked a wide range of responses from the disability sector in the country. Contestations have come to the forefront. Broadly, the majority of the legal disability activists have supported the idea of the legal capacity that the Act proposes to ensure to the disabled. There are anxieties expressed by those working with psycho-social disabilities and intellectual disabilities about the guardianship issues. The debate followed and it is likely to make disability voices more visible in the Indian context (Mehrotra 2013: 84).

Another valuable contribution by the UN Disabilities Convention is its insistence on the existence of non-discrimination laws and the obligation of providing “reasonable accommodation”. It states in Article 5 (3), that “[i]n order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.” This is also reiterated in Article 27 relating to work and employment.

In order to guarantee equal treatment for persons with disabilities, reasonable accommodation ought to be provided, where needed, to enable such persons to have access to, participate in, or advance in employment and other aspects of social life. Measures which are reasonable and appropriate may include adaptations to the "premises and equipment, patterns of working time, the distribution of tasks or the provision of training or integration resources” (Hosking

2000).

While the PWD Act mentions certain specific provisions to be made available for people with disability such as removal of architectural barriers in schools, restructuring of the curriculum for children with disabilities or relaxation of the age-limit in respect of government employment it does not address discrimination and the need to remove it by providing for reasonable accommodation. Due to this, while the PWD Act only provides for education and employment in the public sector, even these provisions would not be sufficient unless reasonable accommodation measures are provided to ensure their access (Kothari 2009: 69-70).

Disability Rights Movement After 1995

After a long battle and Intense lobby by the disabled people and the NGOs, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 was enacted by Indian Parliament with an intention to empower the disabled community in the country. The objectives of this Act are:

1. To clarify the duties and responsibilities of the states for the protection of rights, prevention of disability, provision for better medical services, rehabilitation, education, training and employment of the disabled persons.

2. To make the environment barrier free for the disabled.

3. To eliminate discrimination against disabled persons.

4. To take necessary steps to avoid abuse and exploitation of the persons with disabilities.

5. To adopt special provisions for the development of the target groups by providing them equal opportunities.

6. To integrate the disabled persons into the mainstream of the society.

To achieve these objectives, this Act contains several provisions like education, employment, rehabilitation, non-discrimination, social security to ensure protection of rights, equal opportunities and full participation of the persons with disabilities in the mainstream activities of the society. This Act assigns responsibilities to the states to take necessary steps for the prevention of disabilities in the country. Besides, to look after the implementation process of various provisions incorporated in the Act, it authorizes the government to establish a Chief Commissioner for the Persons with Disabilities (CCPD) at the Centre and State Commissioner for the Persons with Disabilities (SCPD) at the state level (GOI 1995).

Despite these provisions, this Act possesses certain limitations. It includes only seven types of disabilities i.e. blind, hearing impaired, speech impaired, locomotor disability, leprosy cured, mental retardation and mentally ill etc. but it ignores other categories of disabilities like autism, cerebral palsy, learning disability, multiple disabilities etc. This Act does not include certain important aspects like "Pre-school education of disabled children, special problems of the parents of the disabled, special problems of the female disabled, games, sports and cultural activities, exploitation of disabled by their own families, higher education of the disabled" (Kothari 2012, Mehrotra 2013). Besides, the implementation process of this Act is also very slow because of the lack of awareness and prevailing negative attitudes among the politicians and administrative officials. Therefore, till today, the country has not been able to achieve the objectives of the Act.

This kind of lackadaisical approach of the government forced the disabled people to protest against the government seeking the speedy implementation of the Act and inclusion of those categories of disabled people who were left out in the PWD Act 1995. Through intense lobbying and mass protest, the NGOs working for the empowerment of the disabled community started to put pressure on Indian government to implement the provisions enshrined in PWD Act. As a result, Government of India established the Chief Commissioner for Persons with Disabilities at the central

level and issued guideline to all the states to establish State Commissioner for the Persons with Disabilities in 1998 to monitor the implementation process of the Act. In addition to this, the Parliament of India also came up with an Act i.e. National Trust for the persons with autism, cerebral palsy, mental retardation and multiple disabilities Act in the year 1999 to ensure the protection of the rights of the persons with autism, cerebral palsy, mental retardation, developmental disabilities, learning disabilities and multiple disabilities in the country. Similarly in 2006, a National Policy for Disabled has been formulated by Government of India to ensure the proper implementation of the provisions of existing Acts.

Nevertheless, disability rights movement did not stop here. As mentioned in the next chapter, disability has been included in census enumeration process of 2001 and the population of the disabled people was enumerated as 2.19 crores which constitutes 2.13% of the total population of India (Kumar Bikas 2009). However, the disability rights activists expressed their disagreement with the figure of the population of the disabled people in India as published by the Census Commissioner. By the dint of emphasizing the statements of the disability activists, *Info Change News and Features* (2008) notes that "in South Asia itself, Bangladesh reported 5.6% and Sri Lanka reported 7.0% of disabled people among their respective total populations, while 6.3% of China's population has a disability of some kind. Worse for India is the fact that, according to a 2007 World Bank Report, barely 50% of disabled children reach adulthood; no more than 20% survive to middle age" (*Info Change News and Features*, 2008). According to the activists, the definitional differences between census enumeration process and PWD Act are the major deficiency to collect information regarding disabilities. They opine that the population of the disabled people must be around 5 to 6 per cent of the Indian population. Therefore, they put forth their demands to draw the proper definitions regarding the disabilities. As Shampa Sengupta says, "There is an urgent need to draw up proper definitions and a system of data collection relating to persons with disability" (*Info Change News and Features*, 2008).

In the month of December 2008, on the eve of the celebration of World Disabled Day, the disabled people from different parts of the country organised a mass protest near the India Gate, against the government raising different issues like education, employment, health services. During the protest, the activists also raised their voice seeking to draw proper definitions and adoption of appropriate system of data collection regarding disabled people. A large number of nondisabled

people like the parents and teachers of the disabled people also joined in the protest to support their demands.

In the international arena, another significant development occurred in 2006 i.e. United Nations Convention on the Rights of the Persons with Disabilities (UNCRPD) which was ratified by India in 2007, and gave further momentum to the disability activists of India to carry forward the movement for the enactment of a right based legislation. The provisions of UNCRPD ensure the enjoyment of individual freedom and rights of the disabled persons by promoting their inherent dignity. By signing the Convention, India reaffirmed its commitment in respect of the disabled people before the international bodies. After the ratification of UNCRPD, the disability activists in the country started demanding a comprehensive legislation in consonance with the provisions of the Convention to protect the rights and dignity of the disabled people. Disabled people, all over the country, organised protest and *dharna* for the formulation of a right based legislation to eliminate discrimination against them in the society.

Taking the demands of the disabled people into consideration, the Ministry of Social Justice and Empowerment, Government of India formed a drafting committee in 2010 under the chairmanship of Dr. Sudha Kaul, Executive Director of Indian Institute of Cerebral Palsy, Kolkata, to prepare a draft Bill, the Rights of Persons with Disabilities Bill, in compliance with the provisions of UNCRPD (*Hindustan Times,* 3rd December 2010). The Committee prepared a draft Bill incorporating the provisions of UNCRPD and sent it to the stakeholders of all the states for consultation with disability activists, policy makers and experts at the state level. Some of the premier disability activists however opposed the Bill. Highlighting the statements of S.K. Rungta, one of the visually impaired activists, the *Hindustan Times* noted that "With the new law, it would be difficult to use the positive case laws generated after the 1995 Act. Also, it runs the risk of being struck down by the court if it is in conflict with other Acts. For instance, safeguarding rights of mentally retarded persons under new law can be in contravention with the Indian Contract Act" (Ibid). On the other hand, Javed Abidi, another disabled activist complained that the draft Bill does not comply with the provisions of the UNCRPD. He further said that the provisions of National Trust Act 1999 and RCI Act 1992 were not included in the draft Bill. In a similar way, the disabled activists expressed their views on the proposed Bill. In addition to this, a rigorous campaign was launched for the organization of meetings to consult with the stakeholders in

the state level. During the consultations at the state level, almost all the stakeholders participated in the meeting and recorded their views on the Bill. After receiving the suggestions and recommendations of the stakeholders from all parts of the country, the drafting committee redrafted the Rights of the Persons with Disability Bill (RPD Bill) and handed it over to Government of India. An attempt has been made to include all the aspects of the rights of the disabled people in compliance with UNCRPD in the Bill.

When the RPD Bill was submitted to Government of India, the disability activists and NGOs began to intensify their lobbying to put pressure on the government to pass the Bill as early as possible. Different disability groups also organised rallies to demonstrate their anxiety for the upcoming legislation. In view of this, in the month of December 2013, Government of India decided to introduce the RPD Bill in the coming budget session of the parliament. Before the introduction of the Bill in the Parliament, the Ministry of Law invited all the disability groups to a thorough discussion on the Bill. Meanwhile, the Disability Rights Group (DRG) met the officials of Ministry of Law and altered the provisions of the Bill to a large extent. Being a participant, I came to know that when the Bill was about to be tabled in the Parliament, S.K Rungta, a well-known disability activist and the chairman of National Federation of the Blind, got a copy of that Bill. He found that the Bill prepared for introduction in the Parliament was a different Bill than the RPD Bill posted on the website of the Ministry for Social Justice and Empowerment (MSJE). Then, under the leadership of NFB, the disabled people started to protest against the government opposing the Bill. They identified 20 shortcomings in the Bill in its current form and demanded not to pass the Bill as it is (*Times of India*, 7th February, 2014). Subsequently, other disabled groups also joined in the protest to oppose the Bill. On the other hand, at the same time, some disabled groups who were newly added in the Bill, also organised rallies under the leadership of DRG to support the Bill, because, they were not included in the PWD Act, 1995 as a disabled beneficiary. But, in the current RPD bill they were included as disabled category. So the entire disabled community was divided into two groups and these two groups confronted each other. I have noticed that both the groups intensified their lobbyimg to justify their stand on the Bill. But, finally, the Bill was introduced in Rajya Sabha by the Union Minister for Social Justice and Empowerment, Mallikarjun Kharge. Soon after the Bill was introduced, the CPM Member Sitaram Yechury strongly demanded to send the Bill to the Standing Committee of the Parliament for further

review (Times of India, 7th February, 2014). The Bill is presently under the review process by the Standing Committee.

One thing is noticeable that during the movement before 1995, the blind activists were mostly visible and the other disabled groups joined in the movement very late, but, after 1995, all disability groups actively participated in the movement to put forth their demands before the government.

Impact of International Developments on India

In the aftermath of the Second World War, a number of significant developments were witnessed in international arena in the field of disability. A number of world bodies were formed to maintain peace and tranquility by protecting the rights of the human beings throughout the globe. Among those organizations, United Nations Organisation formed in 1945 with an objective to protect the fundamental rights of the human being, played a vital role in promoting the rights of the disabled people worldwide (Shakespeare 1993, Scotch 1989, Karna 1999, Addlakha, 2013). Renu Addlakha, a pioneer of the disability studies in India, rightly points out "Ever since its inception after the second world war, the United Nations has played an important role, in affirming disability as an important human rights issue through a range of disability specific recommendations, resolutions, declarations, guidelines, treaties, programmes of action and conventions, which in turn have influenced national level laws, policies and programmes of its member states. For instance, a radical redrafting of the National Mental Health Act, 1987 and the Persons with Disabilities (Equal opportunities, Protection of Rights and Full Participation) Act, 1995, are underway in India in an attempt to make disability legislation compliance with the UNCRPD" (Addlakha 2013: 12-13).

For the first time, in 1950, Economic and Social Council ECOSOC, a specialized agency of United Nations Organisation, adopted a resolution targeting to the socio economic rehabilitation of the disabled people in the world. A similar resolution was also adopted by ECOSOC in 1965 (Karna 1999: 100-102). However, these resolutions are treated as compensatory mechanisms for the war victims during the Second World War. In 1971, the General Assembly of United Nations adopted the

Declaration on the Rights of the Mentally Retarded, which recognizes the rights and abilities of the mentally challenged persons. This declaration protects the rights of the mentally challenged persons by providing equal opportunities in the fields like education, training, rehabilitation, social security and other spectrums of life (Stanley 1972, Sundaresan 2013: 83). Following this, the UN General Assembly adopted the Declaration on the Rights of the Disabled People in 1975 ensuring the rights of all kinds of disabled people. For the first time, an attempt has been made to define disabilities through this declaration. A number of social, economic, civil and political rights of the disabled persons have been incorporated in the declaration. Quoting the statement of Carney, Sundaresan states, “Disabled persons, whatever the origin, nature and seriousness of their handicaps or disabilities have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the rights to enjoy a decent life, as normal and full as possible” (Sundaresan 2013:85, Carney 2003).

Continuing its efforts to protect the rights of the disabled people, the United Nations adopted the Declaration on the Rights of the Deaf-Blind Persons in the year 1977. This landmark document, for the first time, recognized the rights of the multiple disabled persons like deaf-blind. Another convention (Convention on Elimination of Discrimination against Women) came from UN in 1979, on the eve of the International Decade for the Women, protecting the rights of the women including the disabled women. The Convention provides equal opportunities to all the women to participate in their social life including education, employment, socio economic rehabilitation and so forth.

A significant development was undertaken by United Nations in the field of disabilities. The year 1981 was declared as the International Year for the Disabled Persons by the General Assembly. As a result, in 1982, the World Programmes of Action (WPA) was framed by the General Assembly to enhance disability prevention, rehabilitation and equalization of opportunities, which implies to full participation of persons with disabilities in social life and national development. Through the WPA, emphasis was given to treat disability in the human rights perspective (Karna 1999, Bambani 2004, Chander 2011, Sundaresan 2013). Appreciating the decision of the General Assembly to declare IYDP, Anita Ghai, a leading researcher of disability studies in India, observed that “It gave momentum to the disability rights movement worldwide and the member countries came forward to take steps to overcome the challenges (Ghai 2003). Realising the success of the IYDP, United Nations declared 1983 to 1992 as the International Decade for the Disabled Persons which influenced its member countries to

come up with the legal instruments ensuring the rights and dignity of the disabled persons. In 1983, another Convention (Convention on the Vocational Rehabilitation and Employment of the Disabled Persons) was adopted by the ILO, a specialized agency of UN promoting vocational rehabilitation and the employment of the disabled persons. Similarly, the Convention on the Rights of the Children was adopted by the General Assembly in 1989 to protect the rights of the children and provide them a dignified life. The measures to protect the rights of the disabled children are also incorporated in this Convention. Before the end of the International Decade for the Disabled People, another important development was witnessed. The United Nations came with a set of principles i.e the Standard Rules on Equalisation of Opportunities for the Persons with Disabilities and this viable document provided policy inputs to all the countries for the enactment of the disability legislations (Karna 1999, Addlakha, 2013).

All these developments mentioned above in the international arena put tremendous influence on the countries worldwide. Many developed countries have enacted disability legislations to protect and promote the rights of the disabled persons providing them equal opportunities to lead an independent life with dignity. Among those landmark disability legislations, the Americans with Disabilities Act, ADA, 1990 of United States of America, Disability Discrimination Act, DDA, 1992 of Australia and Disability Discrimination Act, DDA, 1995 of United Kingdom were prominent legal instruments formulated in 1990s intending to abolish discrimination against the disabled persons and safeguard their civil rights. India was also not an exception to this. Influenced by the developments taking place at the international level, India expedited its initiatives to formulate a comprehensive disability legislation to protect rights of the disabled persons. In the year 1993, a national seminar was organized in New Delhi by the Indian Government to discuss various issues pertaining to disabilities. The major recommendation of this seminar was the realization of a comprehensive disability legislation to protect the rights and interests of the disabled persons (Mehrotra 2011: 66-67). Finally, India also came with a strong disability legislation, “Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act” in 1995 to ensure equal rights and opportunities to the disabled people in the country.

Disability Rights Movement and Other Social Movements in India

In 1970s, a number of social movements have been witnessed in India. Among those movements, the anti-caste movement against the dominant upper caste group, women's movement, environmental movement, Dalit movement, farmer's movement, anti-corruption movement like Sarbodaya movement and Navnirman movement etc. were prominent movements and each group took up their own specific issues. Upholding this argument, Thakkar and Desai point out that the dalit movement raised issues like their social and economic backwardness, their poor representation in political institutions, lack of voice in governmental policies. The women's movement took up issues like rape, dowry, domestic violence, media projection of women as sexual objects, abortion of female foetus, harmful birth control devices, legal amendment of legal laws such as the amendment of the dowry act, Muslim women's maintenance rights, Christian women's right to divorce, abolition of sati, reservation of seats for women in electoral bodies, the plight of the displaced women/slum women, and the rigid censorship in media (Thakkar and Desai 2001: 161). But no literature reflects that the issues pertaining to disabled people have been raised by any of these groups. However, Nilika Mehrotra notes that the presence of the social movements provided ideological support and conducive environment through which the disability rights movement emerged and derived its acceptance (Mehrotra 2011: 66-67). There is no concrete evidence which can substantiate the fact that the disability movement borrowed any ideology from any of these social movements.

It is noteworthy to mention here that the emergence of the social movements influenced and instigated the disabled activists to raise their voice on specific issues and challenges. Jagdish Chander mentions that the disability rights movement began in 1970s under the leadership of numerous NGOs working for the empowerment of the disabled people and student unions became vigorous in 1980s (Chander 2011). On the other hand, Minu Bhambhani points out that the disability rights movement in 1970s many disabled groups were engaged in the movement taking their specific issues only, and they were not fought for a common agendas. Hence, she asserts, "this cannot be called disability rights movement in the absence of a common platform and collection of common interests of all disability groups (Bhambhani 2005).

Disability Movement in Odisha: An Overview

Odisha is one of the poorest and most backward States in India. It reflects the inequities existing with all the socially marginalized groups such as (Tribal, Women and Disabled) in the State. Disabled community is not an exception to it, this marginalized section also suffers from socio- economic inequities and social deprivation in the state. These socially backward sections of Odia society are still unable to access basic facilities. After 67 years of independence, the disabled people are still struggling to get all the basic facility. Still the disabled people are not able to raise their voice seeking for their rights and entitlements. This Chapter has already analyzed the disability rights movement in the national and international perspective, and shown how the national disability movement was influenced by the international disability rights groups. In the similar backdrop, this section will focus upon this debate taking the issues and challenges of the Odisha disability rights movement into consideration. It will further analyses whether the Odisha disability rights movement is influenced by the national disability rights groups or it has its own trajectory. This section will bring a clear picture where one can easily understand about the Odisha disabled rights movement.

The World Health Organization (WHO) says that disability is something that can affect any individual at some point in their life (2007). The rights of persons with disability are truly universal human rights. Spreading awareness and promoting these rights are essential for the development of Odisha. It is now more than 20 years since the PWD (Persons with Disabilities) Act, 1995 was passed by the Parliament of India. In exercise of the powers conferred by sub-section (i) and Sub-section (2) of Section 73 of PWD Act, 1995, the State Government has enacted Persons with Disabilities (Equal opportunities, Protection of right and full participation) Orissa Rules, 2003 to carryout basic objectives of PWD Act, 1995 like guidelines for evaluation of various disabilities, constitution of State Coordination Committee and State Executive Committee, recognition of Institutions for persons with disabilities, appointment of Commissioner for Persons with Disabilities etc. besides implementation of provisions of national legislation like National Trust Act 1999 and Rehabilitation Council of India Act,1992. There are six national Institutes working in different areas in Odisha but, till today, none of these organizations has reached the entire population of disabled persons in Odisha. As with other backward regions in the globe, in Odisha, persons with disabilities possess poorer health conditions, low education, less economic participation and higher rates of poverty than persons without

disabilities. This is a grim scenario of disabled people of Odisha, because they face many barriers while trying to gain access to facilities such as health, education, employment and transport as well as information. Such situation places them at a greater disadvantage in society (Swabhiman 2012). Despite progressive law in Odisha, the condition of the lives of the disabled persons remains unchanged. In this grim scenario, the quality of life of PWD (Persons with Disabilities) in Odisha can be easily understood.

Literature discloses that the disability movement in Odisha is primarily dominated by the blind persons and the leading state organizations such as, Orissa Association for the Blind (OAB) formed for the protection of the rights of the blind people in the state in second half of twentieth century. Similarly, there are other disability organization formed their association in the state for the protection of their rights such as, Orissa Deaf Association, Orissa Orthopedic Association and Orissa Mentally Challenge Association Etc. But there is no data or any substantial literature available, where one can get the clear information about the history of Odisha disability rights movement. When I was conducting my field work in the State of Odisha, I met with many activists and asked them about the disability rights movement of Odisha. Through this interaction, I got some information about the Odisha disability rights movement. During my visit to OAB to know about their role in the disability rights movement, the office Secretary Mr. Himansu told me that OAB has a very long history in the Odisha disability movement. Since its inception, OAB has been constantly fighting for the rights of the blind person. OAB primarily puts emphasis on education, vocational training and three percent reservation in the government jobs. Further, he said that on many occasions, OAB has launched a movement against the discriminatory policies of the state on the matter of jobs for the blind, and personally filed many PIL cases in the Odisha High-Court against the discriminatory policies of the state related to blind person. There is no reliable information available about the Odisha disability movement and its impact upon various policies for the persons with disabilities of the state. During my interaction with many disability activists in the state capital, they told me about their active engagement to ensure that the state plays its proper role in the implementation of laws and policies for tackling disability.

One thing I have noticed through this interaction, only the blind persons are constantly fighting for their cause. They are more united than any other disability groups in Odisha. In recent

years, there are some cross disability rights group have attempted to form a common platform for the achievement of the common goals. What I observed that the Odisha disability rights movement have learned some of the methods from the national or international disability movement, though they are not directly involved with national disability rights movement. Only at some times do these groups show their solidarity.

The Odisha disability rights movement is not like a national disability rights movement or American disability rights movement because, in these movement they had focused on social attitude and social barriers or social participation. But in the case of Odisha, still the disability groups are largely looking for the basic needs for survival such as food, clothing and shelter (Roti, Kapada and Makan). Till today, this is a major issue for the disabled people of Odisha. We cannot expect people to struggle on an empty stomach. Therefore, the Odisha disability movement has many trajectories; we cannot simply call it disability rights movement. It has many folds and every fold has its different connotation. So according to me, in Odisha, as such, there is no such disability rights movement takes place till today. These isolated incidents cannot be defined as the disability rights movement. We may call it as judiciary activism. Because of Court's intervention, the state government has fulfilled its commitments, which was possible due to the activism of some individual disabled person rather than a movement.

In the debates of the disability rights movement in Odisha, some of the disabled persons have questioned why the disability rights movement has not arrived in its actual form like *Dalit* movement or women's movement in the state. On this question I also inquired to know this answer. But the respondent said that only the blind persons are more united and active while other disabled persons are not united like blind person in the State. The cross disability groups network is not successful in Odisha, because most of the disabled organization are controlled by the non-disabled persons, and these organisations are located in the urban areas, while the disabled persons are primarily residing in villages. They hardly get any information which is related to them. They are mostly dependent upon their family members or care-giver. If they want to go any place, they go with their escort. This dependency is actually hindering disabled persons' capability.

However, the Odisha disability rights movement is still far from the national or any other disability movement in the country. The Odisha disability movement of the future will be led by the educated disabled youth who are now conscious of their rights. This consciousness will help them to form a proper vibrant and united unilateral disability rights group for fighting against the discriminatory policies of the state government in the nearest future.

Summing Up

From the foregoing analysis, it has been seen that the disability movement across the world emphasise that disabled persons were discriminated against in all the significant areas of their life in the society. The society primarily viewed the disabled person as an object of charity or pity. Whatever policies and programs were devised for them were completely based in a medical or welfaristic perspective. Their capability was always undermined by the society due to misconceptions about them. But, in the 1960s-70s, in the western countries, the disabled persons formed groups for their emancipation like other minority groups such as black, gay and women etc. These groups evolved the social model to fight against societal discrimination and for their rights. They strongly rejected the medical and charity approaches, because such approaches completely devalued the disabled life. Like other minorities' groups, disability is not a homogenized characteristic. Each disability group has their own identity and specific requirements in the society. Therefore, it is a key issue for them to form a single group for their cause. In many instances, they formed a cross alliances for their rights, but they were divided due to divergent issues among the groups themselves. Due to divergent identities, they were unable to form a common platform for the sake of their rights. Similarly, in India the disabled have been viewed from a medical and charity point of view. They were divided into class, gender and caste in the society. The Indian state always saw the disabled persons in medical or welfairstic perspectives in the past. But, the disability groups have rejected such notion of the government, and they also formed a group for their self-advocacy for their empowerment in the past.

The disability movement in India is very scattered and issues pertaining to disabilities have never been raised by any political parties in the country. All the time, they have themselves raised their voice against discrimination and protection of their rights. This happens because the disabled

people do not constitute a visible vote bank and there is lack of group consciousness among them. Each disability group comes with its own specific issues and interests. For instance, the issues and interests of the orthopedically handicapped are different from the interests of the visually challenged persons. This lack of communal affinity stands as a barrier to create group consciousness among the disabled groups in India and deteriorates the disability movement.

The lack of awareness among the disabled people about their political rights is one of the pertinent causes for which the issues pertaining to disability never becomes a political agenda in India or Odisha. This happens due to the absence of accessible information about political parties, inaccessible polling booths, and the fact that, unlike other disadvantaged groups, disabled people are fragmented throughout the country. This restricts the disabled people from participation in the activities of the political parties, and they therefore fail to raise issues at the political party level.

The nature of the disability rights movement in India in general and Odisha in particular is a fragmented one, because in both the cases each disability group has their specific interests and there is a lack of communal affinity among the groups. The ways and means of interest articulation of the mentally challenged persons is quite different from the persons with blindness and the wheelchair users. On the other hand, the voice of the organized deaf has never been heard elsewhere in the country. In the history of India, it has never been witnessed in the cross- disability movement. Bhambhani observes that, in 1994, the disability rights group (DRG) was formed with the help of many disability organisations and these groups were constituted a single disability alliance (from here) which made continuous efforts to pass the disability legislation (Bhambhani 2005). But DRG also failed to accept the leadership of other disabled activists like the leaders of Federation and other similar NGOs. As a result of this, the disability rights movement was further fragmented over some issues.

However, the passing of the disability legislation was realized due to the constant pressure from the international bodies and to show India's commitment before the international community towards disabled people to provide them proper justice (Chander 2011). He asserts that though international pressure was there to pass the disability legislation, but the role of the blind activists of the Federation cannot be undermined.

Another serious limitation of the disability rights movement in India is its urban-centric nature. The disability rights movement in India or in Odisha is confined to urban areas only. On the other hand, different sources of data on the disabled population shows that around 75% disabled people are living in rural areas. They don't know about their rights and responsibilities. In this situation they never think about participating in the movement. Only 25% disabled persons living in urban areas are visible as the adherents of the movement.

In spite of several limitations, the disability rights movement will be stronger if the communal affinity among the inter-impairment groups can be established and thus it would be possible to create a common platform to carry forward the movement vigorously in the future. To conclude, one can say that the enactment of disability legislation in India was possible due to the country's commitment to the international community and the presence of the organized blind movement since 1970s.

Though the PWD Act was enacted by Indian Parliament in 1995 for the empowerment of the disabled community in the country, it could not meet the aspirations of all the disabled persons. The Act only includes seven types of disabilities, viz. seeing, hearing, speech, movement and mental retardation etc., but, there are other types of disabilities such as autism, cerebral palsy, learning disability, developmental disability, and multiple disabilities etc., excluded from the Act. This has created a platform for the disabled activists to further continue the movement seeking the rights and opportunities for the excluded disabled groups and demanding another -legislation for the protection and promotion of the rights of these peoples. Consequently, the National Trust for the Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act was enacted by Indian Parliament in 1999 to protect the rights of these people. It has been further noticed that the implementation of the PWD Act was very slow. Therefore, the disabled people under the leadership of DRG continued the movement demanding proper implementation of the provisions incorporated in the Act. Due to the pressure from the disabled people and NGOs, Government of India formulated a policy i.e. National Policy for the Disabled in 2006 to ensure proper implementation of the existing Acts. In the same year, a significant development was witnessed in the international arena with the adoption of United Nations Convention on Rights of the Persons with Disabilities (UNCRPD). After two years, in 2008, India ratified the convention. Since 2008, the disabled people have been demanding for a rights-based

legislation incorporating the principles of UNCRPD in the country. For this purpose, the disabled people across the disability groups continued their protest and intense lobbying for a rights-based legislation. On the basis of the demands made by the disabled people, government has prepared a draft legislation i.e. Rights of the Persons with Disability Bill in 2011 which is yet to be tabled in the Parliament.

Chapter Three

Disability and State Policy: A Case study of Koraput

Introduction

Koraput District, formed into a district on 1st April, 1936 out of Vizianagarm, District under Madras Presidency was further bifurcated into four districts viz. Koraput, Nabarangpur, Rayagada and Malkangiri with effect from October 2,1992 as per Notification No. (19137/R dated 01/10/1992) of Revenue and Excise Department, Government of Odisha, Bhubaneswar. The newly formed Koraput District lies in the extreme southern part of Odisha and is located between 180 & 190 Northern latitude and 820 and 830 East longitude. It extends in the west up to Bastar District, in the East up to Rayagada and Srikakulam (Andhra Pradesh) Districts, in the North up to Nabarangpur and Rayagada Districts and in the South up to Vizianagaram and Vizag Districts (Census 2011: 10).

Topography

Geographically Koraput District is located in the backdrop of a green valley contemplating immaculate freshness in the state. Decorated by full of natural beauty, forests, waterfalls, terraced valleys and darting springs, the District draws the nature loving people and also some aboriginal races like the Marias, the Gadabas and the Bondas and given them shelter in its lap (Orissa Review, Census Special 2010). Being virtually cut off from the mainstream of cultural developments of other parts of the state,

they till now mostly follow the primitive method of cultivation, pottery, basket making, spinning and weaving. The entire District spread over a geographical area of 8379 Sq. Kms (Ibid) has been declared as a scheduled Area under the Presidential scheduled Areas Order, 1950.

Socio-Economic Condition of the District

According to the Mining statistics of India, the Koraput district is very rich in mineral deposits and forest wealth. It has large deposits of iron ore, high grade bauxite, and lime stone of best cement grade quality and also sizable deposits of mica, tin and other metals. The Koraput district is abundant in forest wealth, which forms an important source of livelihood for the tribals. A total of 12,219 square kilometers area in the district is under forest cover (approximately 50% of total area) and the forest contributes to about 61% of total revenue of the district (Government of Odisha 2009).

The major forest produce is timber which includes Sal (Sorearobusta), Piasal (Pterocarpusindicus), Saguan (Tectonagrandis), Sahaj (Terminalistomentosa), Teak and Bamboo. The minor forest products include tamarind, Mahua flowers, Sal seeds and resins, barks, soap nut, arrow roots, wax, Rendu (Diospyrosmelanosylon) or Beedi leaves, brooms, silk cotton, medicinal plants, canes, honey, gooseberry etc. These products are not only supplied to different parts of India, but also overseas (Chandrasekeren, 1983). The forests are under constant exploitation for economic development without any positive impact of its native residents (Singh and Sadangi 2012, Parida 2008).

As per the census reports, Koraput is a primarily a tribal dominated district of India. According to the Ministry of Tribal Affairs statistics, “out of a total of 62 tribes inhabiting is Odisha, 51 are found in Koraput district. These tribals have been grouped into three major classes (i) Dravidian race represented by Kondh, Poraja, Gond and Koya, forming the major part of the population, (ii) Munda or Kolarian race, which includes Savara and Gadaba, and, (iii) Austro-Asian race; the Bondas, one of the most primitive tribes. Apart from these three, there are many others like Qimathio and Bhumia, whose origin is not clearly known” (Government of India, 2010).

Kondhs are numerically the largest tribe in Koraput. Similarlly, Bondas are also restricted to the Khairput area in Malkangiri zone of divided Koraput regions. The term 'Bonda' means naked, since the females in the tribe are scantily clothed. The Bondas are grouped as upper and lower Bondas. Gadabas form the principal Munda tribals of Koraput plateau but are also found in small numbers in Jeypore area. They were the famous 'Palanquin'. Dombs are numerically highest among these people. They are widely distributed throughout the district and by profession are drunniers or weavers. The Domb are intellectually more proactive compared to the other aborigines and lead a comfortable life . Ghasis are similar to Dombs in their cultural practices. The Paikas, mostly found in Nandapur area of Koraput are descendants of warriors. The others in this category include Dhoba (Washerman), Gauda (Milkman), Bauri (barber) etc. (Sinha and Behera 2001, Parida 2008, Singh and Sadangi 2012).

The socio-economic condition of the people of this district, which is richly endowed with various natural resources, is underdeveloped. The hilly terrain and forest areas have been the habitat of some tribes for centuries, whereas the others have been slowly driven out of the more fertile plains by the non-tribals in recent times. Historically, tribals have had a life style characterized by close dependency on the forest for shifting (Podu) cultivation, hunting and collection of forest produce for their livelihood(Sinha and Behera 2001: 48). Some studies show that several types of livelihood patterns, like crop based, wage based, forest based, horticulture based, migration based, and service/business based and animal husbandry based prevail in the area (Parida 2008). Further the studies have demonstrated the importance of farm sector in terms of percentage of households engaged in cultivation of different crops. It was also observed from the resource base of the tribal households that they were not financially and physically sound and did not have adequate facilities for meeting several basic requirements for a reasonable standard of living. The success of dynamic tribal development depends on factors like improved literacy rate, sustainable socio-economic status, women's empowerment, better health care and other human resources (Swaminathan 2013). As per an estimate (based on 1990-2000 NSS data) 89.14 per cent people in Southern Orissa are below poverty line (BPL). As per the 1997 census report about 72 per cent families live in less than one dollar a day. Therefore, it is desirable to extend basic amenities, empowering women, enhancing their employment opportunities and providing transport and communication facilities to tribal households (Singh and Sadangi 2012, Parida 2008, Behera 2015).

Despite having rich minerals and natural forest resources, Koraput has remained as one of the most backward Districts in the country. The above analysis clearly indicates that the native people of the Koraput are exploited by the outsiders in the name of development in the district. As per the findings of various studies, in Koraput the tribals are exploited to a large extent by others (other local residents, merchants, middlemen, industrialists, politicians etc.) in a worse manner even today after 67 years of independence of India (Parida 2008). But, unfortunately the tribal people are the most victimized due to outsider intervention and without any positive consideration of their participation in the various developmental programs in the district. So, the native tribals of the Koraput are the most sufferers from the socio-economic point of view. As a result of negative impact of their economic condition, it has been seen that in many instances the native tribals of Koraput, Balangir and Kalahandi (KBK) districts of Odisha died due to starvation, and survived by selling children, eating leaves and non-edible objects. This region has always been a focus for national media coverage. Acute poverty and starvation deaths are nothing new for KBK region of Odisha. Starvation deaths in Kalahandi and Koraput rocked the country's conscience since 1987 (Ibid). Despite various special policies and programs of the central and state governments for the poverty reduction in Koraput district, poverty still persists as a haunting reality.

Demographic Feature

According to 2011 census, Koraput is the third biggest district in terms of size and 15th biggest in terms of population in the State of Odisha. Koraput is the seventh urbanized district in the state having about 16.81 per cent of its population living in urban areas while about 14.99 per cent of state's populations live in urban areas. It is the twenty-fourth most densely populated district in the Odisha. It has seventh rank in terms of sex ratio in the Odisha. The economy of the district is mainly dependent upon cultivation. Out of each 100 workers in the district 73 are engaged in agricultural activities. Koraput

district stands at the fourth position in the one hundred poorest districts of India, as per the Planning Commission, Government of India (OR 2010). There are only 106 uninhabited villages in the district and 5 villages are having a population of more than 5000 in the district (Census 2011). The various census as well as other statistical reports have highlighted that the Koraput district is predominantly inhabited by the depressed category of population such as the scheduled castes (SC) and the scheduled tribes (ST). As per the census of 2001, the SC and ST population in this region together constituted 54.6 % of the total population. Another reports also pointed out that, "The entire Koraput or the KBK region is completely rural in nature with more than 90% of its population residing in rural areas as against 85% at the state level" (Odisha Development Report 2002: 320). Again the 2001 census highlights "The sex ratio for Odisha was 972 against 933 at all India level. Among the Indian states only Kerala with the highest level of literacy, lowest infant mortality rate and highest life expectancy rate in the country showed a favorable sex ratio of 1058 females per 1000 males". The favorable sex ratio in Koraput region with low birth rate and high death rate may be due to the migration of males to other states (ODR 2002:320). Therefore, the favorable sex ratio of the Koraput region is not a reflection of demographic transition and economic development, but rather a reflection of economic backwardness and the distress migration of males.

The General Background of the District

According to the Odisha Human Development Report "There are significant differences in development indicators between different social groups in Koraput and KBK region. For example, 82% of the ST population of the KBK region is illiterate" (Odisha Human Development Report 2004: 2323). Added to this, the student dropout rate among the STs and SCs is very high. In 2000, the dropout rate at primary level was 63% for ST children and 52% for SC children (Ibid). Furthermore, the IMR in southern region (KBK region) of Odisha is very high (74) and 50% of children in KBK region are not completely immunized (World Bank Report, 2007:5).

HDI is the basic measure of human development and it would be useful to see how Odisha has performed in terms of these indices. Amongst the 15 major states of India, "The HDI for Odisha was

the fifth lowest in 1981, fourth lowest in 1991, and again the fifth lowest in 2001, even though the absolute value of the index has risen between 1981 and 2001 by 51.3%" (OHDR 2004: 3). According to the HDI statistics the KBK districts are very much poor, both in terms of Odisha as well as the other districts of Indian states.

Health is a requirement for human development and is an essential component for the wellbeing of individuals. The health problems of any community are influenced by the interplay of various factors including social, economic and political ones. The common beliefs, customs, practices related to health and disease in turn influence the health seeking behavior of the community (ICMR Bulletin 2003). There is consensus that the health status of the tribal population is very poor and is worst among the primitive tribes because of their isolation, remoteness and being largely unaffected by the developmental processes going on in the country (Ibid).

Orissa Health Strategy 2003 has advocated for improving the health status of tribal population by reducing mortality and morbidity. It indicates that the tribal people suffer disproportionately from malaria, sexually transmitted diseases, tuberculosis, genetic disorders like G6PD deficiency, sickle cell anemia as also nutritional deficiency diseases. These are some of the special health problems attributed to these communities (Ibid). Similarly, there are significant social, regional and gender disparities in accessing public health in Orissa. Interior regions in general and tribal districts in particular have poor physical and economic access to health services. These regions also bear the brunt of a resource crunch both in terms of health budget deficit and neglected public health institutions. Health conditions of women need substantial improvement. Institutional deliveries are lower in the case of tribal women. Post-natal care of mothers and infants also needs greater attention (ERO 2011: 243). Further the report highlighted that the private health care system is generally less developed in interior areas and is not economically accessible. Low female literacy levels adversely impact reproductive child healthcare in tribal and other interior areas (Ibid). There are disparities in health care delivery systems. In the KBK region, "37% of ST women are deprived of antenatal check-up as against 15% from other groups" (World Bank Report 2007:5, Cited in Parida 2008). The existing socio-economic conditions do not permit a common citizen of Koraput to think of positive health. Their priorities are that day's earning and food for staying alive only (Ibid).

A number of recent scholarly studies provide policy recommendations for enhancing the social as well as physical infrastructure for promoting better productivity and economic growth in Koraput or the KBK region (Parida 2008, OR 2011). (cite them) These studies do not adequately address the situation of chronic poverty in Koraput region and why poverty alleviation schemes are not working properly, as also why the education, health facility and social security schemes are not reaching adequately the poor people in general and the disabled persons in particular in the Koraput or the KBK region of the state. This chapter is going to focus on the issues of disability marginalization and the exclusion of the disabled in own their society due to inadequate mechanisms to deal with faulty policies and programs in the Koraput district of Odisha. The next section will give an account of fieldwork experience about the life of disabled persons in Koraput district which renders them unable to access education, health, livelihood and social security in their day to day lives. It will also dwell on how they have been discriminated against and marginalized from every important areas of the society due to their disability.

The Issue of Disability and Social Marginality

The above section has given a clear picture of the Koraput district's socio-economic condition as well as other parameters to understand the gravity of the situation in the district. It is obvious that if the general populations are struggling to get access to basic needs the condition of the disabled people in the Koraput district is much worse.

I have selected Koraput district for this field study with special attention to three Blocks viz. Koraput, Baipariguda and Bariguma etc. In these Blocks I conducted interviews and gathered data from 114 respondents, as follows: 53 from Baipariguda, 37 from Bariguma and 24 from Koraput including the parents of the disabled people, Government officials, local activists and NGO personnel in Koraput district. The study found that out of 78 respondents (disabled individuals), the majority were involved in dairy and poultry farming activity as well as small shops with family members, and some of them were completely dependent upon their family for maintaining their life. Most of them were uneducated or hardly attended the high school due to poverty and disability.

The field study also examined the impact of discrimination and marginalization and how it has adversely affected the disabled and their means of life and livelihood, social security, and the issues and challenges with which they are confronted in everyday life. Despite various Central and State Government's policies and programs, the disabled people in Koraput are struggling to survive for the bare minimum. Before going to data analysis of field survey, a brief account on the social composition of the disabled people in the district is necessary.

Social composition of the disabled people in Koraput district

According to the Census 2011, in Koraput district, 36,291, (18,770 male and 17,521 female) people are suffering from one or multiple disabilities which constitute 2.92 per cent of the total disabled population of the state. Out of total disabled people in the district, 31,563 persons with disabilities constituting 86.97 percent are living in rural areas and 4,728 disabled people constituting 13.03 per cent are residing in urban areas. Table 3.1 given below provides the clear picture regarding the social composition of the disabled people in Koraput district.

Table 3.1: Disabled population in Koraput district: type, gender and rural urban divide

TYPE OF DISABILITY	RURAL				URBAN			
	MALE	FEMALE	TOTAL	PERCENTAGE	MALE	FEMAE	TOTAL	PERCENTAGE
SEEING	4,146	3,991	8,137	25.78	476	428	904	19.12
HEARING	3,525	3,362	6,887	21.81	556	536	1,092	23.10
SPEECH	745	649	1,394	4.41	199	148	347	7.34
MOVEMENT	3,009	2,607	5,616	17.79	479	311	790	16.70
MENTAL RETARDATION	775	750	1,525	4.83	158	107	265	5.61
MENTAL ILLNESS	424	458	882	2.81	80	87	167	3.53
ANY OTHER	2,316	2,140	4,456	14.13	359	337	696	14.72
MULTIPLE DISABILITIES	1,271	1,395	2,666	8.44	252	215	467	9.88

TOTAL	16,211	15,352	31,563	100	2,559	2,169	4,728	100
PERCENTAGE	87.97				13.03			

Source: Census 2011, Government of India.

As mentioned earlier, 114 samples including disabled individuals, parents of the disabled persons, disability activists, government officials and NGO personnel have been randomly selected from three blocks of Koraput district. Table 3.2 gives detail of the sample taken for this research work in the district.

Table 3.2. Number of samples taken through questionnaire during the field survey in Koraput

Type of sample	GENERAL		OBC		SC		ST		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Disabled individuals	8	4	17	7	12	8	12	10	78
Parents of the disabled	2	1	3	1	2	3	4	3	19
NGO Personnel	2	1	3	1	Nil	Nil	Nil	Nil	7
Government Officials	2	1	2	1	1	Nil	Nil	1	8
Total	14	7	26	12	15	10	16	14	114

During the time of field survey, attempt has been made to take equal number of samples from both rural and urban areas in Koraput districts. The table given below depicts that 43 respondents, which constitute 55.13 per cent, belong to rural areas and 35 respondents or 44.87 per cent are residing in urban areas. Among the total respondents, 46 are male which constitutes 58.97 per cent and 32 are female constituting 41.03 per cent. The table below provides the clear picture of the individual respondents.

Table 3.3. Number of disabled respondents: their sex and residence (field survey)

Type of disability	Rural		Urban		Total
	Male	Female	Male	Female	
Seeing	11	5	6	4	26
Hearing/Speech	2	1	3	2	8
Movement	11	8	6	7	32
Mental retardation	3	2	4	3	12
Total	27	16	19	16	78

Field Observations and Findings

During the two months of field studies, I initially spent 3 weeks in Koraput district for this study. During this time I met with many significant individuals who were directly or indirectly working for the welfare of disabled persons in the district. When I began my journey from the Koraput district, I was very hopeful of covering the entire district within the time period. But that did not happen due to multiple reasons. I therefore selected only 3 Blocks of the Koraput District, viz., Bariguma, Baipariguda and Koraput. Apart from these 3 Blocks, I also visited some other areas of the Koraput District for collecting secondary and primary data from the various NGOs and government offices in the district, for the completion of this complex work.

This Chapter focuses only on the Koraput district of Odisha, and is primarily focused on the persons with disability in this district. I used four indicators for this field study – health, education, employment and social security – for the study to achieve its research objectives. On the basis of these indicators I prepared the research methodology before conducting this field research in Koraput district.

Issues of Disability and Social Exclusion in Koraput District: A View from the Field

As has already been discussed, the main consequence of social exclusion was the impoverishment of the disabled persons. Mostly, the disabled are residing in rural areas, where the disabled are not enabled to lead a harmonious life due to the inaccessibility of all the basic facilities such as education, livelihood, health facility and social security at their doorstep. Therefore, the disabled are pushed into the poverty trap. Consequently, the objectives of the state and central government policies are to ensure a better life through governance as well as with the help of grassroots social worker, whereby the disabled person may overcome the poverty cycle, so that the disabled person's difficulties may be minimized in the larger context. Even though the PWD Act 1995, does include within its ambit all the significant areas of the disabled person's life, it becomes one of the important mechanisms for ensuring a better livelihood, health, education and social security for the life of the disabled persons, especially since neither the government nor any other agencies are able to provides better voluntary services to the disabled person. If the government fulfill its commitments in this regard, then there is a possibility of disabled empowerment and their mainstreaming in society on equal terms with others in Koraput. In this context, the focus of this study is on Disability and Disadvantage, related social marginalization in the society whereby the disabled persons are unable to access education, health, livelihood opportunities and social security in the district of Koraput as well as other districts of Odisha.

For the purpose of data collection and to understand the grassroots reality, three blocks of Koraput district were selected for extensive survey. Interview schedules were also conducted of different types of disabled persons including family members, as well as with the villagers who are interacting with the disabled persons in the regular parlance. Besides these, a questionnaire was also administered to find out about the nature of disadvantage caused by disability, the authorities' attitudes at the time of implementation policies and programs for the empowerment of disabled persons, and about the positive role played by civil society to fulfill the vacuum created by the society at large.

However, before dealing with these issues, it is necessary to know about those officials who are the helping hands at the grassroots level all the way to the higher strata of the government machinery such as the Block office, District Welfare Office, District Collectorate office and higher authority of the state government that makes the policies and programs for the disabled persons' empowerment. The Koraput district is one of the poorest districts in Odisha, as also one that has a large number of disabled

population. This study also looks at how the PWD Act 1995 is functioning in the matters of education, health, livelihood and social security at the rural areas of Koraput district.

At the time of conducting field work in Koraput District to collect information about the socio-economic condition of the disabled persons and their status in their society, it was found that the situation is totally different from other parts of the state. Koraput is primarily dominated by the tribal communities. These tribal communities have their own culture. Their community bonding is stronger than any other mainstream culture. During the visit to Baipariguda Block, I interacted with 50 tribal disabled men and women in Bhima Vhooee Shamerthya Shibeera the (BBS) camp. All the respondents had gathered there to know about various Government welfare programs for their wellbeing. Here I found some different cultural value system with these tribal people. Almost all of them have come with their family members to this BBS camp. The below photograph will give an account of this BBS camp activities and family gatherings.

Source: From the Field.

When I interacted with an Asha Karmi of Rampur Village in this regard, she explained that "these tribal people never leave their family members outside their family due to disability, old age or illness. If any family is not able to provide food to their child, in that case, the villagers take care of that person". Similar kind of story was also told me by Mr. Sanjay, who is working for the tribal livelihood project in Shovha NGO in Koraput. He also further explained about the socio-economic condition of the tribal people of Koraput district. He said that "mostly the tribal community depends upon the forest goods and engage with animal husbandry for their livelihood. And some of them are also working as the Khalashi in nearby villages". Khalashi means those who carry heavy goods for transport purpose from one place to another place. It is difficult work for them, because for this work they need physical strength. There is hardly any other work, such as farming or any daily wage work available in their region to maintain their sustainable livelihood due to its geographical challenges. This is the general situation of Koraput district. In this situation, one can easily understand the conditions of the disabled people of Koraput district. The disabled are completely dependent upon their family members for their survival. They all are completely illiterate, and also they do not have any interest to obtain mainstream education. They are happy to live in their culture. It is so difficult to convince them to enroll their names in the school for obtaining primary education. When I asked the respondents about their educational qualifications and their interest in education, none of them showed their any interest in this regard. Hence, the socio-economic condition of the indigenous disabled persons of Koraput is in dismal condition due to multiple causes. What I have observed during the interaction with these tribal people during my study in Koraput district is that these tribal people are very innocent and they do not have desire to save wealth for their future life. As far as wealth is concerned, the tribals are counting cattle and other domestic animals as their wealth. They believe in today only. They are not concerned about tomorrow's life. Their life style is very simple. Their food habit is also totally different from mainstream society. They spend quite some amount of time consuming alcohol. Handia is one of the most popular foods in the tribal communities, because it is cheaper than Dal and rice. This Handia is basically made by the fermented rice and it has full of alcohol contained. Due to low income, they prefer handia all the time. Such situation is emerging due to low socio-economic condition of the tribal people. Similarly, another study also reported that in KBK regions of Odisha, people of Paraja tribe have a very low literacy rate and they are consuming low quality local alcohol. Due to this they suffer from many diseases at a

young age. Their wives sell all the assets for recovery of husbands and in most of the cases, the male dies at an early age. Thus, in most of the households are female headed in this community and living in conditions of extreme poverty. But they do not get any benefits from development programs which are specifically designed for tribals, because of gender discrimination (Parida 2008). The tribal disabled people are no exception in this regard.

On the other hand, the socio-economic profile of the disabled persons in Koraput district is varying from place to place. While I visited other parts of Koraput, I noticed that the disabled persons were from the forward castes or OBCs. Their life style was totally different than the disabled persons of tribal region. These disabled persons were living in the mainstream culture. Their socio-economic condition was much better than that of the tribal disabled persons. Many of them had completed their primary education in the village school, though due to multiple reasons many of them also left school midway, said Meeno (an orthopedically challenged boy of Kumuly village). He further said that "poverty is one of the biggest hindrances for our socio-economic achievements". Mostly they are dependent upon their family members for their day to day life,(expressed by all the respondents of Kumuly village of Bariguma Block). Disability and poverty are mutually contributive to each other. Due to disability, the person is eliminated from every economic opportunities and he or she is trapped in poverty. Likewise, poverty also eliminates basic amenities like health, education, drinking water, hygiene and many more for their access this causes led them into became disabled in many instances (Elwan 1999, DFID 2002, World Bank 2007). Similarly, this field study has also noticed that poverty and disability are mutually intermingling in Koraput district. However, the socio-economic condition of the disabled people of Koraput is much lower than that in other districts of Odisha. But, when we compare the status of the disabled persons in their family and society between Koraput and other districts of the Odisha, we find major differences. In Ganjam and other districts, the disabled persons are ignored by their family members and relatives. But at the same time, in Koraput, the disabled persons are not discriminated by their family members and villagers, because of cultural practices.

Educational status

The state government has implemented various schemes for the empowerment of disabled persons in the field of education. The policy of inclusive education is in operation in the district to provide better educational opportunities to the disabled students with other counterparts. The state government is providing fee exemption, free uniform, mid-day meal, free text materials to all school going students, including the disabled students, to achieve a higher rate of literacy in the district. At the higher education level, government is providing assistive devices like laptop with screen reading software, digital recorders, etc. to disabled students to make education accessible. In addition to this, different vocational training centers are also there in the state to impart vocational training to the disabled people. The state government also provides scholarships to the disabled students to pursue primary as well as higher education in the state. Still the educational status of the disabled students in the Koraput district depicts a gloomy picture. During the field study the respondents among visually impaired, hearing, speech and mental retardation of the Koraput districts have expressed that no facility is available for them to obtain vocational training for their livelihood protection. Almost all the respondents said that the educational system in the Koraput district is not accessible for the disabled learners. I have noticed that the school environment is also not accessible for the orthopaedically challenged students. The visually impaired students are not being provided accessible study materials such as, audio recording and Braille books as told by Himanshu, a blind student respondent. The respondents further expressed the difficulty they faced in the school. Specially trained teachers have not been recruited in the schools to teach the students with special needs. From this situation, one can easily understand the educational status of the disabled students in other regions of the state as well.

Educational level of the individual respondents in Koraput district

The table 3.4 will show the status of educational condition of disabled students in the Koraput district during the field study. Through this table we can visualize the actual status of education among the various disabled students in the field areas of the entire three Blocks of Koraput district.

Table 3.4. Educational status of the disabled individual respondents

Type of disability	Literate		Illiterate		Total
	Male	Female	Male	Female	
Seeing	5	3	7	11	26
Hearing/Speech	2	1	3	2	8
Movement	6	4	9	13	32
Mental retardation	3	1	3	5	12
Total	16	9	22	31	78

The educational status of the respondents provides a dismal picture in the district. The survey reveals that only 32.05 per cent respondents are literate and 67.95 per cent are illiterate. Out of total literate respondents, 64 per cent are male whereas female constitutes only 36 per cent. Similarly, out of the total illiterate respondents, 41.5 per cent are male, whereas 58.5 are female. This kind of situation persists throughout the district. The educational status of the disabled female is even more depressing than that of the male in the district. A number of causes like non-availability of proper infrastructure and opportunities, lack of accessible communication, ignorance of the parents, severe health hazards, and lack of awareness or willingness among the administrators in the district are responsible for this kind of situation in the district.

Like any other marginal group, access to education is still very critical for the disabled persons to expand their life prospects. The World Bank (2007) South Asia report noted that “in India the disabled people have much lower educational attainment rates, with 52 percent illiteracy against a 35 percent average for the general population. Illiteracy is high across all categories of disability, and extremely so for children with visual, multiple and mental disabilities (and for severely disabled children of all categories). Equally, the share of disabled children who are out of school is around five and a half times the general rate and around four times even that of the ST population” (Ibid : xii).

Furthermore, this report highlighted the enrolment ratio of the children with disability in the school education among the various state of India. Even in the best performing major states, "a significant share out of school children are those with disabilities: (in Kerala, 27 percent; in Tamil Nadu over 33 percent). Indeed, evidence from more advanced states demonstrates that children with disability (CWD) remain perhaps the most difficult group to bring into the educational net even where overall enrollments are very high. Across all levels of severity, children with disability (CWD) very rarely progress beyond primary school. This underlines the importance of getting children with disability into school if India is to achieve the education MDGs" (Ibid).

Likewise, the UN study has noticed that "On average, disabled people receive less education and are likely to leave school with fewer qualifications than others". Several examples of the striking differences in school attendance and literacy between the general and the disabled populations are available from the UN Compendium (UN Compendium 1990: 32-47, Cited in Elwin 1999: 11).

As mentioned above, the study has taken education as a key indicator to justify the hypothesis of this research work. When this study tried to explore the status of the disabled people in the district by using this indicator, it found negative results in all the three Blocks of the Koraput District. During the interviews with respondents in all the three Blocks of Koraput, the study found that education is in a very dismal condition in all these three Blocks of the District. Table 3.4 depicted the overall educational statistics among the male and female respondents in the three Blocks of the Koraput. The section below will give the enrolment status of the disabled student respondents in the village school. In Baipariguda, only one out of the 50 respondents has obtained matriculation. The rest of them were illiterates and some of them have attended school only up to class fifth in the special school. Similarly, in Bariguma Block, out of 50 respondents, only three persons have obtained matriculation, ten persons have

attended school till eighth class and two children were continuing their education in the village school while the rest of them were not educated. There are some interesting facts I found in these two Blocks. These two Blocks have different cultural values in their society which I have already mentioned in an earlier section if this chapter. Baipariguda Block is primarily a tribal dominated region in Koraput District. But Bariguma Block is mostly populated by the general casts, other backward castes and Brahmins, and no tribal communities are living in this region. Due to these cultural differences, these two areas show different results in the educational level. In the case of Baipariguda Block, the educational status is very miserable. During the interviews with the respondents to elicit their views on education, none of the disabled respondents showed any interest to obtaining mainstream education. Sankar, a 16 year visually impaired boy of Baipariguda block, told me that he does not have any information how a blind person can pursue his education. He also said, “my parents don’t allow me to go to the school in the village”. Similarly, Sarita and Sabita, two visually impaired sisters, joined the special school situated in Koraput. But their parents made them drop out: “Our parents deny us to continue further study”. The reason is that the tribal communities are very rigid and they do not want to accept the mainstream knowledge. They are mostly living with their tradition and culture. Therefore, it is very difficult to bring them into the mainstream education system. But in the case of Bariguma, the situation is completely different. Here all the disabled respondents were belonging to general caste, OBC and some other caste. Most of the respondents have desires to achieve higher educational qualification. But due to the illiteracy of their parents and poverty, they could not get opportunity. Chandra, an orthopaedically challenged boy, said that “the class teacher did not give any attention to the disabled students in the class”. He further said, “no special teacher was appointed in that school. Therefore, the disabled students have been dropped midway from the school. Also we do not have any knowledge about the special school for the disabled student in the District”.

What the study observed from these three Blocks is that poverty and illiteracy are common phenomena in these areas. Some studies have also noted that “poor people themselves see disability as a key cause of poverty and describe disabled people as among the most excluded, the ‘poorest of the poor’. Disabled people on average fare worse in relation to employment, material wealth, education, health, access to development assistance and poverty relief, and in social well-being” (Gooding 2006, Cited in Marriott and Gooding 2007: 1). Only if the government formulates effective and target oriented policy

and the NGOs improve delivery mechanisms can the grassroots condition be changed.

Employment Scenario

Commonly, employment, education, health and social security etc, are the major challenges facing disabled persons in Odisha. The attitude of the Odisha society towards disabled persons is still full of prejudices,discrimination towards the disabled people in the job sector is well documented. This research has focused attention on Koraput, which clearly reflects the discriminatory and negative attitudes towards the disabled persons in the Government and public sector undertaking jobs in the district. In terms of employment of PWDs, 90% of the respondents stated that they do not know about any employment opportunities for them, 4% of people are aware about the employment opportunities, and rest of them were completely unaware of any thing. It is clear that, in Koraput, people's attitude towards the employment of the PWDs is negative due to lack of proper knowledge about the capability of the disabled persons. When I was taking interview with the parents of disabled and villagers in Koraput district, they had put questions like how come a disabled person can do the job, because in the offices various physical as well as the mental works also need to be performed. How can a disabled person do that work? These kinds of questions clearly reflect that there is lack of knowledge among the common people about the potentialities of the disabled persons. The awareness should be spread among the common people about the capabilities and potentiality of the disabled persons. In the age of technology, many things have changed due to technological innovation. The technology has brought a great revolution in the life of all disabled persons in the job market. Through the help of such technology, more and more job opportunities should be created for the disabled persons in the district. However, this study found a negative picture in the area of employment in the district. The following table indicates the employment status of the disabled people in the Koraput District.

Typeof Disability	Regular Employ	Agriculture & Farming	Small Busines	SHG	Dail Wages	No Work	Total
Seeing	03	11	02	Nill	Nill	15	31
Hearing/ Speech	01	04	01	Nill	02	03	11
Movement	08	05	04	Nill	Nill	10	27
Mental Retardation	Nill	Nill	01	Nill	Nill	08	09
Total	12	20	08	00	02	36	78
Total (%)	15.38	25.64	10.26	0.0	2.56	46.15	100.0

Table 3.5, Employment status of the respondents

In this direction both the Central and the State Government has passed various laws and acts, for the employment of the disabled persons. Central legislation like the PWD Act makes provision for three per cent reservation in all government and public sector undertaking jobs for the persons with disabilities. The PWD Act also speaks about the incentive to the private sectors undertakings to give employment to the disabled persons. Further the central Government implemented different schemes for promotion of financial assistance like NHFDC loan, PMRY, SRG and SGRY for the disabled people to promote self-employment ventures for the livelihood opportunities. Similarly, Government of Odisha also adopted the persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Odisha Rule 2003 to ensure the implementation of the PWD Act 1995 in the state with also gives three per cent reservation to the disabled persons in government sectors and public sectors undertaking jobs. In spite of all these initiatives taken by the government, the employment status of the disabled persons still presents a gloomy picture in Koraput. Table 3.5 shows that out of total 78 respondents, 36 (46.15 per cent) disabled are out of labour force and a very small percentage of people have some kind of income source in the study areas. Only 12 (15.38 per cent) disabled people are government employees and 30 (23.4 per cent) of the total respondents depend upon other sectors like agriculture, farming, small business and daily wage labour for their income source. Though government promotes SHGs in rural areas for the purpose of self-employment, this research work depicts a negative picture in this regard. No respondent has been included in any Self Help Groups for their self-

employment purpose in the study areas.

The employment scenario of the disabled people of Baipariguda, Boriguma and Koraput blocks of Koraput district is very depressing. Due to illiteracy, they do not have the eligibility for any private or government jobs. But most of those disabled, who studied in the special school, have been selected as the school teachers under SSA program. At the time of interview, the Head Masters of the special schools told me that a few of his students have also been employed as clerks in different government offices. While I was interacting with Manas, a visually impaired respondent of Baipariguda block, he said, "the disabled are mostly depending upon their family for their livelihood in the block." He further said, "in this block, the families of the disabled people generally depend on animal husbandry and forest goods for their livelihood." Similarly, in Bariguma Block, the employment status of the disabled people is also in a dismal condition. Some people are engaged in farming activities and others are engaged in animal husbandry for their livelihood. On the other hand, most of the disabled people are completely depending upon their family for their livelihood. "Because of poverty, we do not have financial capacity to start any other occupation in the locality", said Benoya, an orthopaedically challenged respondent of Bariguma Block. There are many Central and State government livelihood programs available for the disabled persons such as PMRY, NHFDC, SGY and SGRY, for the promotion of the self-employment ventures in the state. But no single individual has got any benefit out of these livelihood schemes in respective Blocks. Firstly, due to illiteracy, they are not aware about these schemes; secondly, these schemes require various legal documents and one guarantor and the document of the landed property of the persons for the loan; thirdly, it is processed through various channelizing agencies; fourthly, due to their illiteracy and poverty, they are completely ignorant about any such schemes for their financial inclusion; and lastly, if someone wants to avail such schemes for self-employment, then also it is difficult to get these loans because of the lengthy bureaucratic procedure. Therefore, these schemes should be simplified so that the persons with disabilities can easily access these schemes and get benefits out of them. Such schemes will help to generate avenues of self-employment for the disabled persons in the rural areas. This study clearly shows that the employment and livelihood conditions of the disabled people in Koraput district are not good.

However, in spite of various provisions, the fact that all hundred per cent of disabled people in Koraput live below the poverty line raises questions about programmers' implementation on the ground. From the analysis of the findings of this research work, it has been assumed that some of the disabled people are engaged in agriculture and farming like animal husbandry for the sake of livelihood. This is the grim scenario of the employment and livelihood status of the disabled persons in these three Blocks of Koraput district. Oliver's social model is very much significant in the context of livelihood of the disabled persons. He argued that disabled people have been systematically excluded from the every gainfully work in the society, because of the society's structure, and the negative social attitudes that disabled people have encountered in every days of their life (Oliver 1990). Such kind of notion is prevalent in the field areas of Koraput. There is no any exception of the discrimination which widely practices against disabled citizens, from the access of gainful employment in developed or developing countries. Another study conducted by the Lang, in South India disabled persons also highlights that disabled people are unable to work because of the way in which society is structured (Lang 2001). There has been more attention given to promoting accessibility and countering discrimination in employment, services and other areas, in line with the social models. This stresses on changes to society as a whole, in order to create a level playing field which will help to maximize the participation. For a disabled person, his disability does not make him impediment, rather the socio political society outlook makes him disabled, which is aptly and also evidently conceivable from the study areas of Koraput as well in the other regions of the state.

Poverty is one of the main factors that further marginalize the disabled from all the important areas such as, education, health, employment and livelihood etc. Despite various guidelines and efforts made by central and state governments, disabled people are the poorest of the poor, irrespective of all regions, in Odisha and India. They also have limited access to livelihood opportunities for their survival because of the social and physical barriers surrounding them. Because of the poor governance, as well as the negative approach of the governmental officials, gainful employment is not available to disabled persons here.

Health Conditions

Good health is one of the essential requirements for the humanity and it is not a luxury. It promotes participation in a wide range of activities including education and employment. So, health is counted as one of the significant indicators that decide the human development of a nation or state. But many studies have pointed out that poverty is recognized to be a major cause of access health facilities to the general and particularly to the disabled persons especially in the developing or underdeveloped countries due to low profile of their economy (WHO 2011). Similarly, this study is also trying to explore the access to health facilities in Koraput in general and particularly for the disabled persons. Koraput, as we have seen, is one of the most backward and chronically poverty-stricken regions of Odisha, India. According to Odisha Health Support Project OHSP (2009), studies highlights that Koraput has some of the lowest HDI indicators among all districts of India, especially in the areas of education and health (10). (Cite the studies) The section below will discuss the access of disabled persons to health facilities in the study areas.

Many studies and reports have suggested that in India most disability is preventable or treatable (DFID 2000, Elwan 1999). According to WHO Poor people lack access to basic health care, so simple infections, illnesses and injuries often result in permanent disability because they go untreated or are mistreated (2011). Disability is associated with a diverse range of primary health conditions; moreover, some may result in poor health and high health care needs; others do not require this (Ibid). Also, in Koraput the disabled require better health services for general health care needs like the rest of the population. According to WHO report (2011), "the general health needs include health promotion, preventive care (immunization, general health screening), treatment of acute and chronic illness, and appropriate referral for more specialized needs where required. These needs should all be meet through primary health care in addition to secondary and tertiary as relevant. Access to primary health care is particularly important for those who experience a thinner or narrower margin of health to achieve their

highest attainable standard of health and functioning" (Ibid: 57).

During the field study in Koraput, the study found that in terms of health status, the disabled persons in Baipariguda and Boriguma blocks are facing major health problems, as they are any other basic facilities. At the time of interviews, the disabled people of both the blocks lamented the conditions of their health, livelihood and social status and the challenges they face in day to day life. What the study noticed was that due to the low profile of financial adversity, their health condition is poor.

The annual Economic Review of Odisha (2010-2011) noted that the state government is facing many challenges in the area of health especially in the rural and tribal regions. This report further highlighted that there are significant social, regional and gender disparities visible in accessing of public health facility in Odisha. The remote areas in general and tribal regions in particular have poor physical and economic access to health services. These regions are also facing the crisis of a lack of resources both in terms of health budget deficit and neglected public health institutions. Health conditions of women need extensive improvement. Institutional deliveries are lower in the case of tribal women. Post-natal care of mothers and infants also needs more attention. (ERO 2010-2011: 243). Furthermore, this report reiterated the non-availability of professional medical attendants, paramedical professionals, quantity and quality of health infrastructure. Also it pointed to the necessity of both physical and economic accessibility of private and public health care system. The private health care system is generally less developed in interior areas and is not economically accessible. Low female literacy levels adversely impact reproductive child healthcare in tribal and other interior areas of Odisha (Ibid).

According to State Human Development Report, Orissa, 2004, "the value of Human Development Index (HDI) for the state as a whole is 0.579. This may be regarded as a somewhat medium level of human development. Of the three components of HDI, the education index has the

highest weight (0.723) whereas the health index has the lowest weight (0.468) and the income index (0.545) lies in between". Koraput stand below these in terms of all components of the HDI value. In the health index, it stands at 0.218; Income, 0.539, Education 0.535 and Human Development Index of Districts 0.431 in Odisha (OHDR 2004).

The poor economic status of people is also significantly affected due to the food insecurity of the people in those regions which in turn acts as a key factor in terms of making them highly vulnerable as far as health and nutrition is concerned. The status of districts in terms of Food Security Index (FSI) reported in the Food Security atlas of Odisha clearly shows that most of the districts in the southern and northern region in the state are either extremely or severely food insecure specially in tribal dominated regions (Food Security Atlas of Orissa 2008).

The below photograph is evidence of their actual health condition.

Source, from the field.

When I interacted with the Asha Karmi workers in this regard in Baipariguda Block, they spoke about their work and the challenges in the field they face in day to day life. Gita, an Asha Karmi of that block said that

> primarily we are implementing all the Government schemes in the Village level. Besides, we are also providing all kinds of support and cooperation to the women and child relating to their health problems in the Villages. Apart from this, some time we also bring them to the hospital in the emergency cases at our own expenses, because they do not have money to go to the hospital for their treatment. So, in these circumstances, we bring them to the hospital for their better treatment. Generally, doctors are not available in the village dispensaries'. Most of the time, the doctors in the village

> dispensaries remain absent. Therefore, very often, we bring the ill persons to the District hospital for their treatments.

But, most of the respondents' parents were refused any help from the Asha Karmi of their Village for their disabled child. Also, in Bariguma Block health status is similar to that in Baipariguda Block. This study found that in general, the health services are not easily accessible to the people of Koraput District. The disabled persons are most deprived of the health facility in the district. Poverty is the main cause for the people of Koraput which keep them away from better health services. The disabled persons are unable to visit private hospital for better health services because of their poor financial condition. But, both the Central and State government have implemented various health programs in Koraput District to protect people from various diseases.

As per the local peoples view, "actually, most of the medical sub-centers do not have sufficient doctors and medical equipment for better treatment". Health services are one of the essential services for every individual. However, in Koraput district, the health programs are not reaching the village. Some of the studies have highlighted that the communication facilities in the Koraput interior regions are still not connected with proper roads which hamper the medical personnel from reaching these areas. (Government of Odisha, Annual Planning Report 2015-2016). Most villages on the top of a hill, or in remote areas, are connected by narrow jungle or hilly paths, which can be approached only by trekking on foot. Several villages are completely cut off during monsoons. It is common knowledge that many villagers and tribals walk 40-50 kms every day to reach a town, market or hospital. There is no facility of transportation to access the health services so they must cover 40 to 50 kms to reach to the hospital. For the same reason, even the willing health care personnel cannot reach the sick in time in these areas. In most of the cases, health facility is neglected due to financial constraint of the state or district. Likewise, the Koraput District Family Planning Report (KDFPR 2012 - 2013: 15) has also brought forward some interesting facts about health services in the district. "The low coverage in FDS centre was mainly due to non-availability of surgeons, people and service providers. It further highlighted that there is always difficulty in logistics and supply. The inadequacy of commodity and untimely supply hampers

the programme implementation. The government procedural, inertia of the system affects the programme outcome” (Ibid). Therefore, the government should allot more money and increase the strength of health personnel and also to improve the good governance in the Koraput district for the better and easy access of health facilities to all. As per the Government of Odisha Economic survey (2010-2011) report, the state is improving the overall health condition through various state and central government policies and programs for the public health. (such as, Panchvyadhi chikitsa scheme started in 2001 which covers five major diseases in Odisha. But in actuality, despite all the state and central government policies and programs, the disabled persons are still far from being able to avail health facilities in Koraput district. The above analysis has indicated all the shortcomings which are the primary cause for the derail of health facilities in Koraput.

Social Security Measures

In general, the disabled people have lower chances of education and income levels than the non-disabled persons in all the societies. They are most likely to have incomes below poverty line, and less possibility of having any savings and other assets than the non-disabled population. These results have shown in both the developing and developed countries (Elwan 1999, World Bank, 2007, WHO 2011). Thus, there is a need of social security to empower the disabled persons and bring them into the mainstream society. There are lots of policies and social welfare measures to protect them from various disadvantages due to poverty or disability. But the major challenges are that most development programmes in India and Odisha, are inaccessible for the disabled people because of social or physical barriers that surround them (World Bank, 2007, Swaviman 2012). The literature indicates that in India, and in Odisha, social security programmes are not effectively reaching the disabled people in general and the backward regions in particular. There is lack of adequate knowledge as regards the social inclusion of disabled person in programme formulation and social safety in the Koraput district. The purpose of all social security measures is to give individuals and families of the disabled people confidence that their standard of living will not decline in any eventuality, provide medical care and income security, protect against unemployment by maintenance, promote job creation and provide

benefits for the maintenance of children (Ibid). But, in the case of Koraput district, the study found that most of these social security programmes have paid little attention to the disabled persons during the time of design, implementation or evaluation. The following table indicates the number of beneficiaries in different social security measures taken by Government of Odisha, during the field study of Koraput.

Table 3.6, Number of beneficiaries under social security schemes

Type of Disabilities	ODP	Subsidized Rice	Aids & Appliances	Loan in Concessional Rate	Unemployment Allowances	Marriage Incentive
Seeing	25	25	20	Nil	Nil	Nil
Hearing/ Speech	12	12	17	Nil	Nil	Nil
Movement	08	08	26	Nil	Nil	Nil
Mental Retardation	17	17	Nil	Nil	Nil	Nil
Total	62	62	53	Nil	Nil	Nil
Total (%)	79.48	79.48	67.94	0	0	0

In India, social security is a sensitive issue for the persons with disabilities. As discussed above, most of the disabled persons in our society are suffering from chronic poverty. They depend upon others for their livelihood in most of the times. In view of this, both the Center and State Government have implemented different social security schemes to provide better livelihood opportunities to the disabled persons. Both PWD Act 1995 and PWD Odisha Rule 2003 also give direction to the concerned government to adopt different schemes and policies to ensure social security to the disabled persons in all across the society. For this purpose, Government of Odisha has implemented different social security schemes like, Odisha Disabled pension (ODP), Subsidized Rice, Aids and Appliances, Loan in Concessional Rate, Unemployment Allowances, Marriage Incentive and Free Housing to the landless etc, for the persons with disabilities. However, the literature shows that except ODP and subsidized rice the other schemes are not popularized among the disabled persons. This research work also finds similar kind of result in this regard. The table 3.6 depicts that out of 78 respondents, 62 (or 79.48 per cent) disabled people have been included in ODP. Similarly, 62 (79.48 per cent) disabled persons are getting 10 kilo rice per month in subsidized rate through Public Distribution System (PDS). The table also indicates that till now not a single disabled individual has availed loan at a concessional rate from NHFDC for their self-employment. Similarly, no respondent is receiving any unemployment allowance

from the government. 53 (67.94 per cent) respondents have received some kind of aids and appliances for their day to day living. Though Government has implemented the schemes of Marriage incentive for the disabled persons, this research work finds that no respondent has received marriage incentive and free housing till today.

Further this study explored the social security measures taken by the state Government for the wellbeing of the disabled. During the interview with the respondents in Bariguma Block, the respondents expressed their worry over this issue. They said “We are getting disability pension and also 10 kilo rice in every month. Despite these two schemes, we do not know any other social security schemes launched by the state government for us” said Krushna, a visually challenged respondent). Further the study also attempted to know about the status of the disabled beneficiaries of this social security program in all the three Blocks of the Koraput District. Study found that 85% respondents have benefited under Odisha disability pension and 23% respondents have received benefits under the scheme of 10 kilo subsidized rice at a rate of 10 rupees per month.

Apart from these two social security schemes, there are several other social security schemes available for the disabled person in the state as well as in Koraput. Those schemes are Marriage incentive, Reservation in rural housing, Reservation in Poverty Alleviation Schemes, Reservation in Wage Employment Scheme, DRI Loan and Mission Kshvamataand some other schemes etc. But, despite having all these social security schemes, they are only awarded Odisha disability pension and subsidized rice. The subsidized rice scheme was implemented by the state government in 2013, though this scheme violates the provisions of PWD Act 1995. The scheme says that the disabled persons who have 75% disability or more can avail the benefits of this scheme. But the PWD Act 1995 says that if a person has 40% disability, that person can avail all the facilities and schemes of central and state government. This scheme is categorically discriminatory towards the disabled persons. But, due to their illiteracy and poverty, they are ignorant about the legal provisions to fight for their rights. The study also found that, in the Koraput district, a large number of disabled persons do not have disability certificates. Because of this, they are not eligible to avail any social protection programs. It is a matter of great concern that till today the district authority is unable to provide disability certificate to all the

disabled persons in Koraput district. Disability certificate is like a passport for the disabled. Without disability certificate, no one can avail social protection facilities made for the disabled from any government or any NGO. Despite the existence of many social security schemes, in Koraput the disabled individuals are not eligible due to the lack of their disability certificates. Another study conducted in Jagtsinghpur discloses that "Only 33.4% disabled people have accessed housing schemes" (SMRC 2005:23). Because, the lack of information as well as, not poses disability certificate. These digits could be dominant throughout the state according to various studies reports. Therefore, the civil society and the disabled peoples organisations need to work together to reach all the government programs to the doorstep of the disabled in the Koraput District.

Despite having all the social security provisions, the disabled person still remains uncovered under these social welfare measures. It is quite unfair for the disabled persons across the Koraput district as well as other parts of the state. Many times the newspapers have highlighted that "In KBK regions of the Koraput, the disabled people died due to unavailability of food" (NHRCP 2010).Therefore, the Odisha Bikalanga Mancha called for protest in front of state government in Bhubaneswar on third December 2014, to save the life of disabled in the state from hunger deaths, and also demanded that the social security measures are not adequate to meet their challenges from the cycle of poverty (Indian Express: 2014).

Family Member's Negative Approach and Vested Interests

Attitudes of society, families and disabled person themselves contribute to converting impairments into disabilities. The study in Koraput has consistently found that huge social marginalization attaches to disabled persons in society. In addition to this, the general attitudes of the society towards disabled and

the disabled person's family member's attitudes are also important in many ways for generating their self-esteem. But, unfortunately it has been noticed that the negative views about disabled people in their community and by their own family members lead to the internalization of low self-esteem in many cases, as reported by the respondents during the interview.

Many of the respondents of Kumuly village of Bariguma Block said that the family members are not giving any importance to them in the family activities due to their disability. And further they said that "we are completely dependent upon them for our survival and also, we do not have any choice to leave our home to live independently, because, we do not know about any places where we can be accommodated for a dignified life".

Similarly, widespread gender discrimination is also found in the study areas. During the interviews with the female respondents in the study areas, they expressed their concern over their life. "We are not allowed to outside of the home without family members. Our life is very despondent at home, because, we are not counted in the family." As already discussed in the previous section, in Koraput the situation varies from region to region. In the tribal regions the situation is totally different than the other regions of the district. In the tribal communities the disabled men and women are getting an equal chance with others in their families. And also, they are part of the community's activities.

Hence, disabled people's lives depend entirely upon the mercy of family members. The respondents in the Bariguma Block rightly stated that in order to survive, "Disabled people have to accept and tolerate all the decisions of the family whether right or wrong". Such negative situations not only disempower disabled people but also deny them livelihood choices. However, as discussed in the above sections, poverty and family members' lack of awareness regarding disabled people's capabilities and their potentials also limit their livelihood options. The above situations reflect the fact that

ignorance and overprotection by the family disempowers the disabled person and affects his/her ability to lead a better live in the study areas of Koraput district.

Role of Voluntary Organisations

During the field visit to Koraput, I visited some of the NGOs to learn about their work for the wellbeing of the disabled. In Koraput, a number of NGOs are working like in the other parts of the state, for the welfare of the disabled persons. They are engaged in providing skill training programmes and various schemes implemented by the government to the disabled persons at their doorstep. Through those skills, they can contribute to the society. A majority of these NGOs provide vocational training in various fields like art and craft, bamboo making, tailoring, gardening and poultry farming, goat and cattle farming etc. The focus of almost all these NGOs is on education and vocational training for the blind, physically and mentally impaired persons in the district. Four of the NGOs run special schools for the blind, mentally impaired and deaf children in the district. However, a very few like Ecta, Sova, Manash, KFA, Deaf school and Blind school of Koraput are providing services to the disabled people. All the leading NGOs are located in the urban locality of Koraput district. An account of all the important NGOs visited is discussed below.

I started my investigation from the special schools which are providing special education to the different categories of disabled students in the district. First I visited the blind school and talked to the school headmaster regarding the achievement of the students. The school HM Basant Sathi told me that "there are hundreds of students who have successfully completed their school education from here, and are now working as school teacher under the SS program of the state government. Some of them are working in government departments". Another special school which is meant for the mentally

challenged students in the Koraput town, is Manash School for the mentally impaired person. Here I interacted with the school in charge, teachers and staff to know about the school education and their day to day activities in the school. They explained me about the school curriculum which is actually relevant for the mentally impaired person. Further, the school in charge explained that "till the fifth class we are teaching them the basic things which can help them to lead their life without anyone's help. After fifth class according to their interest we are providing vocational education to them. As a vocational training we are providing tailoring, bamboo making, handcrafting, gardening and rubber painting etc. which is helping them for their livelihood". As of now these schools have trained more than 50 students from its commencement, according to the school staff. When I asked the school in charge about the prospects of their students, he told me that "some of the students have opened their own shop in the Koraput market. And some of them are making handcrafted items for their livelihood". After this, I visited a school for the deaf students located at Sunabedha. Here also I met the school HM and school teachers to know about the school's achievement. The school HM told me that "this school has produced many successful students as of now. Many of our students are working in the railway sector and some of the students are working as a school teachers and one is working in the Hindustan Aero Limited as a clerk etc". Further, he said that "this school is trying to provide best education and also provide many vocational training to the deaf students. Because they will not depend upon government jobs, they can be self-employed through this vocational training".

The photograph below shows the bamboo work made by the deaf school students in Koraput.

Source, From the Field.

The above photograph shows that these schools are really working hard to ensure a better life for their disabled students. Despite all their efforts, still many of disabled students were unable to enroll their name in these special schools due to illiteracy and ignorance of the parents. In this regard, not a single organization was concerned to fulfill the disabled students' basic education in the Koraput District except these three schools. If all the disabled students could have joined any of these special schools for their education, they could have led a better life for themselves like any other successful disabled person.

Despite hard work and better services for the disabled students, the three school heads and the staff of all these schools said that the schools are facing severe financial crisis, making it difficult to maintain the day to day affairs of the school. Further the school heads expressed their concerns about the modernization of the schools. But these organisations mostly depend upon the mercy of Government departments. Sometimes these organisations are not getting any financial support from the state government, as told to me by the in-charge of the Manash School. In such situations, these organisations are approaching local industries for contributions, but the industries were not willing to provide any financial support for the school's maintenance. It is very unfortunate as this lack of resources directly impacts the disabled student's education. Actually the state government should take all such initiative for the promotion of education of disabled students. On the one hand, the government is giving the slogan of right to education for all, but on the other hand is not fulfilling its word in the true spirit. It means that everything is written on the paper, but it is not working according to its letter and spirit. In this situation who will take such initiative to fulfillment of disabled person's rights? I visited many other organisations to know about their role in this regard.

Jagarnath Mishra is a general sectary of Ecta NGO, which is providing education, livelihood, health facility and legal advocacy to all types of disabled persons. He said that out of 14 blocks, they only touched upon seven blocks of the Koraput district due to lack of funding, as well as for the manpower. Similar kind of stories are reported by other NGO heads such as those of Sova, KFA, etc.. The very shocking thing is that out of 14 blocks only 7 blocks are touched by them. But the quality of their work is dubious, because I could not meet a single person who has been benefitted by these organisations. While I was asking one of the respondents, Trenath, in this regard, he said that "I attended many meetings organize by Ecta. Apart from these meetings I have not seen any such work which is beneficial to the disabled persons for their development." Again it is a big question mark to those organisations who self-proclaim their work for the welfare of disabled persons in the Koraput district. Koraput is one of the most backward districts in India, and is even identified in international organizations as one of the underdeveloped district in the world. Many governmental and nongovernmental reports point out that poverty, hunger, malnutrition and disease are always visible with the indigenous people of this district. It means that neither any Government departments nor any NGOs are able to meet these challenges as of now. The Government needs to stop the malpractices of the leading NGOs in Koraput.

The above analysis has given an account of the role of NGOs in Koraput for the betterment of the Persons with Disabilities empowerment through various need based services. It is evident that most of the NGOs started working on the issue of disability, but this participation largely a recent development and has been effectively running since one decade. State funding is crucial for their work. However, they also receive funds from other sources for running their programs in the district. On the one hand, these NGOs are taking very few initiatives to move towards rights-based efforts. There is not a single disabled person who is active in this sector. Since most of these institutions are located in the urban areas, their service to rural disabled is extremely limited. The provisions are only urban centred and in actual only a few benefited. CBR initiatives are extremely few and insufficient. There are hardly any efforts by other development NGOs working in Koraput to address disability issues and there is little coordination between disability, NGOs and others.

Summing Up

From the above analysis, it IS clear that in Koraput district, the disabled person's condition is one of disadvantage, partly because the disabled people are not conscious about their rights due to lack of education and poverty. Poverty and illiteracy are further creating a disadvantageous situation for them. It is further marginalizing them from accessing basic amenities such as health, education, livelihood and social protection, which are so essential to every individual in the society for a dignified life, because the medical and charity models are over emphasized upon the disabled persons life in the Koraput district. In this grim scenario, and due to poor governance, Koraput is lagging behind in fulfilling the basic amenities for its disabled people.

This study has found that, in Koraput, the disabled people are marginalized from all the

important areas of the society. Access to health, education, employment and social security are a major issue for the disabled till today in the district. Widespread poverty and illiteracy are the primary cause for their marginalization. All the major policies and programs have failed to achieve their objectives, due to poor administrative functioning in the district. Disabled people have a lower chance of initiating any self-employment programmes due to limited education, training, savings, credit and marketing facilities in the Koraput district. The only primary school in the village and the nearest high school are not sufficient to remove the physical barriers and also cannot properly address the needs of disabled children in the area. Further, the education of disabled persons is not a priority for the disabled parents, so that there is less chances of getting any employment for their livelihood. Special schools and vocational training centers are not within the reach of disabled people in the study areas. Also, disabled people lack access to the credit facilities from financing agencies. Further, they are not included in any self-help groups, and other credit facilities are unavailable in the region for the promoting of livelihood. However, this study found that stake-holders' negative feelings about the ability and credit-worthiness of disabled people deprived them from accessing any credit for the livelihood ventures. It was observed that the availability of social security schemes like pensions, free ration, aids and appliances, and housing are negligible and not easily accessible in the study areas. As discussed earlier, the eligibility criteria of 75% impairment, corruption and administrative complications are major hindrances in accessing these facilities. In adding to this, distance from institutes like district medical or DDRC and the cost of treatment deprive them from medical treatment. Furthermore, the negative approach of government officials and lack of awareness lower the self-esteem of disabled people and reduce their livelihood options. Therefore, civil society should play a positive role for the empowerment of the disabled community in the state instead of indulging in malpractices.

Chapter Four

Disability and State Policy: A Case study of Ganjam

Introduction

Ganjam district, whose name is derived from the word 'Ganj-i-am' which means the 'Granary of world,' is situated on the northern bank of river Rushikulya which was the headquarters of the district. It is bounded on the north by Nayagarh and Phulabani district, on the east by Bay of Bengal and Khordha district, on the south by the Srikakulam district of Andhra Pradesh and on the west by Gajapati district. Ganjam is a part of the southern Odisha plateau. The district headquarters of the present Ganjam district is Chhatrapur (Ganjam district Census 2011: 10-11 and OR 2010: 107).

Topography

Geographically, Ganjam district is divided into two divisions: (a) the coastal plains in the east and (b) the table land in the west. The plain area lies between Eastern Ghats and the Bay of Bengal. This area contains fertile lands. The east and north frontiers of the coastal plains are covered with thick forests, mostly containing Sal wood. Towards the centre and south, it is hilly with beautiful well-watered and fertile valleys extending towards the sea. The south-eastern portion is fertile and contains vast multi-cropped areas, well served by major and minor irrigation projects. The extreme south-east is occupied by a portion of Chilika Lake, the largest fresh/saline water lake of Asia, its immediate vicinity being good for fishery and salt manufacture (Ganjam HDR 2013).

The major livelihood groups in the district are farmers, agricultural labourers, fisher folks, other casual workers, and people in the household industry and in other services. This district's artisans are well famous for a large number of handicraft products including handloom and bell metal crafts. A considerable proportion of the Scheduled Caste population is engaged in bamboo artisanship. Handloom weavers of Hinjilicut and Digapahandi are famous for Bomkai pata sarees and other silk products. Bell-metal workers of Bellagunrtha block produce unique products that are in demand both within and outside the State (Ibid: Xiii).

Socio-Economic Condition of the district

The Ganjam district is gifted with rich natural resources, forests, flora and fauna, and water resources. The main attractions of the district are the sun, surf and sand of Gopalpur sea beach, the colourful Chilika Lake, and the hot sulfur spring water at Taptapani (Ganjam District Plan: 2007-08). Ganjam is one of the most resource rich and developed districts of Odisha, in spite of which the district remains one of the economically backward districts in Odisha.

Centre for Migration and Labor Solution Aajeebika Bureau (2014) study found that poverty, backwardness, small size of land holding, low land-man ratio, and low labour absorbtion capacity in the agricultural sector are causes of migration from Ganjam. (Studies, Stories and a Canvas Seasonal Labor - Migration and Migrant Workers from Odisha) Further this study have also highlighted that the migrant laborers are seeking better incomes, and that Bullion (gold) is a particularl pull factor, which attracts migrant labourers from Ganjam district (AB 2014). The migrant labourers of this district are known to be able-bodied and hardworking, which is why they are preferred in the Textile industries.Studies, Stories and a Canvas Seasonal Labor - Migration and Migrant Workers from Odisha

Besides all this, due to a lack of industrialization in the district, especially in the small-scale and cottage industry sector, local labour is pushed beyond the boundary of the district to search for employment opportunities and get freedom from livelihood insecurities (GHDR 2013). Despite the existence of a few units of small scale and medium industry, these have minimal capacity to absorb the amount of labour. Furthermore, poverty is the result of economic, social and political factors that interact with each other in ways that aggravate the deprivation in which poor people live. Further, inadequate assets, inaccessible markets and scarce job opportunities lock people into the poverty circle (Ganjam District Plan, 2007-08). To gain freedom from all insecurities (social, economic and health) migration is the only ray of hope for the people of the district.

In the Ganjam district, most people are dependent on farming activities and the majority of them are working as daily laborers in the local region, while some of them are migrating to other states in search of livelihood. These activities are the only major source of livelihood for the people of the Ganjam district till today. Further, the district has been experiencing continual failure of monsoon leading to famine, drought, unemployment, disguised unemployment, and over- crowding in the agriculture sector, all causes for out-migration. Being a coastal district, the district has also experienced a number of natural calamities every year either in the form of drought or floods or cyclones. Continuous and prolonged natural disasters also push the people to migrate and to search for alternative livelihood sources. Besides these, Ganjam is one of the most populous and under-developed of the districts of Odisha. Various studies have highlighted that better transport and communication facilities, hereditary influence and family contacts are some of the factors influencing people to migrate within the state (Ajeebika Bureau: 2014).

Demographic Feature

According to the the 2011 Census description, "Ganjam is Odisha's 5th district in terms of size and 1st in terms of population. Ganjam is the sixth most urbanised district in state having 21.76 percent of its population live in urban areas as against 16.69 percent of state's population living in urban areas. In terms of population per Sq. Km, Ganjam is the 9th most densely populated district in the state. Ganjam has 14th rank in terms of sex ratio in the state. There are 412 uninhabited villages in the district whereas 33 villages have a population of more than 5000 each. Sundarpur is the most populated village in the district, with 9399 residents" (Census 2011: 14).

Ganjam district comprises of three subdivisions, 22 community development blocks, 22 tehsils, 17 Notified Area Councils (NAC) and one municipal corporation. It occupies 5.27 percent of the total area of Odisha covering 8,206 sq km. The population of the district is 35.29 lakhs, constituting 8.40 percent of the total population of the State as per 2011 census. Scheduled Caste and Scheduled Tribe populations are 19.50 percent and 3.37 percent respectively as per 2011 census. The sex ratio (983) of the district is marginally higher than the State average (979).The density of population per square km, as per the 2011 census. Further the Census statistics highlight that out of the total population, approximately 0.7 million people migrate from this district to other regions of the country for the finding of livelihood in last residence datas. Out of 31.61 lakh of population as per 2001 census, 5.04 lakh are agricultural labourers, 4.84 lakh are marginal labourers. Migration in search of work is very high; unemployment rate among the educated youth is also very high. Moreover, the problem of un-employment among educated persons in the district is also precarious. As per employment register, the figure of educated job seekers approximately 46,415 in Ganjam district (Directorate of Employment GOO).

The General Background of the District

This section will give an account of the overall situation of health, education and social security measures taken by the government for the development of the district. The state government has implemented various policies and programmes to enhance the reach and quality of healthcare facilities, to improve the overall health status of people across the district. The district adopted the multi-disease surveillance system, measures towards streamlining drug procurement, distribution and rational use of drugs for the better health facility to reach into the rural areas of the district.

However, the district has also been the site of implementation of the state government's health policies and programs to reduce the risk coverage for five major communicable diseases through the Panchabyadhi Chikitsa Scheme, the Infant Mortality Rate Reduction Mission (IMRRM), mobile health units, mandatory placement of doctors to serve remote tribal areas and establishment of district cadres for paramedical staff. Further the district has been taken steps to include the community participation in healthcare, improved mobility assistance for field staff, support to training and health education systems, maintenance of built assets and equipment, use of low cost construction for Primary Health Centres (PHC) and Health Sub-Centres (HSC). All these have led to improved capacity and confidence of health service providers and improved healthcare (GHDR 2013: 47).

Despite various health policies and programs in Ganjam, the health facility is still not available for the common people especially in the rural areas. Various annual reports and medical research papers have highlighted the fact that access to health facilities is still a major challenge in the Ganjam district. The district also has a high incidence of infant, child and maternal mortality rate with poor sanitation and health status as per the various reports. The latest District Level Household and Reproductive and Child Health Survey (DLHS-RCH)-III reveals that around 55.4% of the deliveries are taking place in hospitals, while 3% of deliveries take place at home by untrained personnel. Further the

reports highlights that total immunization coverage in the district is as low as 57%. Also the infant mortality rate of the district is 86, slightly higher in rural area at 89 (Census, 2001), and the Annual Parasite Index (API) is 6.5%. The biggest health problem of the district is Acquired Immune Deficiency Syndrome (AIDS). As on September, 2010, there were 7,346 officially reported cases of AIDS in the district, which is 46% of the State's share (Ibid).

According to the Ganjam Human Development District Report (2013), the district has a Hospital with specialized services, two area hospitals, two sub-divisional hospitals, five Community Health Centers (CHC)-I, five CHCs and 103 Primary Health Centers, apart from the medical college hospitals, which act as referral facility for patients in the entire district. In spite of this, the overall health situation of the district is not very different from the state scenario. The Ganjam district Backward Regions Grant Fund report (2007) shows that AIDS and malaria are the two main health problems of Ganjam district. Besides these, seasonal occurrences of cholera, dysentery and diarrhea are a regular feature. This report is further emphasized that "the situation is aggravated by prevalent traditions and superstitions mainly in rural areas where people rely on quacks" (30). ref?) Moreover, the poor sanitation leads to many health hazards of the district (BRGF: 2007-08).

A central focus area of this study is the educational status and related issues in the Ganjam district. Census statistics show that the Ganjam district has given high priority to the education sector and has taken several steps during the last three decades to substantially improve literacy rates both for male and female population. The Ganjam Humen Development report (2013), brought some important facts of census numeration, which pointed out that "there is a remarkable increase in the overall literacy rates in the district, i.e., from 46.72 percent in 1991 to 71.09 percent in 2011. While the rural literacy rate was 67.61 percent in 2011, the comparable urban literacy rate was much higher at 83.28 percent. As per 2011 census, literacy rate of 71.09 percent in Ganjam district is still less than the State average of 72.87 percent. Interestingly, the female literacy level has a significant increase of 31.26 percentage points as compared to the increase in male literacy rate of 17.11 percentage points between 1991 and 2011. As per 2011 census, male and female literacy levels in the district have been reported 80.99 percent and 61.13 percent respectively. Though the gap in male-female literacy is 19.86 percentage points in 2011 as compared to 28.78 percentage points in 2001, it is still very high and needs to be brought down significantly. Of the total literates, nearly 66 percent had primary

education, 15 percent reached upper primary level, 29 percent had secondary education and only about 6 percent had higher secondary and graduate level education in the district as per the census account" (2013: xvi).

The Human Development Report for Ganjam District indicates that "the overall, education index for Ganjam district is 0.763 while education index for rural area (0.755) and that for urban area (0.798)". While this study emphasises improvement in the quality of education in both primary and secondary schools, more emphasis is required for effective supervision of implementation of various programmes and schemes. Need assessments of vocational schools and vocationalisation of courses at secondary and higher secondary levels are essential to improve the quality of education and enhance their employable skills. Various Information Education and Communication (IEC) activities have played an important role in sensitizing school going children and their parents to take advantage of a number of facilities provided by the Government for development of educational opportunities that could be exploited for improvement in knowledge and for better scope for employment (Ganjam HDR 2013: Xvi).

This study further explores the social security status measures initiated by the state government to reduce the social marginalization in the district. In this regard, the state government has initiated a number of livelihood support programmes in the Ganjam district to minimize the poverty gap. The programs like Swarnajayanti Gram Swarozgar Yojana (SGSY), Backward Regions Grant Fund (BRGF) and National Rural Employment Guarantee Scheme (NREGS) etc, are major flagship programmes implemented in the district to generate rural employment and income on a large scale. The programs under agriculture and allied activities, such as Rashtriya Krishi Vikash Yojana (RKVY) and National Food Security Mission (NFSM), are flagship programmes currently ongoing to accelerate production of food grains that would ensure more equity and reduce food insecurity and vulnerability in the Ganjam district (GHDR 2013: 38).

Similarly, the state government has implemented various social security schemes for the protection of the weaker sections, and for old aged and disabled persons in the district. There are provisions for National Old Age Pension Scheme (NOAPS), State Old Age Pension and other schemes

like Madhu Babu Pension Yojana (MBPY) to provide support to the elderly and to the disabled. Social security provided to them in the form of National Old Age Pension (NOAP) and State Old Age Pension takes care of some of their basic needs (GHDR 2013: 40). The Odisha Government has introduced another ambitious program in October 2008: food scheme for the poor in the State to provide 25 kg of rice per month to each Below Poverty Line (BPL) family at Rs. 2 per kg. With a view to ensuring food security for all BPL families, the State Government has further fine-turned this scheme. All BPL families are now eligible to got 25 kg rice at the rate of Rupee one for a kg rice since 2012-13. Ganjam BPL households have been using the full quota of this rice. It has helped many in the very poor category for their day to day survival. (GOO 2009)

A number of studies have been done by various national and international organisations such as World Bank, UNO, DFID and Planning Commission and many national and state level NGOs in this regard. These studies have made policy recommendations for the enhancing of the social as well as physical infrastructure for promoting better productivity and economic growth in the rural areas as well as urban regions in the district. However, these studies do not have adequately address the situation of chronic poverty and also do not address the question of why poverty alleviation schemes are not working effectively in the Ganjam district. Despite having various schemes and programs to improve the overall development in the areas of education, health, livelihood and social security in the district, these schemes are not reaching adequately to the poor people in general and particularly to the disabled persons in the Ganjam district. The district annual reports over several years highlight the fact that the district's socio-economic condition is not to up to the mark. Poverty is still a grim phenomenon in the rural areas of the Ganjam district. People are migrating to other areas in search of better livelihood. This is the grim scenario of the Ganjam district. This chapter is going to focus on the issues of disability marginalization and their exclusion from society due to inadequate mechanisms to deal with faulty policies and programs in the Ganjam district of Odisha. The next section will give an account of fieldwork experience about the life of disabled persons in Ganjam district and how they are unable to access education, health, livelihood and social security, in their day to day lives, as also how they have been discriminated and marginalized from every important areas of the society due to their disability.

The Issue of Disability and Social Marginality

The foregoing section has given a clear understanding of the Ganjam district's socio-economic condition as well as other parameters to understand the gravity of the district's economic condition. If the general population are struggling to get the basic amenities then we can easily understand the condition of the disabled people in the district.

I have selected Ganjam district for this study with a special attention to three Blocks: Ashka, Kukudakhandi, Rangailunda. In these Blocks I took interviews and gathered data from 98 respondents: 32 from Ashka, 31 from Kukudakhandi and 35 from Rangailunda including the parents of the disabled people, Government officials, and local activists and NGOs personnel in Ganjam district. The study found that out of 72 disabled individual respondents, a majority of them were involved in dairy and handicraft manufacturing activity, some ran small shops with family members and the rest were completely dependent upon their family for maintaining their live. Most of them were uneducated and hardly attended any high school due to poverty and disability.

The field study also examined the impact of discrimination and marginalization and how it has adversely affected the disabled and their means of life and livelihood, social security, and the issues and challenges with which they are confronted in their everyday lives. Despite various Central and State Government's policies and programs, disabled persons in Ganjam are struggling to survive on a daily basis for the bare minimum. Before going to data analysis of field survey, a brief account on the social composition of the disabled people in the district is necessary. Therefore, the table 4.1 below shows the description of the disabled population in Ganjam district, based on the census 2011.

Social composition of the disabled in Ganjam district

According to census 2011, in Ganjam district, 103,573 (55,844 male and 47,729 female) people, constituting 8.32 per cent of the total disabled population of the state, are suffering from one or multiple disabilities. Out of the total disabled people in the district, 84,292 persons with disabilities

constituting 81.32 per cent, are living in rural areas and 19,281 disabled people constituting 18.62 per cent are residing in urban areas.

Table 4.1 Disabled populations in Ganjam District: Type, gender and rural urban divide

TYPE OF DISABILITY	RURAL				URBAN			
	MALE	FEMALE	TOTAL	PERCENTAGE	MALE	FEMALE	TOTAL	PERCENTAGE
SEEING	11,056	10,781	21,837	25.90	2,533	2,537	5,070	26.29
HEARING	7,188	7,059	14,247	16.90	1,499	1,263	2,762	14.32
SPEECH	3,491	3,085	6,576	7.80	860	667	1,527	7.92
MOVEMENT	10,302	6,821	17,123	20.32	2,231	1,577	3,808	19.75
MENTAL RETARDATION	2,460	1,872	4,332	5.16	575	435	1,010	5.24
MENTAL ILLNESS	1,185	,820	2,005	2.37	334	250	584	3.03
ANY OTHER	5,868	4,908	10,776	12.78	1,498	1,273	2,771	14.37
MULTIPLE DISABILITIES	3,838	3,558	7,396	8.77	926	823	1,749	9.08
TOTAL	45,388	38,904	84,292	100	10,456	8,825	19,281	100
PERCENTAGE	81.38				18.62			

Source: 2011 Census, Government of India.

As mentioned earlier, the total sample size of interviewees in Ganjam district was 98, including disabled individuals, parents of the disabled persons, government officials, local activists and NGO

personnel. These were randomly selected to investigate the objectives of this research work. The table 4.2 below demonstrates the size of sample classified by type of disability, based on information collected during the field work in the district of Ganjam.

Table 4.2. Number of samples taken through questionnaire during the field survey in Ganjam Distric

Type of sample	General		OBC		SC		ST		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Disabled individuals	7	3	18	12	13	11	5	3	72
Parents of the disabled	2	1	4	3	2	2	1	1	16
NGO personnel's	2	1	2	1	Nill	Nil	Nil	Nil	6
Government officials	1	Nill	2	Nill	1	Nil	Nil	Nill	4
Total	12	5	26	16	16	13	6	4	98

During the time of field survey, attempt was made to take equal number of samples from both rural and urban areas in Ganjam districts. The table given below shows that 38 respondents (or 52.78 per cent) belong to rural areas and 34 respondents (or 47.22 per cent) are residing in urban areas . Among the total respondents, 49 are male which constitutes 68.06 per cent, and 34 are female constituting 31.94 per cent. The table below provides a clear picture of the residential status of the respondents by type of disability.

Table 4.3. Residential status of the individual respondents

Type of disability	Rural		Urban		Total
	Male	Female	Male	Female	
Seeing	13	4	12	5	34
Hearing/Speech	3	1	2	1	7
Movement	8	5	6	4	23
Mental retardation	2	2	3	1	8
Total	26	12	23	11	72

Field Observations and Findings

As a part of this field study, I spent around twenty days in Ganjam district. During this period, I interacted with many significant individuals who were directly or indirectly involved in welfare activities for the disabled persons in the district. Before starting my visit to Ganjam district, I assumed that I could cover the entire district within twenty days. But the time proved to be insufficient to do so and I therefore randomly selected 3 Blocks of the Ganjam District for this study, viz. Ashka, Kukudakhandi, Rangailunda. Besides these 3 Blocks, I also went to some other areas of the District to collect secondary as well primary data from the various NGOs and government offices in the district to complete this complex work successfully.

This chapter is focused solely on the Ganjam district of Odisha, and of course primarily focused on persons with disability in the district. As in the study of Koraput reported in the previous chapter, I examined four indicators for this field study: health, education, employment and social security. On the basis of these indicators, I prepared my research methodology before conduct field study in the district of Ganjam.

As mentioned earlier, the total sample of 98 included disabled individuals, parents of the disabled persons, government officials, local activists and NGO personnel, randomly selected to investigate the objectives of this research work. Table 4.2 (above) has already provided basic information about the sample.

Disability and Social Exclusion in Ganjam District: View from the Field

As has already been discussed, the main consequence of social exclusion was the impoverishment of the disabled persons. Mostly the disabled are residing in the rural areas, where they are not able to lead a comfortable life due to the inaccessibility of all the basic facilities such as education, health

facility, livelihood and social security. Therefore, the disabled are pushed into the poverty trap. Consequently, the objectives of the state and central government policies have been to ensure a better life through effective governance as well as with the help of grassroots social workers.

As discussed in previous chapters, the PWD Act 1995 does include within its ambit all the significant areas of the disabled person's life, and as such it becomes one of the important mechanisms for ensuring a better livelihood, health, education and social security for the life of the disabled persons. Neither the government nor other agencies are able to provide better voluntary services to the disabled persons. If the government fulfills its commitments in this regard, then there is a possibility of empowerment of the disabled and their mainstreaming in society at an equal level with others in Ganjam. In this context, the focus of this study is on the Disability and Disadvantage and related social marginalization in the society, whereby the disabled persons are unable to access education, health, livelihood opportunity and social security in the district of Ganjam.

For the purposes of data collection and to understand the grassroots reality, three blocks of Ganjam district were selected for extensive survey. Interview schedules were also conducted of different types of disabled persons including family members, and with the villagers who are interacting with the disabled persons in the normal course of their everyday lives. Besides these, a questionnaire was also administered to find out about the nature and causes of disability disadvantage, the authorities' attitudes at the time of implementation policies and programs for the disabled person's empowerment, and about the role of the civil society and its ability to play a positive role to fulfill the vacuum created by the society.

The Ganjam district has one of the highest numbers of disabled people in the state of Odisha. At the time of conducting the field work in Ganjam District, to collect information about the socio-economic condition of the disabled persons and their status in society, it was found that the situation is somehow similar with the other coastal regions of the state. It was found that most of the respondents were from the poor families. The survey information reveals that in Ganjam district, among the families of the respondents, around 80% people are daily labourers, 10% people are engaged in farming, 5% people are engaged in farming in their own land and the rest of the people are

working as the migrant labourers in the nearby states for their family maintenance. This information clearly indicates that the financial conditions of these families are depressing. So they treat disabled people as burdens on the family. 70% parents of the disabled respondents believe that disabled people are nonproductive elements in the family. This kind of belief leads discrimination towards the disabled people in the society. As a result, the life of the disabled people becomes despondent.

The social acceptance of the disabled people in the district of Ganjam is also not good. During interviews with the respondents, they lamented their family members' behavior towards them: "the family members or the relatives are not giving equal importance like other members in the family due to our disability". Further they felt that "mostly, the society believes that we the disabled person are nonproductive in all spheres of our life, and also, we are burden to our family and society as per their perception". This is the situation of disabled persons in Ganjam District. Such condition is not only happening in Ganjam district, but is also observed in other regions of the state. Another study reveals that "extreme family control and lack of political power have made disabled people in the village voiceless and powerless" (Mohapatra 2012). This is a general situation of the disabled people in our Indian society.

Similar to this, the World Bank report of (2007) has also highlighted about the negative perceptions towards disabled persons in Indian society. It cites the literature on disability in India that has pointed out the importance of the concept of karma attached to disabled persons, "The disabled are perceived either as punishment for misdeeds in the past lives of the disability, or the wrongdoings of their parents" (WB 2007: 21). Most of the people in India believe it is divine justice. This report further argues that whether it is rural or urban areas, or among the illiterate or the literate, there is no difference in the general perception that disability is a curse of God for wrongdoings in a past life (Ibid). Due to such wrong notions, the disabled person's life is totally devalued and s/he cannot get an equal chance with able-bodied persons in the society to prove her or his potential.

Disabled persons have always and everywhere been discriminated against by society. The society has always viewed the disabled persons either as an object of charity or with sympathy but

never valued their ability. Many studies pointed out that in Indian society, the disabled persons are viewed as beggars, as they are found begging near the temples, mosques or churches for their survival. This particular notion endorses the giving of charity to the disabled but this notion of charity devalues the disabled person's life. In recent times, the situation has been changed and is comparatively better than earlier times due to Government welfare programs and policy initiatives. But these Government welfare programs and policies are also based on the charity point of view, rather than on a rights based approach and do not give any importance to the protection and empowerment of the disabled. Thus, the socio-economic condition of the disabled persons in the society remains unchanged till today because the notion of charity is over-emphasized It is the charity approach is predominantly affecting the disabled person's socio-economic condition in Ganjam as well as other parts of Odisha.

Educational status

As with any other minority group, access to education is very much challenging for the disabled person in India. This contributes to their further marginalization and makes them helpless to enhance their life prospects. Let us recapitulate the state government's policies and programs formed for the development of disabled students' education. The state government has, as noted in the previous chapter, implemented various schemes for the empowerment of disabled persons in the field of education time to time. The policy of inclusive education is in operation in the district to provide better educational opportunities to the disabled students with their non-disabled counterparts. The state government is providing fee exemption, free uniform, mid-day meal, and free text materials to all school going students including the disabled students to accomplish higher rate of literacy in the district. At the higher education level, recently the state government has provided assistive devices like laptops with screen reading software, digital recorders, etc. to the disabled students to make education accessible. In addition to this, different vocational training centers are also there in the state to impart vocational training to the disabled people in the state capital Bhubaneswar. The state government also provides Banisree scholarships to the disabled students to pursue their primary as well as higher education in the state.

Despite all these initiatives, the educational status of the disabled students in the Ganjam district depicts a gloomy picture. During the field study the respondents among visually impaired, hearing, speech and mental retardation of the Ganjam districts have expressed the view that no government facility is available for them to obtain vocational training for their livelihood protection in the district. Only a few NGOs recently started vocational training for the livelihood protection to the disabled. But, these organisations are mostly located in the urban localities. Due to this, most of the disabled persons are unaware of these organisations because they are residing in the rural areas. Almost all the respondents told me that the educational system in the Ganjam district is not accessible for the disabled learners. I have noticed that the school environment is not accessible for the orthopaedically challenged students. The visually impaired students are not being provided accessible study materials such as, audio recording and Braille books, as stated by one respondent, Sontosh Sahu. The respondents further expressed the difficulty they face in the school with no special trained teacher being recruited to teach the students with special needs. From this situation, one can easily understand the educational status of the disabled students in other regions of the state.

Other studies have also noticed similar results for the school going disabled children (Swaviman 2012). (CITE) However, the emphasis seems to be predominantly on getting disabled children into regular school for primary education. However, once they come into the regular class room, they are paid very little attention inside the class and their special needs are not given importance. Educational access for disabled children is important, but without an equal emphasis on meeting their particular needs, disabled children are likely to be ignored and it will probably be a cause of disabled children dropping out from the regular school. The above analysis has been noticed in many survey reports (World Bank 2007). (Cite) The allocation of financial resources for SSA programme was actually a problem, noting that there is great pressure on education staff to spend, and be seen to be spending, their budgets. The result is that money is thrown at very visible and easy areas. Shiny new ramps and rails are a suitable quick fix. But the authorities were not spent money for inside class activities. It further comments that the education policy implementation is very poor, and still the medical model of disability is predominates over the disabled children in the primary education policies in India (Thomas 2005: 45, World Bank 2007).

Educational level of the respondents in Ganjam district

The table 4.4 below depicts the status of the educational condition of disabled students in the Ganjam district during the field study. Through this table we can visualize the actual status of education among the various categories of disabled students in the field areas across the three Blocks of Ganjam district where the fieldwork was conducted.

Table 4.4. Educational status of the individual respondents

Type of disability	Literate		Illiterate		Total
	Male	Female	Male	Female	
Seeing	9	5	8	12	34
Hearing/Speech	2	1	1	3	7
Movement	7	3	5	8	23
Mental retardation	3	1	2	2	8
Total	21	10	16	25	72

Like Koraput district, the educational status of the respondents provides a gloomy picture in Ganjam district. The survey reveals that only 43.06 per cent respondents are literate and 56.94 per cent are illiterate. Out of total literate respondents, 67.74 per cent are male whereas female constitutes only 32.26 per cent. Correspondingly, out of the total illiterate respondents, 39.02 per cent are male, whereas, 60.98 per cent are female. This kind of situation persists throughout the district. The educational status of the disabled female is more dismal than that of the male in the district. So, in Ganjam for such sort of neglected conditions of educations, multiple factors are responsible viz. non-availability of proper infrastructure and opportunities, lack of accessible communication, ignorance of the parents, severe health risk, and lack of awareness or willingness among the administrators in the district.

During the time of field study, further, I tried to explore the educational facility of the disabled students in the Ganjam district by visiting schools. I went to the Harihara high school to examine the

ground reality of the disabled students' situation in that school. This school is situated near the Ashka Block office, and it is primarily a general government high school. The day I visited there was a Block level inter school competition going on among all the disabled school students in Harihara high school. I interacted with differently disabled students and also with their parents, to know about their study activities. Primarily they are all studying in the village schools. Now the Government is giving a slogan of inclusive education for all the disabled school going students, so the disabled students need not go to any special school for their education. All the disabled students will get their school education in their nearest school. In this regard, when I asked to a blind girl Deepa who is studying in the village school, she told me, "There is no such special trend teacher who can help me in the class room. I am usually sitting in the first row in the class room. I am trying to remember all the class lectures and at home, my mother helps me for my homework. Apart from my mother, no one is helping me for my study". The other students also shared similar kind of grievances. Their parents were also not satisfied with the school teachers. Rita, mother of Deepa, said, "We are helpless, because we do not know where the special school is located. So we are sending our children to the village schools for their education". Further, when I was interacting with the school teachers to know about their teaching methods for the disabled students, they said, "We attended once a special training which was organized by the Block office. There they trained us how to teach the disabled students in the class room. But it was a two days training program. So it is not possible to know all the teaching methods within the small period of time. If such kind of training should be organized on a regular basis then definitely we will be able to teach all the disabled students according to their need". Again, due to wrong implementation of policies of the Government, the disabled students are being victimized in the name of inclusive education. Inclusive should mean more than just showing full enrolment. If the government does not fulfill supportive mechanisms to meet with all the challenges faced by the school students, it cannot be said to be inclusive. The government should review its policy to further strengthen its commitment to inclusive education.

Another study also noticed similar kind of problems, all across Odisha, for the school education of disabled children. At the Eastern Regional Conference of the International Council on Education of Persons with Visual Impairment (ICEPVI) at Ravenshaw University in December 2013, the delegates expressed concern over the matter of school education for the disabled child in Odisha. In this conference the speakers highlighted that "Approximately 30,000 visually impaired children

identified by the Sarva Shiksha Abhiyan (SSA) in Odisha do not have access to quality education due to physical and attitudinal barriers, as well as a lack of adequate support systems in the regular schools" (Ibid). Cite) The experts at the conference further suggested the need for specially trained teachers and curriculum adaptations to tackle this situation, in addition to timely clinical assessments and provision of low vision glasses and assistive devices (Sightsaver India 2013).

The above analysis clearly shows that the visually impaired school children were actually excluded in the name of SSA or Inclusive Education programs in Odisha. This experience may be quite similar to that of disabled school children in other parts of Ganjam and indeed Odisha. When I put similar questions to the college going students, they also expressed concerns for their study. Due to lack of support in the college, they are unable to achieve their goals. Even, they are not getting a single book in accessible formats such as E- text, Audio formats and Braille books etc, for their study in their colleges. Also, none of the colleges have any accessibility facilities for the 'physically challenged' students, such as lift or ramps. There is no special unit for the disabled students according to the UGC norms. Banita, a visually impaired student of Aska Science College said, "There is no book in accessible format in the college library. We have requested the principal of the college to make the books of the library accessible by using modern technologies but the principal does not give attention to our request. So we face a number of challenges to access the study materials to complete our course." Similarly Raghu, an orthopaedically challenged student of that college said, "the college premises are not accessible for the disabled persons. The college authorities also don't give attention to make the college barrier free for the disabled learners." Then how will their problem be resolved? Is it not the duty of the colleges to provide all the basic facilities to these students? These are some important questions arises here for the government, which should act positively to resolve these problems.

Another survey report highlighted that "Despite the three per cent reservation in all the states educational facilities, only 0.1 per cent of university students are disabled. Most universities are unaware of the assistance they can receive from the University Grants Commission (UGC) to improve accessibility (Thomas 2005: 46). In this regard, the NCPEDP has also surveyed that "only nine per cent of the universities contacted had received a UGC grant. The situation is only slightly better at college level, where 0.52 per cent of the students were disabled" (NCPEDP 2004b).This is a matter of a great concern, because education is the fundamental right of every individual, including the disabled person,

according to the Constitution of India. But this fundamental right of the disabled persons is violated all the time. Those who are involved in implementing such provisions do not even realize their mishandling of it. This situation is due to lack of accountability. If there was accountability, the system could have functioned more efficiently.

I also paid visits to all the special schools, such as the blind school, deaf school and mentally challenged persons' school to investigate their educational activities. All of these schools are providing decent education to their students. As of now, all the special schools have produced many successful students, according to all the school headmaster. According to Mr. Nabeen Shatapathi, the school headmasters of Red Cross School for the Blind, Berhampur, Ganjam, "many of the students of this school have been successfully selected in various government jobs". A similar outcome was also reported by the headmaster of the deaf school. Despite their good work, these schools are facing chronic financial crises. Hence, all the school teachers and other staffs were showing their unhappiness at the attitude of the State Government for the special schools. Nevertheless, irrespective of these hardships, all of them are doing their work very sincerely. As of now, there are 51 special schools in the state to impart education to the students with special needs. However, out of these 51 schools, only four special schools are the government schools and the rest of them are government aided schools in the state. Besides these four governments special schools, the rest are facing financial crunch, and would like the government to treat the special schools better and resolve their grievances at the earliest. The study found that in the village school there is not a single special teacher available to teach the disabled students according to their class requirement. The policy of inclusive education has lost its vision. Therefore, the state government needs to come forward strongly to enhance the special schools for provide quality education of the disabled school students in the state. The study found that those students who had studied in the special school had achieved a successful career for their livelihood. In all three Blocks, poverty and illiteracy are common phenomena.

Various statistics have showed that,

> In India, education is recognized as being absolutely critical to enable disabled children to realize their potentiality, and the government acknowledges that the vast majority have no access to education at all. The Estimation has varied from organization to organization. The Office of the Chief Commission for Persons with Disabilities in India, believes that not more

> than four per cent of disabled children are receiving an education, whereas the Ministry of Human Resource Development (MHRD) and National Council of Education Research and Training (NCERT) puts the figure at less than one per cent. (Singhal 2004, quoted in Thomas 2005: 44).

The poor result in the area of education for person with disability in Odisha is a matter of great concern. Only effective and target oriented government policy and better delivery mechanisms by NGOs can effect change in the area of education for disabled students. But this is still missing in the Ganjam district.

Employment Scenario

Generally, employment, education, health and social security are the major challenges of disabled persons in Odisha. The disabled persons are discriminated against in all important aspects of the society, whether it is in the area of education or employment or any other. The attitude of Odisha society towards disabled persons is still full of wrong prejudices. Our case study of Ganjam clearly reflects the discrimination and negative attitude towards the disabled persons in the Government and public sector undertaking jobs in the district. Again, this study also observed the general perception of the Ganjam society in terms of employment of PWDs, 45 % of the respondents in this study stated that they do not know about any employment opportunities for them; 50 % of people are aware about the employment opportunities and rest of them were simply unaware. It is clear that, in Ganjam, most of the people's attitudes towards the employment of the disabled person is due to lack of proper knowledge about the working ability of the disabled persons.

During the interviews with the parents of disabled and villagers in Ganjam district, they asked fundamental questions like how the blind person can ensure the job, because in the offices various physical as well as mental works also need to be performed. How come a disabled person will perform that work in the offices? These kinds of questions clearly reflect that there is lack of knowledge among the common people about the potentialities of the disabled persons. So, the awareness should be spread among the common people with the help of local media about the capabilities and potentiality

of the disabled persons. In the era of technology many things have changed due to technological revolution. The technology has brought great changes in the lives of all disabled persons in the job market. Many studies show that recently, in India, various private companies have employed disabled persons for their work in their companies and also provided them the suitable technology according to their job ability (World Bank 2007). This is also possible in the Ganjam district, as well as other parts of the state. However, this study found a negative picture in the area of employment in the district. The following table indicates the employment status of the disabled people in the Ganjam District.

Table 4.5, Employment status of the respondents

Type of Disability	Regular Employ	Agriculture & Farming	Small Business	SHG	Daily Wages	No Work	Total
Seeing	5	10	9	Nil	Nil	2	26
Hearing/Speech	2	4	3	Nil	2	1	12
Movement	11	6	10	Nil	Nil	2	29
Mental Retardation	Nil	Nil	3	Nil	Nil	2	5
Total	18	20	25	0	2	7	72
Total (%)	25.0	27.77	34.72	0.0	2.77	9.72	100.0

In this connection, both the Central and the State Governments have passed various laws and acts for the employment of the disabled persons. The central legislation, the PWD Act, provides for three per cent reservation in all government and public sector undertaking jobs for the persons with disabilities. The PWD Act also speaks about giving incentives to the private sector to give employment to the disabled persons. Further the central Government implemented different schemes for promotion of financial assistance, such as NHFDC loan, PMRY, SRG and SGRY Etc, for the disabled people to promote self-employment venture for the livelihood opportunities.

Similarly, Government of Odisha also adopted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Odisha Rule 2003 to ensure the

implementation of the PWD Act 1995 in the state with also gives three per cent reservation to the disabled persons in government and public sector undertaking jobs. In spite of all these initiatives taken by the government, the employment status of the disabled persons is still a gloomy picture in Ganjam. Table 4.5 shows that, out of total 72 respondents, 7 (9.72 per cent disabled are out of labour force and a very small percentage have some source of income. Only 18 (25.0 per cent) disabled people are government employees and 47 (65.27 per cent) of the total respondents depend upon other sectors like agriculture, farming, small business and daily wage labour for their income source. Though government promotes SHGs in rural areas for the purpose of self-employment, this research work depicts a negative picture in this regard. No respondent has been included in any Self Help Groups for their self-employment purpose in the study areas.

During the field work, attempt was been made to learn about livelihood and employment opportunities available to disabled persons in the three Blocks studied, viz. Ashka, Kukudakhandi and Rangailunda. This study did not find encouraging results in any of the three Blocks of Ganjam, primarily because all the respondents were not educated and also belonged to poor families. Also, their parents were ignorant about the possibilities of their children's education due to lack of knowledge. This further marginalized the disabled persons in the job sectors because they lacked essential qualifications for the job market. During an interview, Arun, a visually impaired respondent of Aska block, told me that he is depending upon his family members for his livelihood and is also helping his family members in the domestic work. Sanatan, father of Rasmita, an orthopaedically challenged female respondent of Aska block, also expressed similar views. He further said, "Government is announcing different schemes and policies from time to time for the employment of the disabled persons but those schemes and policies remain on the paper only. The disabled people do not get benefit out of those schemes and policies."

A similar situation is prevalent in the other two Blocks as well. In the Kukudakhandi Block during the interview, Giri, an orthopaedically challenged man told me that he is married and he is running a small grocery shop with the help of his wife and children. He further stated that "till today I am getting 200 rupees disabled pension and 10 kilo rice from the Block office, except these two schemes I do not know about any government's facilities available for the disabled." A similar situation

is noticed in all the study areas of Ganjam district, as expressed by the respondents during the interviews.

However, the above evidence indicates that, despite various provisions, the fact that the majority of disabled people in Ganjam live below the poverty line raises questions about programmers' implementation on the ground. From the analysis of the findings of this research work, it has been assumed that some of the disabled people are engaged in agriculture and farming like animal husbandry and running shops. This is the grim scenario of the employment and livelihood status of the disabled persons in these three Blocks of Ganjam. But in some cases, this study found that if the parents are aware of the possibilities for education of their disabled child, those individuals have achieved a successful career. Poverty is the main cause that marginalizes the disabled from all the important areas such as, education, health, employment and livelihood. Despite various guidelines and efforts at the national and state level, disabled people are the poorest of the poor irrespective of all regions of Odisha and India. They have a limited access to any livelihood opportunities for their survival due to poor governance, as well as the negative approach of the governmental officials in the state.

Health Conditions

This study also examined the access of the disabled to health facilities in the Ganjam district. The study found both positive and negative picture in this regard. During the interview, I asked the respondents about the health facility in their locality. Hari, a blind respondent of the Rangailunda Block told, "Now the health facility is much better than earlier time. But still today, easy access to health facility is difficult". Further he said that "most of the time the doctors are often absent in the village medical. In the absence of doctors, the nurse is looking after the ill person. And also, adequate equipments and medicines are not available to meet with any chronic health eventuality. Mostly we depend upon the Brahmapur MKCG medical college for the better health facility". But it is very difficult in the case of any emergency situation. It is 50 kilometres from Aska and 30 kilometres from Rangailunda Blocks. To independently visit Brahmapur (MKCG) medical is still difficult for any disabled person due to infrastructural barriers. Many disabled interviewees expressed their concern on the issue of health

care. When they visit to any medical or dispensary for their health related problems, there is no special arrangement for the disabled persons. According to Sima Behera, “Easy access to health facility is very difficult task for the disabled person in the rural areas”. This is so even when comparatively the Ganjam health facility is much better than that in Koraput.

It is a fact that disabled persons need to use public health services more than the non-disabled persons. Beginning from the time of the birth of a disabled child, or from the day a person suspects any impairment, s/he visits hospitals and clinics numerous times for diagnosis, treatment, rehabilitation, second opinion, etc. Also, many disabled persona need to take care of secondary conditions, like pressure sores, fatigue, pain, etc. for which they need medical help (NCEPD 2009). But, unfortunately access to good health facilities for disabled persons is still a neglected issue in the Ganjam district.

Despite various national and international provisions for easy access to health facilities for disabled persons, these are still not visible in our country. Article 25 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) says that "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability". Likewise, the Eleventh Five Year Plan also has instructions related to Disability Certificate, aids & appliances, mental health, rehabilitation, etc. In order to fulfill these commitments, a strong effort is required from all concerned Departments and stakeholders for the easy access of health facility for the disabled person in the country (NCEPD 2009). However, unfortunately all the policies and programs have not properly materialized for easy access of the disabled person to health facilities in Ganjam district.

In recent times, some improvement has occurred in the overall health facility in the Ganjam district, according to the Ganjam HDI (2013) report. This report claims that “Health facilities and health infrastructure in the district are gradually improving over time. A number of steps have been taken to improve primary healthcare infrastructure and address both communicable and non-communicable diseases with greater focus. The number of public health institutions has gone up from 197 in 1999-2000 to 230 in 2006-07” (12). (Cite – page ref) The district also has the advantage of Maharaja Krushna

Chandra Gajapati Medical College and Hospital which is one of the three premier medical colleges and hospitals of the State. Healthcare facilities and quality health services at the referral level have contributed to reduction in incidents of major diseases and infant mortality, neo-natal mortality, child mortality and maternal mortality. This report is showing the health facility in Ganjam in general, but our study and many survey reports suggest that the overall health facility still needs much improvement to provide better services to the people of Ganjam in general and in particular to the disabled person.

Social Security Measures

As the preceding pages have argued, the overall situation of the disabled persons in the areas of education, health and employment is poor, as these facilities are not adequately reaching them. Hence there is a need for social security to empower the disabled persons and bring them into the mainstream society. There are several welfare policies to protect them from various disadvantages due to poverty or disability. But the major challenges are that most development programs in India are inaccessible for the disabled people because of the social or physical barriers that surround them. Some scholars have argued that Social Security programs in India are not effectively reaching the poor and needy disabled peoples. There is lack of adequate knowledge as regards the social inclusion of disabled persons at the time of programme formulation and transfer of social safety schemes (viz. Disable Pension, Subsidiary Food Grains, Vaccinations, Housing and Lad Distributions Schemes etc.). The purpose of all social security measures is to give individuals and families of the disabled people confidence that their standard of living will not decline due to any eventuality, that they will be provided medical care and income security, protection against unemployment by maintenance, promotion of job creation and provision of benefits for the maintenance of children. But most of these programmes have paid little attention to the disabled person in the course of design, implementation or evaluation. The following table indicates the number of beneficiaries of different social security schemes undertaken by Government of Odisha, during the field study of Ganjam.

Table 4.7, Number of beneficiaries under social security schemes

Type of Disabilities	ODP	Subsidized Rice	Aids & Appliances	Loan in Concessional Rate	Unemployment Allowances	Marriage Incentive
Seeing	25	25	12	2	Nil	Nil
Hearing/Speech	10	10	7	Nil	Nil	Nil
Movement	15	15	35	5	Nil	Nil
Mental Retardation	8	8	Nil	Nil	Nil	Nil
Total	58	58	54	7	Nil	Nil
Total (%)	80.5	80.5	75.0	9.72	0.0	0.0

In India, social security is a sensitive issue for persons with disabilities. As discussed above, most of the disabled persons in our society are suffering from chronic poverty. They depend upon others for their livelihood in most of the times. In view of this, both the Center and State Government have implemented different social security schemes to provide better livelihood opportunities to the disabled persons. Both PWD Act 1995 and PWD Odisha Rule 2003 also give direction to the concerned government to adopt different schemes and policies to ensure social security to the disabled persons in the society. For this purpose, Government of Odisha has implemented different social security schemes like the Odisha Disabled Pension (ODP), Subsidized Rice, Aids and Appliances, Loan in Concessional Rate, Unemployment Allowances, Marriage Incentive and Free Housing to the landless etc, for the persons with disabilities. However, the literature reflects that except ODP and subsidized rice, the other schemes are not popular among the disabled persons. This research work also finds similar results in this regard. The table shows that out of 72 respondents 58(80.5 per cent) disabled people have been included in ODP. Similarly, 58 (80.5 per cent) disabled persons are getting 10 kilo rice per month at subsidized rates through the Public Distribution System (PDS). The table also indicates that only 7 (9.72 per cent) people have been availed loan in concessional rate from NHFDC for their self-employment. But no respondent is receiving unemployment allowance from the government. 54 (75.0 per cent) respondents have received some kind of aids and appliances for their day to day living. Though Government has implemented the schemes of Marriage incentive for the

disabled persons, this research work finds that no respondent has received marriage incentive and free housing till today in the study areas of Ganjam.

During the field survey, the study was attentive to the question of the social protection measures taken by the state Government for the wellbeing of the disabled. During my interviews with the respondents in the city of Brahmapur, many of the respondents expressed their anxiety to know about the available social security schemes for them. They stated that “We are only getting 200 rupees disability pension and 10 kilo rice at the cost of Rs.10 every month. Other than these two schemes, we do not know about any other social security schemes launched by the state government, said Tukuna Sathi (an orthopaedically challenged respondent). Like Tukuna, many other disabled persons are also not covered under the social security schemes in Brahmapur. The study also found another fact during the interview in the Ganjam district; many of disabled persons do not have disability certificates. Due to this, they are not coming under any social protection programs. It is a matter of great concern that, till today, the district authority is unable to provide disability certificate to all the disabled persons in Ganjam district. Disability certificate is like a passport for the disabled. Without disability certificate, no one can avail social protection facilities meant for the disabled from any government or any NGO. Therefore, the district disabled persons organization should put pressure upon the district authority in this regard. Due to these failures, the disabled persons is going to be further relegated to the poverty trap in Ganjam.

Despite the existence of various social security schemes, the disabled individuals are not aware of any these schemes due to lack of proper advertisement about these programs. Mohapatra has argued that “The low level of employment and self-employment forces disabled people to depend on governmental safety net programmes and family support, however, coverage of social security schemes is negligible“ (Mohapatra 2012: 29). “The low level of income and self-employment forces further bound to disabled people to depend on governmental safety net programmes and family support. However, coverage of social security schemes is negligible”. Further, the study finds that “Merely 48.8% possess disability certificates and 17.8% receive a disability pension of 200/-INR per month in Odisha” (Ibid). PAGE???). Similar kind of situation prevails everywhere in the state according to various studies (SMRC 2005). (CITE) Hence, the social security measures are available to only a small percentage of disabled people in Ganjam. On the one hand, the Government launched such schemes

for the welfare of the entire disabled population but on the other hand it is not reaching every individual. Thus, the Government should widely publicize through local newspaper and in the local electronic media for the promotion of those schemes. Again it raises the question of poor governance, neglect and the rigid attitude of the government higher authorities in Ganjam. Because of this, the social security programs have failed in the district. The civil society and the disabled peoples organisations will have to work together to get all the government programs delivered at the doorstep of the disabled in the Ganjam District.

Family Members' Negative Approach and Vested Interests

The disabled people are not only discriminated against by the society or the government. In most of the cases, they are also discriminated by their own family members. In a rural area like Aska most of the disabled people live in joint families. The family provides the basics to the disabled people, including food, clothes and other daily requirements. At the same time, as discussed earlier, the family members also sometimes have ill-intentions of taking the share of the disabled person's paternal property. During the interview with the respondents, Purna shared that even though his three brothers are providing him with food and clothing, they have forcibly taken his share in the paternal properties. He said that "I told my brothers to give me the share in the paternal property, so that I can sell it and start a business for my livelihood. But they refused it by saying that, first return us the cost of food and clothes you have consumed to date and then ask for the share". Similarly, gender discrimination also prevents access to family resources. Even Banita's very caring mother is not interested in providing her with her share in the property. She said, "I expect that the brothers will take care of their disabled sister. But, I do not have any plan to give her a share in the land". Hence, disabled people's lives depend entirely upon the mercy of family members. The respondents in the Ganjam district rightly stated that in order to survive, "Disabled people have to accept and tolerate all the decisions of the family whether right or wrong". Such negative situations not only disempower disabled people but also deny their livelihood choices.

Further the study encountered some heart-wrenching incidents during the study in Ganjam district. Sangita Das, a 15 years visually impaired girl, said that "My father and mother abandoned me

due to my disability since my childhood. My parents never enquired about me. Only because of my grandmother today I am alive." This is not the only such incident which I have come across. But, many disabled girls like Sangita are living in our society. It is a society's duty to protect the human life and dignity of a disabled woman or man from all kinds of exploitation against them, because of family members' or outsiders' negative presumptions towards them.

However, as discussed in the above sections, fear of social status and family members' lack of awareness regarding disabled people's capabilities and their potential also limit their livelihood options. The above situation reflects the fact that fear of losing social status, lack of awareness and overprotection by the family disempowers the disabled person and affects his/her ability to lead a better life.

Role of Voluntary Organisation

During the field visit to Ganjam, I paid attention to some of the voluntary organisations to learn about their activities for the wellbeing of the disabled. In Ganjam, like in the other parts of the state, numerous NGOs are working for the welfare of the disabled persons. They are engaged in providing proper skill training programmes and various schemes implemented by the government to the disabled persons at their door steps. Their skills can be put to use for their contribution to society's development. A majority of these voluntary organisations provide vocational trainings in various fields like art and craft, computer skills, tailoring, mobile repairing, typewriting, etc. The focus of almost all these NGOs is on education and vocational traning for the blind, physically and mentally impaired persons in the district. Around half of these NGOs run special schools for the blind, deaf and mentally challenge children. However, a very few like Rotary Clubs, Lions Clubs, MCVH, Ganjam District Orthopaedically Handicapped Welfare Association, Deaf school, Blind school and mentally impaired school of Brahmapur provide vocational training, education to the disabled people, and also provide aids and appliances to the disabled persons. All the leading NGOs are located in the urban locality of Ganjam district.

Before discussing these NGOs, the study has analyzed their work activities in the field areas of Ganjam. Almost all the NGOs work with a rehabilitation approach and carry out numerous vocational training programmes. These programmes are aimed at capacity building for PWDs in all types of disability. The vocational courses include daily living training, computer skills, Braille script, typing, art and craft, etc. Many of them run schools for blind, mentally challenged children and deaf children while others provide hostel or day care facilities for children as well as adults. Some run numerous vocational courses. Others provide hostel facilities to the visually impaired persons in the district. Some of the important visited NGOs are discussed below.

I have already discussed above the special schools and the important role they play in the promotion of special education to the disabled students in Ganjam district. Regardless of their good efforts, these schools are facing financial hardships to run the schools. But still all the schools staff and teachers are willing to work for this good cause. This is admirable because of their enthusiasm to work for the disabled persons. Further the study examined other NGO activities in regards to welfare of the disabled persons in the Ganjam district. The study found that most of the NGOs are hardly doing any welfare activities for the empowerment of the disabled.

One or two NGOs are certainly doing good work for the promotion of education, livelihood, legal guidance, etc. The MCVH is a one of the leading organizations for the blind persons, which is located at Brahmapur city of the Ganjam district. It is a primarily a State level organization for the blind. This organization is mainly working for the promotion of higher education for the blind students in the State level. The General Secretary Mr. Ranjan said that

> We are providing educational support to all across the State. Mainly we are providing books in the accessible format such as, E-text, Audio books and reader facilities. And also we are giving computer training along with the some special soft wares usage to the college going students. Apart from this, we are also providing legal support to the college students for their educational related issues. We are also distributing scholarship to the poor students in the annual basis. Now we had initiated some of the livelihood programs, for those who were not educated due to the lack of opportunity to get the proper education. In the first phase we are focusing on the Ganjam district. Later on we will also include other districts in the future.

When I asked him about the other activities of the organization, he said that "We are providing all the job related information, and also we provide the entire Government circular to the blind persons for their rights. From the last three years onwards we have been organizing national level seminars and workshops for the promotion of disability rights and their empowerment. Apart from this things, we had made many other plans but due to financial crunch, we were unable to success our plans. But, we are very optimistic for our work, so in the near future we will definitely succeed in our pending programs".

Similarly, Ganjam District Orthopedically Handicapped Welfare Association is also doing good work for the Orthopaedically challenged person's education, health facility and livelihood in the Ganjam district. Its President Mr. Anand said that

> Before this organization, there was not a single organization working for the welfare of the orthopaedically disabled persons in the Ganjam district. During my student days, I suffered a lot due to my physical disability. Poverty was one of the biggest challenges for me at that time. But, my constant effort was to pursue my education. As a result, today I am capable of helping my fellow disabled for their better future regardless of their financial adversity. This organization is providing all kind of financial assistances to the orthopedically disabled person's education, health, legal advocacy and livelihood support etc, in the district level. We are also organizing seminars from time to time for awareness among the government employees regarding the disabled rights. Still we need to do much more work for the community. But, we need more financial support from the donor agencies.

It is amply clear that despite their hard work these organizations are not getting proper financial support from the Government or from any other donor agencies for their welfare programs. After this experience, I further interacted with some of the heads of organizations to ascertain their activities related to welfare work for the disabled in the Ganjam district. But the study could not find any such major work which has been initiated by them for the welfare of disabled individuals. During the interview with one of the individuals who has become a very close friend of the organization's employers, I was told that "these organisations are getting financial support from the various donor agencies and also from the government funds for the welfare activities. But in the actuality they are not fulfill their aims and objectives. Only they are making money from these welfare projects in the name of disabled peoples, said by Hurshikesh a former employer of Jana Jagarana NGO in Ganjam.

These facts may be believable because many of the NGOs denied providing any such written information to me during the field study in Ganjam. Only those people knew what they are doing for the welfare of this society. The study found that those organizations that are working with integrity and commitment are not getting any financial grant support for running their programs from any donor agencies. On the other hand, those organisations that are cheating are they getting financial grants from the donor agencies. It is a serious question as to the donor agencies are supporting malpractices by providing such organizations with grants.

The study with the help of the above analysis, has given an account of the role as well as challenges of the NGOs in the district of Ganjam, by reflecting upon how these groups have been functioning for the improvement and empowerment of the Persons with Disabilities by working upon numerous need based services. The factor that remains very crucial and necessary is the venture is the proactive State funding mechanism. Nonetheless, they also raised and received their funds from other sources in order to put fort their programs in the District. Even at the side of the spectrum, these NGOs are reasonably taking less effective initiatives and majors to move towards rights-based efforts. Another thing what remains strikingly important that most of these institutions are largely located in the urban areas and their service and assistances to rural disabled is extremely limited. In some cases, even the CBR initiatives are also not available. So by and large, there are hardly any efforts by NGOs working in Ganjam to meet the disability issues and also there is a little coordination between disability, NGOs and others.

Summing Up

From the foregoing analysis, it is clear that in Ganjam district, the disabled persons are in a disadvantageous position, due to their lack of consciousness about their rights, which in turn is due to their poverty and lack of education. Poverty and illiteracy are further creating a situation of

disadvantage or them, and further marginalizing them from access to basic amenities of social as well political protections viz. health, education, livelihood, which are highly essential to every individual in society to lead a decent life. This is because the medical and charity models are over emphasized in the understanding of the disabled person's life in the Ganjam district. In this grim scenario, Ganjam is lacking behind in fulfilling the basic amenities of its disabled peoples due to poor governance.

This study found that in Ganjam, the disabled people are marginalized from all the important areas of the society. Access to health, education, employment and social security are the main issue for the disabled till today in the district. Poverty and illiteracy are the primary cause for their marginalization; it exists widely in the district. All the major policies and programs have failed to achieve their objectives, due to poor administrative functioning in the district. However, disabled people have less chances of initiating any self- employment programmes due to limited education, training, savings, credit and marketing facilities in the Ganjam district. The only primary school in the village and the nearest high school are not sufficient to remove the physical barriers and also not properly address the needs of disabled children in the studied areas. Further, the education of disabled persons is not a priority for the parents of the disabled, so that there are fewer chances of getting any employment for their livelihood. Special schools and vocational training centers are not within the reach of disabled people in the study areas. Also, disabled people lack access to the credit facilities from the financing agencies, are not included in any self-help groups, and other credit facilities are unavailable in the region for the promoting of livelihood. Further, the study found that stake-holders' negative feelings about the ability and credit-worthiness of disabled people deprived them from accessing any credit. It was observed that availability of social security schemes like pension, free ration, aids and appliances, and housing are negligible and not easily accessible in the study areas. As discussed earlier, the eligibility criteria of 75% impairment, corruption and administrative complications are major hindrances in accessing these facilities. In adding to this, distance from institutes like district government medicals and the cost of treatment deprive them from medical treatment. Furthermore, the negative approach of government officials and lack of awareness lower the self-esteem of disabled people and reduce their livelihood options. Therefore, the civil society needs to play a positive role for the empowerment of the disabled community in the state, instead of indulging in the malpractices.

Chapter Five

Disability and State Policy: A Comparative Case study of Odisha

Introduction

Persons with disabilities have always been considered as objects of charity and social welfare. They have also been viewed in the perspective of the medical paradigm, which further diminishes their chances of equal participation in the society. Till the last decade of the twentieth century, the issue of disability has been confined within social security measures and affirmative action throughout the globe. Disabled people have never been viewed as having rights, because notions of charity and pity

have dominated society's perceptions of them. However, in the 1990s, disability gained recognition as a legitimate issue for anti-discrimination legislation and the rights of the disabled people have come to be characterized as a civil rights issue in the discourse of human rights (Mehrotra 2011, Kothari 2012).

According to some estimates, there are around 20 to 60 million people with disabilities in India. For long, this invisible minority went without any kind of protection or even legislation aimed at recognizing their basic rights. It was only in 1995 that the government passed the Persons with Disabilities Act (PWD), which addressed the issues of nondiscrimination, right to equal opportunity, and affirmative action for persons with disabilities for the first time in the country (Kothari 2012).

Similarly, the Odisha Rule (2003) is also a State legislation for the protection of the rights of the Person with Disabilities in the State. This rule speaks that

> "A welfare state has a commitment to promote overall development of its citizens including those with disabilities so that they will be enabled to lead lives of equality, freedom, and justice and dignified as mandated the Constitution of India. However, the changing perception of the society towards persons with disabilities envisages that they can lead a better life, if they have equal opportunities and effective access to rehabilitation measures" (GOO Rules 2003).

State Government and Disability Policies

In the federal structure of Indian governance, the state governments are expected to come up with their respective policies. The Odisha Government has enacted its policies for the person with disability rule in 2003. In exercise of the powers conferred by sub-section (i) and Sub-section (2) of Section 73 of PWD Act, 1995, the State Government has enacted Persons with Disabilities (Equal opportunities, Protection of rights and full participation) Odisha Rules, 2003 to carry out basic objectives of PWD Act, 1995 like guidelines for evaluation of various disabilities, constitution of State Co-ordination Committee and State Executive Committee, recognition of Institutions for persons with disabilities, appointment of Commissioner for Persons with Disabilities etc. This is in addition to implementation of

provisions of National Legislation like National Trust Act, 1999 and the Rehabilitation Council of India Act, 1992. Of the six national Institutes working in different areas, one, SVNIRTAR (Swami Vivekanand National Institute of Rehabilitation Training & Research), is located in Cuttack. This autonomous national institute conducts long and short term specialized courses to train professionals in physiotherapy, occupational therapy and prosthetic and orthotic engineering. Extensive infrastructure has been developed for teachers' training in special education by establishing teachers' training Institutions in collaboration with national institutions. Training Centre for the Teachers of Visually Handicapped (TCTVH), runs in collaboration with NIVH, Dehradun; Training Centre for the Teachers of Deaf (TCTD), functions as regional centre of National Institution of Hereing Handicapped Mumbai; and Training Centre for the Mentally Handicapped (TCMH), is run by Chetana, a Bhubaneswar based voluntary organization. Besides, state government has recognized institutions running courses like Bachelors in Audiology Speech Language Pathology, and Bachelors in Physiotherapy. State Institute for Disability Rehabilitation (SIDR) in Bhubaneswar and District Disability Rehabilitation Centres (DDRC), at Khurda, Kalahandi, Sambalpur, Koraput, Ganjam and Kandhamal provide various kinds of rehabilitation services to PWDs. Mahila Vikas Samabaya Nigam (MVSN), State channelizing agency of National Handicapped Finance Development Corporation (NHFDC), has been providing loans on concessional terms for PWDs undertaking self-employment ventures. With a view to forming SHGs of persons with disabilities for taking up group economic activities and wider coverage of identified population, Mission Kshyamata, functions in the state. One Vocational Rehabilitation Centre (VRC), is also based in Bhubaneswar. VRC functions under Ministry of Labor and Employment (GOO Rule 2003).

Swabhiman has conducted a baseline report in the year (2012) with the help of Women and Child departments, Government of Odisha. This research report highlighted that "since the state has the highest percentage of socio-economically disadvantaged population, the disparities among the different sections of population are quite prominent. The state government aims to achieve equity for persons with disability. As a result of strong advocacy by PWDs, government established the office of the State Disability Commissioner in March 2010 in Odisha. It also started the 'Bhima Bhoi Rehabilitation Programme' and created the Directorate of Disability in the state" (Swabhiman 2012: 4).

This study again highlights that "The developed community largely fails to address the full range of rights and concerns of persons with disabilities in mainstream development work. The

barriers that lead to exclusion and socio-environmental challenges for persons with disabilities living in poverty need to be urgently addressed if PWD are to be included in the mainstream of the society and are to break out of a vicious cycle of poverty and disability. It is necessary as well as important to run development activities designed to address the particular needs of disabled people through sector-specific projects. But at the same time, it is also important to address disability as a crosscutting issue, and to consider the needs of all sectors of a diverse population in common development projects, if the issues of concern to PWD living in poverty are not to remain as a side issue" (Ibid). Further it gave emphasis upon the development related work in the state, and suggested that "all the development staff should automatically consider and incorporate the rights and needs of PWDs into the design and application of their work, as they do regarding other marginalized and discriminated populations. Again, in this backdrop, the profiling of persons with disabilities was conducted for developing an equity strategy and actions to address disability equity issues. This will enable the state to develop an inclusive rather than charity approach to service provision, it will also enable the state to develop training programs for service providers to identify barriers which persons with disability encounter when accessing programs and services and to develop strategies to minimize the impact of these barriers" (Ibid 5).

Socio-economic Background of Odisha

According to Odisha review (2010), Odisha is described as having had a glorious past of maritime trade and thus as a significantly developed state but in recent years it is characterized as a state with low per capita income and a high percentage of people living below the poverty line. The cultivable land in the state is 79 lakhs hectares, of which 30% are irrigated land. The forest land consists of 58 lakh hectares which is 37 percent of total land mass. The state has 30 districts, 58 Sub-divisions, 171 Tahasils and 314 Community Development Blocks. Against this background, the housing profile as reflected in 2001 census is proposed to be examined for the state as a whole. Compared to other states in the country, Odisha has the highest percentage (45 percent) of population living below the poverty line. It is one among the less developed states but exhibits a population growth rate much below that of the country and many prominent states for last few decades. It has one of the highest Infant Mortality Rates and a declining fertility rate, the fertility being below all India level. It has a large backward population but had a relatively better sex ratio compared to the all India average, even prior to 2001 indicating female

advantage which is gradually on the decline. The population scenario of the state as revealed from 2001 census may have some explanations in the history and geography influencing the demography of the state.

Odisha is one of the poorest and most backward States in India. It recognizes the inequities existing with all the socially marginalized groups such as (Tribal, Women and Disabled) in the State. Disabled community is not an exception, especially as it suffers from socio-economic inequities and social deprivation in the State of Odisha (Swaviman 2012). Access to all the basic facility is still denied to these socially backward sections of the Odia society. After 69 years of independence, the disabled people are still struggling for getting the basic facility from the state.

Around the globe, an estimated one among four persons is affected by disability, either directly, or as care-givers or family members. Far from being a minority issue, disability is something that can affect any individual at some point in their lives. The rights of those with disabilities are truly universal human rights (DFID 2007). Spreading awareness and promoting these rights is essential for the development of Odisha. It is now more than 20 years since the PWD (Persons with Disabilities) Act, 1995 was passed by the Parliament of India. Till date neither the state government organisations nor the voluntary organisations has reached the entire population of disabled persons in Odisha. According to the WHO report (2011) “In the years ahead, disability will be an even greater concern because its prevalence is increasing. This is due to ageing populations and the higher risk of disability in older persons as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders” (xi).

In this grim scenario the quality of life of PWD (Persons with Disabilities) in Odisha is poor. Most persons do not have basic access to health care, education, and employment opportunities, do not receive the disability-related services that they deserve, and experience exclusion from everyday life activities (Mohapatra 2012, Swaviman 2012, SMRC 2007). Further Mohapatra argues that the situation of disabled people in Odisha is even worse due to a higher rate of poverty and the domination of charity and medical model on their lives. Following the entry into force of the United Nations Convention on the Rights of Persons with Disabilities (CRPD 2009), disability is increasingly being

understood as a human rights issue. Development agencies and practitioners are increasingly recognizing disability as a key issue, inexorably linked to poverty, in the extension of human rights and citizenship. (DFID 2005) In 2002, James Wolfensohn, former President of the World Bank, stated that "unless disability issues were addressed, the UN Millennium Development Goal targets would not be met" (Cited in Swabhiman 2012: iii).

This research has been brought out with some noteworthy facts that "inaccessibility and social prejudice make life difficult and prevent access to basic rights and services such as participating in the political process, gaining access to justice, and engaging in meaningful economic and social activity. These are arguably critical for achieving inclusive growth, the MDGs, and, most importantly, human dignity, human rights and social justice. Accessibility and inclusion involves breaking down the barriers that prevent their full participation in society. This includes, for instance, promoting positive attitudes and perceptions (e.g. disabled people in politics), modifying the built environment (e.g. ramps in public buildings), providing information in accessible formats (e.g. our website in large print) and making sure that laws and policies support the exercise of full participation and non-discrimination (e.g. employment discrimination laws). Acceptance of differences and celebration of diversity is a natural consequence of inclusion which governs leadership in today's global marketplace. The collaboration of different perspectives is an organizational asset and brings forth innovation and profit" (Swabhiman 2012: iv). Since the state has maximum percentage of socio-economically disadvantaged population, the disparities among the different sections of population are quite prominent. However, after strong advocacy by the disabled people in the state, the government aims to achieve equity for persons with disability (Mohapatra 2012, Swaviman 2012).

Similar situation has been witnessed in the life of the disabled people in both Ganjam and Koraput. The previous chapters have already discussed the situation of the disabled person in their family and society in Ganjam and Koraput districts. During the time of field work, it has been found that most of the respondents from both the districts were from poor families. So far as the severity of discrimination is concerned, Ganjam has a higher rate of discrimination by their family members as well as villagers than Koraput. Survey information reveals that in Ganjam district, among the families of the respondents, around 80% people are daily labourers, 10% people are engaged in farming, 5% people are engaged in farming in their own land and the rest of the people are working as the migrant

labourers in the nearby states for their family maintenance. Likewise, in Koraput, the tribal communities mostly depend upon the forest goods and depend on animal husbandry for their livelihood. Some of them are also working as the *Khalashi* in nearby villages. There is hardly any other work, such as farming or any daily wage work available in their region to maintain their sustainable livelihood due to its geographical challenges. This is the general situation of Koraput district. The financial conditions of these families are clearly depressing in both the districts. Due to the low socio-economic profile of their family members, disabled persons in Ganjam, are treated as burdens on their family. Further, the parents of the disabled respondents believe that the disabled people are nonproductive elements in the family. This kind of belief leads to discrimination towards the disabled people in their society. As a result, the life of the disabled people becomes despondent in the Ganjam district.

However, the study found that in Koraput, and particularly in the tribal dominated regions, the status of disabled individuals in their family or their society seems to be better than the other regions of Koraput or the state. An interviewee, Sanjay, said "These tribal communities have their own cultural practice to not leave anyone outside the community due to disability or any other problems. If the family is unable to provide food or cloth to the disabled or the old person the villagers provides all kind of support to that individual".

At the other side of the spectrum, in other regions of Koraput district the scenario accentuates dissimilar results. My visits to other parts of the Koraput have brought to the forefront, the dissimilar and disproportionate socio economic conditions and status that are existing amongst the disabled persons, both in tribal groups and non-tribal mainstream groups, the General Caste as well as the OBC. The living condition of non-tribal mainstream disabled is utterly different from the tribal disabled non-tribal mainstream groups. Especially in the region which reside by the tribal communities their disabled persons socio economic condition is not seems to be good. But, in the other regions of Koraput district, the general cast or other backward cast disabled are living in the mainstream culture, and their socio-economic condition is much better than that of the tribal disabled persons. Either, it is tribal regions or other regions of Koraput district. Poverty is one of the biggest hindrances in their socio-economic achievements. Mostly they are dependent on their family for their day to day needs. The socio-economic condition of the disabled people of Koraput is much lower than the Ganjam

district. But when we compare the status of the disabled persons in their family and society between these two districts, then we can see the major differences in these two districts. The study found that in Ganjam, the disabled persons are ignored by their family members and relatives. At the same time, in Koraput, the disabled persons are not, because of the tribal culture, discriminated by their family members and villagers.

But when we compare the status of the disabled persons in their family and society in these two districts, we can understand the major differences in these two districts. The study found in Ganjam, underscores that the disabled persons are ignored by their family members and relatives, also discriminated by their villagers; whereas in Koraput, the disabled persons are not confronting similar situations, because of the closed and consolidated tribal culture.

Disabled people in the state of Odisha do not find social acceptance because the family members or the relatives are not giving equal importance to them due to their disability. Mostly, the society believes that the disabled persons are nonproductive in all spheres of life. They are counted as a burden on their family as well as society. This is the situation of disabled persons especially in Ganjam District. Such incidents not only occur in Ganjam but in other parts of Odisha as well. Another study reveals that family control and lack of political power have made disabled people in the village voiceless and powerless (Mohapatra 2012). In our culture, the disabled persons are not treated as capable like able-bodied individuals to contribute equally to the society's development.

History is replete with examples of disabled people worldwide being ridiculed, killed, and abandoned to die or condemned to permanent exclusion in asylums (Pritchard, 1963). Coleridge (1993). History records the killing of people with disabilities, starting from the Spartans who killed disabled persons as a matter of law, to killing disabled babies because they were 'incarnations of the devil'. The English eugenicists who eliminated disabled people under the Darwinian evolution theory of the 'survival of the fittest' and the Nazi Euthanasia Programme under Hitler to exterminate disabled people as they could not make any contribution to society (Swaviman 2012: 11).

However, literature on disability in India has highlighted the importance of the concept of

karma in Hindu attitudes to disability, with disability believed either as punishment for wrong doing in the past lives by the disabled or their parents. Whether in the historical past or the present, the disabled person has always been discriminated against by society in all spheres of life. Society has always viewed the disabled persons as objects of charity or with sympathy but never valued their capability. Many scholars have noted that in Indian society, the disabled persons are viewed as beggars, and indeed they are often found begging near temples, mosques or churches for their survival (Sarin 2009). Almost all the religions believe that if someone helps disabled, poor or destitute persons, that individual will get heaven after his/her death. This particular belief encourages charity towards such people. But this notion of charity devalues the disabled person's life. In past times, the disabled people were abandoned by their family members in the street for begging, because they believed that they would get charity from society, and the family members would not have to bear that burden alone. It is ironical that, on the one hand, society considers charity necessary for getting salvation and, on the other hand, forgets its moral duty to protect the rights of the disabled people against discrimination in society. In recent times, the situation has improved a little due to Government welfare programs which however are also based on the charity approach, rather than the rights based approach. Therefore, the socio-economic condition of the disabled persons in the society remains unchanged till today. Moreover, the study noticed that the socio-economic condition of the disabled persons in both the districts is not very different from other parts of Odisha or India.

The Status of Disabled People in Odisha

The status of disability position in Odisha draws its significance from the global initiative to address the issues of justice and fairness for the persons with disability. Some of the statistics shows that "Over 600 million people - or approximately 10 per cent of the world's total population - have a disability of one form or another" (Swabhiman 2012: 2). Further the statistics highlights that "Over two thirds of them live in developing countries. While their living conditions vary, they are united in one common experience: being exposed to various forms of discrimination and social exclusion" (Ibid). In all societies of the world, including countries which have a relatively high standard of living, persons with disabilities often encounter discriminatory practices and impediments which prevent them from exercising their rights and freedoms and make it difficult for them to participate fully in the activities of their societies (DFID 2002, World Bank 2007, WHO 2011).

Comparison of the Study Areas

Already in the previous chapters the study has discussed specifically about Koraput and Ganjam districts disabled person's life status. In this chapter, I attempt a comparative analysis of these two districts, also draw upon other case studies to compare the disabled person's life status with these two districts. These two districts have a distinct geographical manifestation. They also differ in their population and size. According to the Odisha census 2011, Ganjam is the 5th biggest district in terms of size and first in terms of population. This is the sixth urbanized district in the state having about 17.60 per cent of its population living in urban areas whereas about 14.99 per cent of state population lives in urban areas. Ganjam is the ninth most densely populated district in Odisha. It has 8th rank in terms of sex ratio in the state. The economy of the district is mainly dependent upon farming (Census 2011). According to previous Census (2001), Ganjam is the second largest district of Odisha with a PWD population after Puri district in the State.

Likewise, according to the Odisha census 2011, Koraput is the third biggest district in terms of size and 15th biggest in terms of population. Koraput is the seventh urbanized district in the state having about 16.81 per cent of its population living in urban areas while about 14.99 per cent of state's populations live in urban areas. It is the twenty-fourth most densely populated district in the Odisha. It has seventh rank in terms of sex ratio in the Odisha. The economy of the district is mainly dependent upon cultivation. Koraput district stands at the fourth position in the hundred poorest districts of India, as per the statistical report of the Planning Commission, Government of India. (Government of India Planning Commission report 2014). (should be cited).

In this chapter, the study will compare the field experiences of these two districts of Odisha already explained in the previous two chapters. I have spent around two months in the field areas located in

the State of Odisha. During this period, I have visited three important places of Odisha to obtain reliable information for this research work. First was Koraput, second was Ganjam and third was state capital Bhubaneswar. The following table gives the detail number of samples taken through questionnaire during the survey

Table 5.1. Number of samples taken through questionnaire during the field survey

Type of sample	General		OBC		SC		ST		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Disabled individuals	13	8	31	13	24	14	27	20	150
Parents of the disabled	3	2	8	5	4	3	7	3	35
NGO personnel's	5	3	6	1	Nil	Nil	Nil	Nil	15
Government officials	9	4	4	1	1	Nil	Nil	1	20
Total	30	17	49	20	29	17	34	24	220

During the time of field survey, attempt has been made to take equal number of samples from both rural and urban areas in both the districts. The table 5.2 depicts that 77 respondents (or 51.33 per cent) belong to rural areas and 73 respondents (48.67 per cent) are residing in urban areas. Among the total respondents, 95 (or 63.33 per cent) are male and 55 (or 36.67 per cent) are female. The table below details the individual respondents by type of disability, gender and residence.

Table 5.2. Number of disabled respondents: their sex and residence (field survey)

Type of disability	Rural		Urban		Total
	Male	Female	Male	Female	
Seeing	26	9	18	7	60
Hearing/Speech	6	1	5	3	15
Movement	16	11	12	16	55
Mental retardation	5	3	7	5	20
Total	53	24	42	31	150

Social Composition of the Disabled People

Recent UN estimates suggest that 85-90% of the global population of persons with disabilities resides in so-called developing countries. Similarly, the World Health Organization (WHO) estimates that at least 10-12 per cent of the population in any country is likely to be disabled. Census of India 2001 reported that persons with disabilities constitute 2.13% of the total population. In Odisha close to 2% of the total population are persons with disability. In Census 2011 an increase to 7-8% is reported in Odisha. Despite the magnitude of the issue, both awareness of and scientific information on disability issues are lacking. There is no agreement on definitions and little nationally comparable information on the incidence, distribution and trends of disability.

At the national level there are two institutions, viz., National Sample Survey Organization (NSSO) and Census of India, which collect national level data on the nature and magnitude of disability in the country. In 1950, the Government of India set up National Sample Survey (NSS) which was renamed in 1972 as National Sample Survey Organization (NSSO). The population censuses have been conducted every decade since 1871. These censuses have provided some useful data on the physical disability but certain constraints regarding enumeration affected the quality of the data. Thus, this practice was discontinued after 1931. But, after the declaration of the year 1981 as the international year for the disabled persons by the United Nations, the information on disability was again taken up by the census of 1981. In this Census, information on three types of disability was taken but it was again once, dropped these three types of disability information in 1991. In Census 2001, the question was again included and information on five types of disability was gathered (The Hindu, 30 December, 2013).

The history of collection of data on disability dates back to the beginning of Indian Census in 1872. The

questionnaire of the 1872 Census included questions not only on physically and mentally infirm but also persons affected by leprosy. The successive decadal census continued with this practice till 1931. However, in view of the serious doubts expressed by the then Census Commissioners about the authenticity and quality of data collected on infirm population, the enumeration of physically disabled persons was discontinued during the 1941 Census. It was felt that questions on disabled population did not lend themselves to an authentic census enquiry due to a variety of reasons, particularly due to the social stigma attached with this characteristic. No attempt was made to collect information on disability through census of 1951, 1961 and 1971.

It was only in the 1981 Census that the question on disability was addressed due to the UN declaration of 1981 as the 'International Year for the Disabled'. However, the only question canvassed during the House Listing Operations of 1981 Census related to three broad categories of physical disabilities, viz., 'totally blind', 'totally dumb' and 'totally crippled' . When the results of 1981 Census were finally available, it was felt that there was considerable under-enumeration of physically handicapped persons due to the complexity of the definition of disability and inherent reservations of the population to share this information with the enumerator. The question on disability was not canvassed again in the 1991 Census of India. The question on disability was again incorporated in the Census of India 2001 under pressure from the various stakeholders and obligation under PWD Act, 1995, although it was generally felt that it was difficult to collect accurate information on disability during the census enumeration process. Further, the concepts and definitions spelt out in the Act were found to be adequate to canvass in the absence of expert investigators specifically trained for the purpose. However, considering its advantage of comprehensive coverage of population characteristics and scope to provide estimates at sub-state level, the decision to include the question on disability for all the members of the households was finally agreed upon. The findings of Population Census of 2001 on disability and 1981 Census were not comparable due to differences in coverage and definitions.

The statistical data obtained through census shows that the situation of the disabled people in India is dismal and worrisome. There are around 22 million people with disabilities in India constituting 2.13 per cent of the total population. About 75 per cent of persons with disabilities live in villages. Less than half of the disabled population is literate and only 34 per cent are employed (Census, 2001). The Household Schedule of Census 2011 collected information on eight types of disabilities as against five

included in the Household Schedule of Census of India 2001. The information is being collected on disabilities namely, disability 'in seeing', 'in hearing', 'in speech', 'in movement', 'mental retardation', 'mental illness', 'any other' and 'multiple disability'. The following table depicts the detailed data on the disabled population according to Census 2011.

Table 5.3. Disabled population in India, gender and residential status (Census 2011)

TYPES OF DISABILITIES	RURAL			URBAN			TOTAL	PERCENTAGE
	Male	Female	Total	Male	Female	Total		
SEEING	1,820,936	1,681,654	3,502,590	817,580	712,293	1,529,873	5,032,463	18.70
HEARING	1,783,386	1,608,435	3,391,821	894,158	785,028	1,679,186	5,071,007	18.90
SPEECH	734,907	568,876	1,303,783	387,989	306,763	694,752	1,998,535	7.40
MOVEMENT	2,503,402	1,532,117	4,035,519	866,972	534,113	1,401,085	5,436,604	20.40
MENTAL-RETARDATION	591,408	434,152	1,025,560	279,300	200,764	480,064	1,505,624	5.60
MENTAL-ILLNESS	283,432	212,394	495,826	132,300	94,700	227,000	722,826	2.70
ANY-OTHER	1,827,584	1,464,945	3,292,529	900,244	734,238	1,634,482	4,927,011	18.40
MULTIPLE-DISABILITY	863,113	721,180	1,584,293	299,491	232,703	532,194	2,116,487	7.90
TOTAL	10,408,168	8,223,753	18,631,921	4,578,034	3,600,602	8,178,636	26,810,557	100
PERCENTAGE	55.86	44.14	100	55.97	44.03	100	100	
	69.50			30.50				

Source: Census of India, 2011, Office of the Census Commissioner and Registrar General, Government of India.

According to census 2011, the number of disabled people in the country is 26,810,557, out of which 14,986,202 are male and 11,824,355 are female. The report depicts that among the disabled population, 18.7 per cent are visually impaired, 18.9 per cent are hearing impaired, 7.4 percent are speech impaired, 20.4 per cent are movement disabilities, 5.6 per cent are mentally retarded, 2.7 per cent are mentally ill, 18.4 per cent are any other disabilities and 7.9 per cent are multiple disabilities (GOI 2011). The growth rate of the disabled population during the decade 2001 and 2011 was 22.4 per cent (times of India, 29th December, 2013). Out of the total population, around 69.50 per cent of the disabled people are residing in rural areas and 30.50 percent are in urban areas.

On the other hand, the NSSO survey estimates suggest that the number of disabled persons in the country was 18.49 million during July to December 2002, and they formed about 1.8 per cent of the total estimated population. The 58th round of NSSO report gives a comparative account of the prevalence of the different types of disability in the context of rural and urban India. The Report depict that the locomotor disability is the most prevalent type forming more than 50 per cent of the disability in India, with 52 per cent in rural and 55 per cent in urban areas. Mental retardation and mental illness are found to be at the same levels in rural as well as urban areas at 4 per cent and 5 per cent, respectively. Multiple disabilities are found to be less in rural area as compared to urban areas. Blindness, hearing, low vision and speech impairments are found to be similar in both the areas with slight differences. Blindness and hearing disability contribute less than 10 per cent of the disabilities, while low vision and speech impairment make up less than 5 per cent. Thus, it is observed that low vision is the least distributed type of disability among all.

Like other states, the number of disabled people in the State of Odisha was also enumerated during the census enumeration process of 2011 by the Census Commissioner of India. The population of the disabled people in the state as enumerated in census 2011 is 12,44,402; out of the total disabled population, 6,74,775 are male and 5,69,627 are female. During the decade from 2001 to 2011, the growth of the disabled population has gone up to 21.84 per cent and the percentage of disabled population in the state has also increased from 2.78 per cent to 2.96 per cent. According to the census report, among the disabled population, 21.2% are visually impaired, 19.1% are hearing impaired, 5.5% are speech impaired, 20.9% are movement disabilities, 5.8% are mentally retarded, 13.9% are any other disabilities and 10.2% are multiple disabilities. The sex ratio of the disabled population in the state has also gone from 795 to 844 during the decade (*The Hindu*, 13th January, 2014). Out of the total population of the disabled people, around 85.81 per cent are living in rural areas and rests of 14.19 percent are residing in the urban areas. The following table presents a profile of the disabled population in Odisha, by type of disability, gender and residence.

Table 5.4, Population of the disabled people in Odisha, their sex and residence (census 2011)

TYPES OF DISABILITIES	RURAL			URBAN			TOTAL	PERCENTAGE
	Male	Female	Total	Male	Female	Total		
SEEING	117,590	109,932	227,522	19,261	17,016	36,277	263,799	21.2

HEARING	103,763	96,856	200,619	19,482	17,757	37,239	237,858	19.1
SPEECH	31,472	24,658	56,130	7,034	5,353	12,387	68,517	5.5
MOVEMENT	133,798	94,792	228,590	19,201	12,108	31,309	259,899	20.9
MENTAL RETARDATION	34,110	27,617	61,727	6,210	4,462	10,672	72,399	5.8
MENTAL-ILLNESS	19,738	17,489	37,227	3,175	2,435	5,610	42,837	3.4
ANY-OTHER	77,960	65,758	143,718	16,020	13,143	29,163	172,881	13.9
MULTIPLE-DISABILITY	58,241	53,965	112,206	7,720	6,286	14,006	126,212	10.2
TOTAL	576,672	491,067	1,067,739	98,103	78,560	176,663	1,244,402	100
PERCENTAGE	54.00	46.00	100	55.30	44.70	100	100	
	85.81			14.19				

Source: Census of India 2011, Government of India.

On the other hand, as enumerated in 2001 census, the population of the disabled people in Odisha was 10,21,335, out of which 5,68,914 were male and 4,52,421 were female. Among the total disabled population, 50.34% were visually impaired, 6.72% were speech impaired, 8.24% were hearing impaired, 24.56% were movement disabilities and 10.14% were mental disabilities (the Hindu, 13th January, 2014). Out of the total population, around 80 per cent disabled were residing in rural areas and rests of them were living in urban areas.

As across the world, so also in Odisha, persons with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than persons without disabilities. This is partly because they experience barriers in accessing services that others take for granted, including health, education, employment, and transport as well as information. These difficulties are aggravated in less advantaged communities in the Odia society. The present study finds that it is not the impairment of disabled persons but unequal access to education, employment, health care, social security and legal systems that pushes them into extreme poverty (DFID 2007, UN 2011). Further, different concepts and models of disability also influence the disabled people's livelihoods. Traditional and medical models look at disabled people from the charity and incapability perspectives whereas the social model encourages their participation and empowerment, and the removal of barriers in all aspects of their lives (Barron and Amerena 2007). The social model ideologically expresses Sen's capability approach, which is based on the person's wellbeing (Sen 1999).

Employment Scenario

Generally, employment, education, health and social security are major challenges for disabled persons in Odisha. After 20 years of the enactment of the PWD Act and the Odisha rule 2003, the disabled persons are lagging behind in all important spheres in the society. The attitude of the Odia society towards disabled persons is still negative, and there is widespread discrimination against disabled people in the job market in Odisha. Bandana Nayak (2013 1244), highlighted in her research paper that very often, the disabled persons in Odisha are denied jobs due to their disability. But the fact is that only 10% of the identified posts have been filled up by the disabled persons and the rest of the posts are lying vacant, whereas 3% posts have been reserved for them by the government since 2003. It has been observed that due to the policy, government and public sector undertakings implement this rule to certain extent. But in private sector, the percentage of disabled employees is negligible because the procedure of recruitment is not transparent. Similarly, Swaviman also conducted a baseline report on the persons with disability in Odisha in the year 2012 which was funded by the Odisha Government's Department of Women and Child Development. This research examines the access of persons with disability in various areas such as education, employment, health, social security, health status and family relation and marriage status in the state of Odisha. The case studies clearly reflect the discrimination and negative attitude towards the disabled person in jobs in the Government and public sector undertakings in Odisha. Further, this report highlighted the general perception of the Odia society in this regard. "In terms of employment of PWDs, this report demonstrates that 46% of the respondents state that they don't know about the employment opportunities for them, 8% of people are aware about the employment opportunities, 30.7% agreed, 13.9% did not know and 8.6% were unconcerned"(Swaviman 2012). The NCPEDP (2009) report also highlights the difficulty in identification of suitable jobs, accessibility, discrimination, and the lack of education and required skills that are the major challenges for the employment of disabled persons in India. The study in Odisha suggests that accessibility, stakeholder's negative views of disability as well as a charity approach, and their lack of awareness on disability rights are major factors that affect the livelihoods of disabled people (Mohapatra 2012b). The situation may be more challenging in rural parts of Odisha. Seeley (2001) stated that physical incapacity prevents the disabled from opting for labour-intensive agricultural occupations in the rural areas, hence the focus should be on non-agriculture-based self-employment. Nevertheless, in India the disabled people are lacking education and access to finance in order to initiate avenues of self-employment (NCPEDP 2009).

It is clear that the society's attitude towards the employment of the PWDs is discriminatory due to lack of proper knowledge about the capability of the disabled persons. Many times, people put questions like how can a blind person do the job, because in the offices, mostly people are working with pen and paper. How can the blind person do such work? These kinds of questions clearly reflect the lack of knowledge among the common people about the potentialities of the blind persons. So, the awareness should be spread all across the society about the capabilities of the disabled persons. Today, technology has brought about a great revolution in the life of all disabled persons in the job market. More and more job opportunities could be created for the disabled persons in the state. However, this research work shows a disappointing picture in this regard. The following table indicates the employment status of the disabled people in the research area.

Type of Disability	Regular Employ	Agriculture & Farming	Small Business	SHG	Daily Wages	No Work
Seeing	5	11	9	Nil	Nil	35
Hearing/Speech	2	4	3	Nil	2	4
Movement	12	7	11	Nil	Nil	25
Mental Retardation	Nil	Nil	4	Nil	Nil	16
Total	19	22	27	0	2	80

Table 5.5, Employment status of the respondents

Both the Central and the State Government have adopted different provisions for the employment of the disabled persons. The PWD Act enacted by Indian Parliament provides for three per cent reservation in all government and public sector undertaking jobs for the persons with disabilities. Central Government also implemented different schemes of financial assistance like NHFDC loan, PMRY, SRG and SGRY for the disabled people to promote self-employment venture for the livelihood opportunities. The PWD Act also speaks about giving incentives to the private sector to

give employment to the disabled persons. Similarly, Government of Odisha also adopted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Odisha Rule 2003 to ensure the implementation of the PWD Act 1995 in the state which also gives three per cent reservation to the disabled persons in government and public sectors undertaking jobs. In spite of all these initiatives taken by the government, the employment status of the disabled persons is still in a dismal condition. The table depicts that, out of total respondents, 53.33 per cent disabled are out of labour force and 46.67 per cent people have some kind of income source in both the districts. Only 19 (12.67 per cent) disabled people are government employees and 51 (34 per cent) of the total respondents depend upon other sectors like agriculture, farming, small business and daily wage labour for their income source. Though government promotes SHGs in rural areas for the purpose of self-employment, this research work depicts a negative picture in this regard. No respondent has been included in any Self Help Groups for their self-employment purpose in the study areas.

During the field work, attempt was been made to learn about the livelihood and employment opportunities for disabled persons in both Koraput and Ganjam districts. The research found the negative result in this regard, because all the respondents were not educated and many belonged to poor families. Due to their parents being uneducated, they were not aware of the education of their child, so that the disabled are further marginalized from the employment sector. Respondents in both these districts expressed the view that they were dependent upon their family members for their livelihood and were helping their family members in the domestic work as well as in the farming activities. Further in both the districts respondents felt that while, Government was announcing different schemes and policies from time to time for the employment of the disabled persons, those schemes and policies remained on paper only. The disabled people could not get benefit out of those schemes and policies; their poverty meant that they did not have financial capacity to start any other occupation in the locality. There are many Central and State government livelihood programs available for the disabled person such as, PMRY, NHFDC, SGY and SGRY for the promotion of the self-employment venture in the state. But no single individual has got any benefit out of these programs in the respective study areas. Due to multiple factors, they are unable to get benefits from these livelihood schemes. They are not aware about these schemes because of illiteracy. Due to their illiteracy and poverty, they are completely ignorant about any such schemes for their financial inclusion and even if someone wants to avail such schemes for self-employment, it is so difficult to get

these loans because of the lengthy bureaucratic procedure and negative attitude of the financial institutions. Therefore, these schemes should be simplified so that the person with disabilities can easily access these schemes and get the intended benefits from them. Such schemes will help to generate avenues of self-employment for the disabled persons in the rural areas.

As per the various research reports findings, in Odisha the disabled people's self-employment status is worse than other poor marginal groups. “Only 2,314 out of 1,021,335 disabled people in Odisha accessed NHFDC loans between 1997-2012 (NHFDC, 2012, cited in Mohapatra 2012: 28). “The latest survey suggests that only 7.6% of all self-employed disabled people in Odisha have accessed NHFDC loans; the rest managed their finances via family or friends” (Ibid). Regardless of specific guidelines from Odisha's Government, only 36 (in Puri) and 377 Self Help Groups (SHGs) (in Odisha) for disabled people have been promoted in (GOO 2006, Sited in Mohapatra 2012: 28), out of which 11 and 108 SHGs respectively are linked to any kind of credit. This reflects a depressing picture of self-employment for disabled people as the low levels of employment and self-employment force disabled people to depend on governmental safety net programs, as family support is negligible (Ibid).

However, this research also found that despite various provisions, the fact that the majority of disabled people in both the districts live below the poverty line raises questions about programme implementation on the ground. The findings of this research work show that some of the disabled people are engaged in agriculture and farming activities like animal husbandry. This is the grim scenario of the employment and livelihood status of the disabled persons in these two districts of Odisha. But in some cases, this research found that if the parents are aware of the education of their disabled child, those individuals have achieved a successful career. Poverty is the main cause of further marginalization from all the important areas such as, education, health, employment and livelihood. While the study compares the employment and livelihood status in these two districts, this study did not find much difference. Despite various guidelines and efforts at national and state level, disabled people are the poorest of the poor regardless of which region of Odisha or India they belong to.

Educational status

According to Census 2011, the disabled population in the State of Odisha is 12,44,402 which constitute 2.96 per cent of the total population. Out of the total disabled population 661,598 (53.16%) persons are literate and 582,804 (46.84%) persons are illiterate. The census report depicts that the literacy rate is high among the movement disabilities 22.20% and the literacy rate is low among the mental illness persons 3.40% only. In rural areas, the literacy rate is high among the males of the movement disabilities whereas the mental illness female disabled possess lowest rate of literacy. On the other hand, in the urban areas, the hearing impaired male record highest rate of literacy and the mentally ill female disabled indicate lowest literacy rate. The following table provides detail information about the literacy rate of the disabled in the State of Odisha.

Table 5.6: Literacy rate of the disabled people in State of Odisha (Census 2011

Type of Disability	Sex	Literate				Illiterate			
		Rural	Urban	Total	Percentage	Rural	Urban	Total	Percentage
Visual	Male	72,947	14,971	87,918	63.62	44,643	4,290	48,933	38.95
	Female	39,918	10,353	50,271	36.38	70,014	6,663	76,677	61.05
	Persons	112,865	25,324	138,189	20.90	114,657	10,953	125,610	21.50
Hearing	Male	66,131	15,478	81,609	61.59	37,632	4,004	41,636	39.51
	Female	39,171	11,723	50,894	38.41	57,685	6,034	63,719	60.49
	Persons	105,302	27,201	132,503	20.00	95,317	10,038	105,355	18.70
Speech	Male	19,148	5,532	24,680	62.75	12,324	1,502	13,826	47.36
	Female	11,025	3,622	14,647	37.25	13,633	1,731	15,364	52.64
	Persons	30,173	9,154	39,327	5.90	25,957	3,233	29,190	5.00
Movement	Male	91,438	14,683	106,121	72.10	42,360	4,518	46,878	41.63
	Female	34,793	6,399	41,192	27.90	59,999	5,709	65,708	58.37
	Persons	126,231	21,082	147,313	22.20	102,359	10,227	112,586	19.20
Mental Retardation	Male	18,588	3,627	22,215	63.23	15,522	2,583	18,105	48.57
	Female	10,663	2,252	12,915	36.77	16,954	2,210	19,164	51.43
	Persons	29,251	5,879	35,130	5.30	32,476	4,793	37,269	6.30
Mental Illness	Male	12,689	2,037	14,726	66.14	7,049	1,138	8,187	39.79
	Female	6,370	1,166	7,536	33.86	11,119	1,269	12,388	60.21
	Persons	19,059	3,203	22,262	3.40	18,168	2,407	20,575	3.40
Any other	Male	52,160	12,305	64,465	61.84	25,800	3,715	29,515	42.99
	Female	31,253	8,522	39,775	38.16	34,505	4,621	39,126	57.01
	Persons	83,413	20,827	104,240	15.80	60,305	8,336	68,641	11.70
Multiple Disabilities	Male	24,932	4,095	29,027	68.10	33,309	3,625	36,934	44.19
	Female	11,318	2,289	13,607	31.90	42,647	3,997	46,644	55.81
	Persons	36,250	6,384	42,634	6.50	75,956	7,622	83,578	14.20
Total	Male	358,033	72,728	430,761	65.10	218,639	25,375	244,014	41.86
	Female	184,511	46,326	230,837	34.90	306,556	32,234	338,790	58.14
	Persons	542,544	119,054	661,598	100	525,195	57,609	582,804	100

Source: Census of India 2011.

In the light of this, while the study examined the educational status and health condition as well as social security of the disabled people in Odisha, it found negative results in this regard. Swabhiman (2012) has reported that "42.2% PWD have no formal education, only 30.1 % have passed primary school, 14.2% completed class 8th, 9.1 % are matriculate, 3.3% are graduates, 0.9% have a post graduate degree and 0.2% are technical degree holders" (xv). This is the scenario of the educational status of PWDs in Odisha. Another study also highlighted the educational status of the PWDs in Odisha. The study found that "most of the disabled respondents are not educated which keeps them in the margins of the society. The number of special schools is become very less and these schools are scattered. These schools are located in far places. These are the major challenges for the disabled parents to send their child to the special school. In most of the cases, the disabled parents are poor and uneducated. Due to this situation, the parents are not taking care of the proper education of their children" (Nayak 2013: 1244).

This is the educational scenario of the disabled persons in Odisha. The field work in Ganjam and Koraput districts also found a similar situation faced by the disabled persons and their parents.

Table 5.7, Educational level of the individual respondents

'ype of Disability	No Education	Up to Primary	Up to secondary	Higher Education	Vocational Training
Seeing	14	19	12	9	6
Hearing/Speech	4	3	6	2	Nil
Movement	3	11	22	14	5
Mental retardation	8	10	2	Nil	Nil
Total	29	43	42	25	11

The state government has implemented a number of schemes to educationally empower the disabled persons in the state. The policy of inclusive education is in operation in the state to provide better educational opportunities to the disabled people. Government is providing fee exemption, free uniform, mid-day meal, free text materials to all school going students including the disabled students to accomplish a higher rate of literacy in the state. At the higher education level, government is recently providing assistive devices like laptop with screen reading software, digital recorders, etc. to the disabled students to make the education accessible. (This has been discussed

and amplified in the previous chapters) In addition to this, different vocational training centers are also there in the state to impart vocational training to the disabled people. Government also provides Banisree scholarships to the disabled students to pursue their education. Still the educational status of the disabled people in the state depicts a gloomy picture. The table indicates that 19.33 per cent of the total respondents do not have any education and 80.67 per cent have some kind of education. Among the individual respondents, 28.67 per cent have attended up to primary education, 28 per cent attended up to secondary level, 16.67 per cent attended higher education and only 7.33 per cent have obtained some kind of vocational training. The respondents (suffering hearing, speech and mental retardation) from both the districts have expressed that no facility is available for them to obtain vocational training. Almost all the respondents said that the educational system in their district was not accessible to the disabled learners. The school environment is not accessible. The disabled students are not being provided accessible study materials. No special trained teacher has been recruited in the schools to teach the students with special needs. From this situation, one can easily understand the educational status of the disabled people in other parts of the state.

The international framework of the UNCRPD that ensures the rights of disabled people in Articles 24 and 27 is focused upon disabled people's rights to access education, work and employment as equals with others (UN, 2006). India is also one of the member countries that adopted UNCRPD and practices for the welfare of disabled citizens. Despite its adoption of many progressive provisions, education for the disabled is still below the national average for non-disabled person. A similar situation is also observable in the state of Odisha. The National Sample Survey (2002) estimates that merely 0.05% of disabled people have received vocational education in Odisha (NYSASDRI 2005:10, cited in Mohapatra 2012: 28). Furthermore, the SMRC study in Jagatsinghpur finds that none of the disabled people went to any special school or took any vocational training (SMRC 2005:24). Another study highlighted that families invest in non-disabled relatives anticipating that they will have to care for them in their old age. Moreover, social stigma about losing family status for having disabled children also denies them education opportunities (Lang, 2001). The present field study confirms the low status of education and vocational training of disabled people in both the districts, which is also the finding of studies in other parts of Odisha (Swabhiman 2012, Nayak 2013). This should encourage further research to examine the reasons for such miserable conditions.

Health Conditions

Health facilities are a major challenge for the disabled persons in Odisha. Many studies have found that disability and poverty are both cause and consequence to each other. Poverty keeps a disabled person away from all kind of basic facilities such as health, education, employment, home and access to clean drinking water and access to proper sanitation facility in their day to day life (World Bank 2007). Odisha is not an exception in this respect. Due to high illiteracy, the disabled persons are not able to earn even a small income for their livelihood. Most of the savings are utilized for their health related expenses or for repayment of loans. Due to their disability, their earning capacity is precarious and their expenditure on healthcare and rehabilitation is high (DFID 2005).

Most often, the disabled are the poorest among the poor. Poverty is one of the biggest causes of disability. According to WHO estimates, “throughout the globe, there are 1.5 million blind children, mainly in Asia and Africa”. In developing countries, up to 70% of blindness is either preventable or treatable.” The WHO also estimates that “Around 50% of disabling hearing impairment is also preventable.” In 1995, this had affected a total of 120 million people in the world (WHO 2007). This clearly indicates that because of the poor health outcome, the number of the disabled people is increasing, mostly in the developing countries. Due to financial incapacity and lack of health related technologies, these countries are unable to cater to their citizen’s need for better health services in time. The private sector is playing a big role in the health sector to provide good health services, but these hospitals are mostly situated in urban localities or in the metro cities, and poor people are unable to pay high cost of treatment. The Government should control the fees charged by private hospitals so the common person can avail better medical facilities at a nominal cost.

Another study found that access to disability-related treatment also shows a poor picture. Further, it highlights that merely 18.6% of disabled people have received assistive devices (Mohapatra 2012a). However, a study by Erb et al. (2001) in South India found that a disabled person's expenditure for treatment or purchase of equipment averages three months' income (Mitra, 2005). In terms of

health, livelihood and social status, the conditions of the disabled persons in Koraput and Ganjam are not much different. In interviews, the disabled people of both districts expressed anguish about the health challenges they face in day to day life. One thing is common in both the districts: most of the time, the doctors in the village dispensaries remain absent. According to the local people of both the districts, most of the medical sub- centers do not have sufficient doctors and medical equipments for treatment.

Health services are essential services for every individual. However, comparatively, health programs reach villages in Ganjam district more than in Koraput. According to the Odisha Health Index, health status in Koraput is below the average of Odisha, and that there is a lack of required doctors and surgical equipment in the remote areas of Koraput. Geography and communications are among the major impediments to easy access to health facilities in the hilly terrain of Koraput district. In general, the health services are not easily accessible to the people of Koraput District, and the disabled persons are naturally the most deprived in this regard. Poverty is the main cause for the lack of access to health services for the people of Koraput. The disabled persons are unable to visit private hospitals for better health services because of their poor financial condition. But as per the Odisha Review (2010), in Koraput District, there are 50 primary health centers, 235 primary health sub-centers and 254 medical facilities in the District for catering better health services. Despite all these facilities, due to poverty and remote distances, the disabled are unable to access these medical facilities of the district.

There are both positive and negative findings about the overall health facility in Ganjam. Asked about the health facility in their locality, respondents said that "now the health facility is much better than earlier time. But still today, easy access of health facility is much difficult especially in the rural areas". Comparatively Ganjam's health facilities are better than those in Koraput. According to the Ganjam HDI (2013) report, "Health facilities and health infrastructure in the district are gradually improving over time. A number of steps have been taken to improve primary healthcare infrastructure and address communicable and non-communicable diseases with greater focus. The number of public health institutions has gone up from 197 in 1999-2000 to 230 in 2006-07" (xiv). The district has also the advantage of Maharaja Krushna Chandra Gajapati Medical College and Hospital which is one of the three premier medical colleges and hospitals of the State. Despite these advantages, the disabled

person is still marginalized from the health facility in Ganjam. During the interviews, respondents, expressed their grievances over the health issue. “When we visit any medical or dispensary for health related problems, there is no any special arrangement for the disabled persons. And also for a disabled person, it is very difficult to visit independently to Brahmapur MKCG medical, due to long distances as well as the infrastructural barriers”. Almost all the disabled interviewers expressed their concern over the issue of poor access to health care facilities in the district for their better treatment. The access to private hospitals is beyond their capacity due to their poor financial background.

So, in both the districts, access to health facilities is difficult for a disabled person. Both the Central and State government have, from time to time, implemented various health programs in both the districts, to prevent various diseases and to prevent disability related health causes in the districts. But the study shows a poor picture in both the districts in the area of health facilities, due mainly to shortages of manpower, adequate equipment, infrastructure and accessibility which are the major challenges in the study areas. The disabled persons are the most affected groups, and it is therefore important for the government to give more emphasis to improve the overall health facility especially in the remote areas. Also there should be focus on providing easy access to health facilities for the poor and disabled persons in both the districts.

Social Security Measures

As we have seen, the overall situation of the disabled persons in the areas of education, health and employment is poor, as these facilities are not adequately reaching them. Hence there is need for social security measures to empower the disabled persons and bring them into the mainstream society. There are lots of social welfare policies to protect them from various disadvantages due to poverty or disability. But the major challenges are that most development programmes in India are inaccessible for the disabled people because of the social or physical barriers that surround them. Social Security programmes in India are not effectively reaching the disabled people, due to lack of adequate knowledge as regards the social inclusion of disabled persons in programme formulation. The purpose of all social security measures is to give individuals and families of the disabled people confidence that their standard of living will not decline by any eventuality, provide medical care and income security, protect against unemployment by maintenance, promote job creation and provide

benefits for the maintenance of children. But most of these programmes have paid little attention to the disabled person in the course of design, implementation or evaluation. (This has been discussed and amplified in the previous chapters)The following table indicates the number of beneficiaries of different social security measures in both the districts

Type of Disabilities	ODP	Subsidized Rice	Aids & Appliances	Loan in Concessional Rate	Unemployment Allowances	Marriage Incentive
Seeing	49	19	12	2	Nil	Nil
earing/Speech	12	Nil	7	Nil	Nil	Nil
Movement	39	15	34	9	Nil	Nil
Mental Retardation	17	4	Nil	Nil	Nil	Nil
Total	117	38	53	11	Nil	Nil

Table 5.8, Number of beneficiaries under social security schemes

In India, social security is a sensitive issue for persons with disabilities. As discussed above, most of the disabled persons in our society are suffering from chronic poverty. They depend upon others for their livelihood most of the time. In view of this, both the Center and State Governments have implemented different social security schemes to provide better livelihood opportunities to the disabled persons. Both PWD Act 1995 and PWD Odisha Rule 2003 also give direction to the concerned government to adopt different schemes and policies to ensure social security to the disabled persons in the society. For this purpose, Government of Odisha has implemented different social security schemes like, Odisha Disabled pension (ODP), Subsidized Rice, Aids and Appliances, Loan in Concessional Rate, Unemployment Allowances, Marriage Incentive and Free Housing to the landless etc, for the persons with disabilities. However, literature reflects that except ODP and subsidized rice the other schemes are not popular among the disabled persons. This research work also finds similar kind of result in this regard. The table shows that out of 150 respondents 117 (78 per cent) disabled people have been included in ODP in both the districts. Similarly, 38 (25.33 per cent) disabled persons are getting 10 kilo rice per month in subsidized rate through Public Distribution System (PDS). The

table also indicates that only 11 (7.33 per cent) people have been availed loan in concessional rate from NHFDC for their self-employment. But, no respondent is receiving unemployment allowance from the government in the study areas. 53 (35.33 per cent) respondents have received some kind of aids and appliances for their day to day living. Though Government has implemented the schemes of Marriage incentive for the disabled persons, this research work finds that no respondent has received marriage incentive and free housing till today in the study areas.

During the field study in both the districts, the research found that the subsidized rice scheme was implemented by the state government in 2013. But this scheme violates the provisions of PWD Act 1995. The scheme says that the disabled persons who has 75% disability or more can avail the benefits of this scheme. But the PWD Act 1995 says that “if a person has 40% disability, that person can avail all the facilities and schemes of central and state government”. This scheme is categorically discriminating against the disabled persons throughout the state. But due to their illiteracy and poverty, they are ignorant about the legal provisions to fight for their rights. Some other researches also show that the low level of income and self-employment forces disabled people to depend on governmental safety net programmes and family support, however, coverage of social security schemes is negligible in Odisha (Mohapatra 2012). The same study finds that merely 48.8% possess disability certificates and 17.8% receive a disability pension of 200/-INR per month in Odisha (Ibid). Further, the study conducted in Jagtsinghpur discloses that only 33.4% disabled people have accessed housing schemes (SMRC 2005:23). The various central and state government social security programs on the measure, only cover a small percentage of disabled people in both the study areas and in Odisha. On the one hand, the Government launched such schemes for the wellbeing of the disabled person, but unfortunately it is not reaching to them. It is a matter of great concerned, because despite having many social security schemes, the disabled individuals are not aware due to lack of proper advertisement of the schemes. Thus, the Government should widely publicize through local newspaper and in the local electronics media for the promotion of these schemes. And also, the civil society and NGOs should work together to reach all the government social security schemes and programs at the doorstep of the poor disabled persons in both the study areas as well in other parts of the state.

Various Legislative Provisions

Though there are Constitutional safeguards and other specific legislations in place to address the needs of disabled people, there is a lack of initiative and proper planning in implementing them. Article 43 of the Indian Constitution speaks of State's responsibility to provide social security to the citizens of this country. Article 14 (Seventh Schedule) guarantees that no person will be denied equality before the law. The State is directed to provide relief and help to the disabled and unemployable. Article 41 states that the State shall, within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement.

The Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995 brought into sharp focus the State's responsibility to empower the disabled with equal opportunities, protection of rights and equal participation in the development process of the nation. It clearly lays down that education and employment opportunities must be created for the disabled by providing 3 per cent reservation; stipulates the creation of barrier-free access to public places and public transport; has provision of preventive social security measures such as pre-natal and post-natal care for the mother and child; mentions social security provisions such as unemployment allowance and insurance; and supports the right of disabled people to lead independent lives.

In this scenario the government of India has formulated various social security strategies for its citizen, such as social insurance, social assistance, national provident funds, and universal schemes for social security. The preventive schemes have included preventive health care, vaccinations against diseases, etc. There are also promotional social security schemes of the State and Central Governments such as food and nutritional security, education security, employment security, health security, women security, and assistance to the disabled. These are provided through programmes such as Food for Work, Jawahar Rozgar Yojana, Integrated Rural Development Project, Sakshara, and the Public Distribution System.

Despite all these social security provisions, the disabled person still remain uncovered by these social welfare measures. It is quite unfortunate for the disabled persons in many parts of India and Odisha. It is not unusual to find reports such as this: “In Odisha, the disabled people are protesting in front of the FCI office in Bhubaneswar for the subsidiary food grain” (Indian Express, 3 December, 2014). Further, they are protesting that the social security measures are not adequate to meet their challenges. Therefore, from time to time, the disabled people’s organizations are organizing mass protests in the state capital for their rightful demands.

Family Member’s Negative Approach and Vested Interests

The disabled people are not only discriminated against by the society or the government officials, in most of the cases, they are also discriminated against by their own family members. Hence, disabled people's lives depend entirely upon the mercy of family members. The respondents in both the districts rightly stated that in order to survive, “Disabled people have to accept and tolerate all the decisions of the family whether right or wrong”. During the interview with the respondents, Purna shared that even though his three brothers are providing him with food and clothing, they have forcibly taken his share in the paternal properties. Similarly, gender discrimination also prevents access to the family resources. Banita’s otherwise very caring mother is not interested in providing her with her share in the property, saying that "I expect that the brothers will take care of their disabled sister. But, I do not have any plan to give her a share in the land”. Such negative situations not only disempower disabled people but also deny them livelihood choices. However, as discussed in the above sections, fear of social status and family members’ lack of awareness regarding disabled people's capabilities and their potential also limits their livelihood options. The above situations reflect the fact that fear of losing social status, lack of awareness and overprotection by the family de-empowers the disabled person and affects his/her ability to lead a better life.

Similarly, studies have demonstrated that “isolation at the family level is clearly visible. In Odisha, half of the disabled persons are involved in the household responsibilities. 18.4% are assigned for cleaning of the houses and 6.9% are engaged for washing clothes, only 1.2% is allowed to interact and serve guests and relatives. The disabled are not often part of the family dining. They mostly eat

alone" (Swabhiman 2012: 100). This study further found that "only 52.3% of the disabled people have access to family dining in Odisha" (IBID). In this scenario Bandana Nayak (2013: 1244), remarks that "there are negative attitudes persisting among the family members of the disabled, and often the disabled themselves. There are reports of heart-wrenching incidents affecting mentally retarded women, only a few of which come to light while many get dissolved in the darkness. People with disabilities are considered ineligible for marriage or they are "adjusted" by high dowry. Disabled girls are usually married to older men or those persons who are unable to earn anything. The disabled woman sometimes becomes an income source for them, either through job as per government norms or by begging in case of extremely poor family".

In many instances, other categories of disabled persons are sidelined from their homes due to their disability. The leprosy affected are mostly discriminated against by the local people and also put into a segregated colony to live. The leprosy colony was usually situated far from the nearby villages. However, though nowadays the people know that leprosy is a curable disease, even then they are discriminated by the family and society considering them disabled. So, large number of leprosy persons remains unemployed and they accept begging for their survival. Similarly, in the case of persons suffering from mental disorders, they are also not getting proper attention either from the family or from any voluntary organizations. This is the reality of persons with mental disorders in Odisha. In many cases, such women are sexually abused by their relatives or by the caregiver due to their mental disability. It is also observed that disabled women are routinely subjected to violence. According to Bandana Nayak (2013 1250), "51.3% respondents feel themselves outcaste from the society, 52.7% respondents viewed that they feel as a burden for society." In this regard, Swaviman also conducted a survey across Odisha in 2004 to study about the women suffering from mental disorders. The survey found that most such women were sexually abused at home by relatives or in the mental asylum by the caregiver. Only a few incidents are covered by the national or local newspapers, while many remain in the darkness.

Role of Voluntary Organisations

The role of NGOs in India has gained momentum in the recent past. The growth of the voluntary NGOs over the past five six decades has given them an increasingly important role and has led them to form a distinct sector within the civil society. These organizations have emerged as a viable institutional framework and a well-defined 'third sector' in addition to government sector and private enterprise, to serve as catalyst for development and change. The number of NGOs for the disabled has increased tremendously in recent years. These NGOs in India vary widely in terms of size, form, objectives, mode of functioning, vision and features (GOI, Planning Commission 2001). However, the NGOs are playing a significant role by reducing the negative effects of disabilities by providing the disabled with relevant tools, education and vocational training. The rationale behind the role of the NGOs for the empowerment of the physically disabled persons is: First, the NGOs sector has longer experience of activity and involvement in the areas where government action is either non-existent or inappropriate. Secondly, in India, the budgetary provisions for the disabled have remained underutilized. Therefore, the number of voluntary organizations for disabled is getting grant-in-aid from national and international agencies for the empowerment of the disabled. The NGOs have rendered a tremendous service for the empowerment of the disabled in terms of educational and vocational training, health and employment facilities, and rehabilitation schemes with a view to restore to the fullest possible extent in physical, mental, social, vocational and economic capabilities of the disabled. They are engaged in preventive and curative measures to reduce the severity of the handicaps (Panigrahi 2004). In spite of many constraints, the NGOs are working for in search for greater empowerment and welfare of the disabled sections of population. This study is an attempt to analyze the concerns and activities of the NGOs for promotion and protection of the disabled people, the most vulnerable section of society, with specific reference to education, health employment, social protection and the rights of the disabled persons in Koraput and Ganjam districts of Odisha.

During the field visit to Koraput and Ganjam districts of Odisha, I studied some of the leading NGOs to know about their work activities for the wellbeing of the disabled. In both the districts, various NGOs are working like in other parts of the Odisha and indeed India, for the welfare of the disabled

persons. These organisations are engaged in providing proper skill training programmes and various schemes implemented by the government to the disabled persons at their doorstep. It is hoped that they can put those skills to use for earning a livelihood and contributing to the society. A majority of these NGOs provide vocational training in various fields like art and craft, bamboo making, tailoring, gardening and poultry farming, goat and cattle farming, computer skills, mobile repairing, typewriting, etc as a livelihood. The focus of almost all these organisations, in both the districts, is on the education and vocational training for the blind, deaf, physically and mentally impaired persons. Around half of the NGOs run special schools for the blind, mentally impaired and deaf children in the Koraput and Ganjam districts. This study found that all the leading organisations are located in the urban locality of both the districts. Further the study has analyzed their work activities in the both field areas of Koraput and Ganjam districts. Almost all the NGOs work with a rehabilitation approach and carry out numerous vocational training programs. These programmes are aimed at capacity building for PWDs in all types of disability. The vocational courses include like daily living training, computer skills, Braille script, typing, art and crafts. Many of them run schools for blind and deaf children while others provide hostel or day care facilities for children as well as adults. Some of the organisations are running numerous vocational courses and CBR projects for the mentally challenged children and also engage in early intervention programmes aiming at minimizing the effects of mental retardation as well with other category of disability. Others provide hostel facilities to the visually impaired, deaf and mentally impaired persons in both the districts.

I have already discussed in the previous chapters the special schools in both Koraput and Ganjam, which are playing an important role for the promotion of special education for the disabled students. Regardless of their good efforts, these schools are facing financial hardship to run the schools in both the districts. But still all the school staff and teachers are willing to work for this good cause.

As regards the activities of other NGOs for the welfare of the disabled person, the study found that, in both the districts, most of the NGOs are hardly doing any welfare activities for the empowerment of the disabled. Only a few NGOs are really doing good work for the promotion of education, livelihood, and legal guidance. Most of these NGOs started working on the issue of disability quite recently, over the past two decades. State funding is crucial for their work. Though they are also receive funds from other sources for running their programs in the District. These NGOs are however

taking few initiatives to move towards rights-based efforts for the disabled person in the study areas. Since most of these institutions are located in the urban areas, their service to the rural disabled is extremely limited in both the districts. But the study found that most of the disabled persons are living in the rural areas in both the districts, where CBR initiatives are extremely few and insufficient. There are hardly any efforts by other development NGOs working in the study areas to address disability issues and there is little coordination between disability, NGOs and others.

The study found that those organizations that are working in a committed manner are not getting any financial support for running their programs from any donor agencies. But, on the other hand, those organisations that are less honest in the conduct of their work are getting financial grants, which have raised a big question about NGO credibility.

Summing Up

From the abovementioned analysis, it is clear that the Acts related to disability in India are providing legal safeguards to them. But in India, the policy makers have overlooked the rights and entitlements of the disabled people till today. In most of the cases, these Acts are being violated and not being properly implemented for the protection of the disabled in all walks of their life. These Acts remain merely on paper. This happens because the disabled people are not conscious about their rights due to lack of education and poverty. Poverty and illiteracy are further creating a disadvantageous situation for them, further marginalizing them from access to the basic amenities such as health, education, livelihood and social protection etc, which are so essential to every individual in the society to lead a better life. This is because the medical and charity models are over emphasized in relation to the disabled person in the State of Odisha. In this grim scenario, Odisha is lacking behind in providing the basic amenities to its disabled citizens.

The study found that in both the districts, Koraput and Ganjam, the disabled people are marginalized from all the important areas of the society. Access to health, education, employment and social security are the main issue for the disabled in the state. Poverty and illiteracy, which exist widely

in the state, are the primary cause for their marginalization. All the major policies and programs have failed to achieve their objectives, due to the uncaring attitude of the Government officials in the state. Disabled people have less chances of initiating any self-employment programmes due to limited education, training, savings, credit and marketing facilities in these two districts. The only primary school in the village and the nearest high school are not sufficient to address the needs of disabled children in the studied areas. Physical inaccessibility and transport prevent them from from getting educated. Further, the education of disabled persons is not a priority for parents, so that there is less chance of them getting any employment for their livelihood. Special schools and vocational training centers are not within the reach of disabled people in both the study areas. Also, disabled people lack to access the credit facilities from the financing agencies, and are not included in any self-help groups, so other credit facilities are unavailable for providing livelihoods for them. Further, the study found that stake-holders' negative feelings about the ability and credit-worthiness of disabled people deprived them from accessing any credit. It was observed that availability of social security schemes like pension, free ration, aids and appliances, and housing are negligible and not easily accessible in the study areas. As discussed earlier, the eligibility criteria of 75% impairment, corruption and administrative complications are major hindrances in accessing these facilities. In adding to this, distance from institutes like DDRC and the cost of treatment deprive them from medical attention. Furthermore, the negative approach of family members and lack of awareness lower the self-esteem of disabled people and reduce their livelihood options. Also, the study finds that disabled women are doubly disadvantaged due to gender discrimination. Male preference for labour-intensive agricultural occupations has deprived them of employment in the village. Further, their engagement in household work is not valued as productive work. The study finds that disabled women are deprived of their share in parental property due to gender discrimination, and denied education and employment due to gender bias, social stigma and sometimes even by parental attempts to protect them from exploitation. Furthermore, the ignorance and powerlessness of disabled women restricts their livelihood options and increases their dependence upon the family. Therefore, the civil society should actively play its role for the betterment of the disabled community in the state.

It has been observed that most of these NGOs are located in the urban areas; their service to the rural disabled is extremely limited. The provisions are only urban centred and the benefits are limited to a few. CBR initiatives are extremely few and insufficient. State funding is crucial for their work.

Corruption and irregularity are a feature of many NGOs, which may be the one of the factors that explain why the welfare programs do not reach the disabled persons in the study areas. Therefore, transparency and accountability mechanisms must be developed by the government as well as the funding agencies, to prevent malpractices by the NGOs.

Conclusion

This thesis has touched upon numerous aspects of disability, and how it has been conceptualised in different models for understanding it. It has also dwelt on how the disability movement evolved and created an impact, leading to the enactment of disability legislation across the globe including India, seeking to secure for the disabled equal chances with others. The field study found that poverty and illiteracy are primary factors contributing to the especially disadvantaged situation of the disabled person in the areas of education, health, employment, livelihood and social security. While governmental policies at both the state and the central level have many inadequacies to meet these challenges, the role of NGOs also has not led to any meaningful change in the life of the disabled. The thesis has also provided an overall assessment to indicate the ground so far negotiated and the difficult path that remains to achieve the objective of providing human dignity for the disabled person. Finally, an effort has been made to provide suggestions for policy formulations on disability in Odisha and India.

The phenomenon of disability discrimination is as old as human civilisation. History records that the disabled were either killed or segregated from the society and put into the separate spaces. However, during the Renaissance, some changes occurred in the attitude to disability and these modulations were also taken into societal practice. Both scientific understanding and humane treatment of disabled persons progressed rapidly in the phase that followed. Accordingly, by the nineteenth century, the religious institutions across the globe also stressed upon the moral and spiritual importance of compassion, charity and mutual assistance to the disabled. Similarly, various voluntary organisations and individual reformers took an active role on this issue.

Since the 1950s and 1960s, in India as well as globally, there has been a remarkable shift in the social perception of disabled persons. As a consequence, the perception of disability has been transformed: from being seen as a purely medical/clinical problem to a perception that situates it in the socio-political context. In the backdrop of this, the emergence of disability rights movement in Britain and US witnessed the conceptualization of the social model and attitudinal barriers of disability in 1970s. They firmly rejected the medical or charity viewpoint which devalued the disabled person's capability. But, the social model itself has, in turn, been criticized and vigorously defended by different scholars. The contemporary debates on disability give much emphasis on the cultural orientation of disability. The gender rights activists as well as other minority group have much focused on the intersectionality between disability and other forms of social oppression and marginalization. Various caring approaches for the disabled deny their basic needs, undermine their essential personhood and overlook their special needs. What is required is recognition of the ordinary and special requirements of disabled persons and the implementation of relevant policies by the government as well as voluntary organisations. The role of the international organisations such as the UN and others is limited in this regard because they lack legal power to implement their programmes. Therefore, it is the joint responsibility of all the governments, the community, the NGOs, and the disabled persons themselves to achieve the goal of mainstreaming. However, due to CBR and NGOs efforts somehow the disabled persons' situation has improved and some empowerment has occurred.

It is clear from the analysis presented in this thesis that the difficulties of the disabled are greatly aggravated by the social surroundings. At the same time, disabled persons cannot live outside

of the society. Certainly, they necessitate support and understanding from fellow human beings about their potentiality. It is further necessary to understand that an attitudinal change is necessary to foster the human rights and dignity of the disabled. Despite many measures taken by the Governments of India and Odisha, disabled persons are still faced with numerous challenges in diverse areas of their life. These issues range from architectural to attitudinal barriers, which hinder the process of their rehabilitation. Poverty is certainly a major factor of disability in several developing nations like India, where it demonstrates itself in many forms.

The Government of India has taken many actions, ranging from physical to vocational rehabilitation of disadvantaged sections, since independence. The economic distribution has been increased in every Five Year Plan and millions of rupees have been used to fund the rehabilitation of the disadvantaged persons. A new approach has also emerged because of international concerns since the 1970s. Regardless of all these positive actions, the social status of the disabled in India is poor. Rehabilitation services are also not sufficient. Despite all the laws and policies, the discrepancy between demand and supply of services is primarily caused by deep poverty and social barriers. The problems associated with the disabled persons are being highlighted and discussed in many forums. All the political organisations and advocacy groups, regardless of their political beliefs, supported the legislations which signified help for the disabled. The actual problem is ensuring the implementation.

CBR, NGOs and voluntary organisations in India have empowered the disabled in a limited way, and in certain areas of activity only. But, in actuality, they have immense potential which can change the society's development. In the rapid transformation of society and its economy, the role of voluntary involvement in the coming days is expected to increase in all sectors. NGOs can also work as service providers to ensure better governance. Governance is not only about the rule of law, but also transparency or accountability, building up citizenship, allowing the people to participate and allow their potentialities to influence the public policies.

As their potential has never been valued in society, the disabled persons have faced negative discrimination, in areas of education and employment. Many disabled people are endowed with abilities to work and live in an independent environment. But often they are forced into dependence

upon the welfare programs rather than being directed to employment. As a matter of right, the disabled person's participation in public activities can be attained mainly through political and social actions. Already many countries have taken important steps in this direction to remove or reduce barriers hindering the participation of the disabled people in community life. Laws have been passed to guarantee for them the right to schooling, employment and community facilities, to remove cultural and physical barriers and to prevent discrimination against them.

Education can go a long way in creating awareness not only of prevention of the incidence of disability but also for the promotion of better understanding of the human rights and obligations of the disadvantaged people. This can prove effective in eradicating the pervasive dogmatic ideas and superstitions attached with the incidence of disability in a developing and tradition-bound society. In order to bring out the mainstreaming of persons with disabilities, the development and promotion of CBR approach to rehabilitation is important. The CBR approach is based on the philosophy that the beneficiaries of the services are entitled to equal opportunities to participate in decision-making on matters affecting their lives. Such a participatory system can be properly implemented at the community level as well as at the level of social interactions.

To create a noteworthy impact on a large section of the disabled people, it is necessary to implement certain positive things. First and foremost, the practice of the state governments on disability prevention and rehabilitation needs to be changed fundamentally. The awareness should be spread among normal people that they need to be sensitive to the ability and potential of the disabled. Ample amount of financial allocations will be required to provide inclusive services to those sections of the disabled who remain untouched by the existing facilities. Many efforts are required for this; it is not only on the part of the government but also by society, and especially by NGOs, to deliver minimum services. There is no value to rehabilitation services if they are organised and implemented without the interest and involvement of the disabled themselves. In this connection, it may be necessary to inform the disabled through various educational programmes about the availability and advantages of such services and about the provisions for their maintenance during the time of treatment and rehabilitation.

Today, the disabled individual has the right to education, also the right to earn a living and the right to become a contributing member of the society. The recognition of this right entails special education and training facilities, employment opportunities and even health and recreational facilities to be provided to the disabled. It is important to emphasise this because the traditional attitude to charity has continued through the years and it is the one of the biggest hurdles to formulating policy for the right type of services for the disabled. But before implementing any positive laws for the disabled, it is necessary to examine carefully what policies exist in respect of their education, training, rehabilitation and other welfare services. It is also equally necessary to scrutinize the problems faced by the disabled in the absence of legislative measures, in order to protect their interests. Removal of discriminatory laws also requires a thoughtful review.

During the formulation of a policy for the welfare of the disabled, both humanitarian and economic considerations should get main attention. The humanitarian aspect should promote the dignity and self-reliance of the disabled, and the economic aspect should provide for development of skills and unhampered opportunities to lead a productive life in the society. In this approach to policy formulation, the disabled themselves will have a say in the decision-making process. Education and training should enable them, their family and their community to articulate their needs and thus to assist the experts and professionals in assessing the overall needs for rehabilitation services.

With the involvement of the disabled and the community in the process of policymaking, the facts presented by the disabled, by the community and by the voluntary organisations engaged in rehabilitation services will enable the formulation of a viable policy. The government of India and Odisha both constituted a specific task force for the disability policy studies and their analysis of the social and environmental conditions of the disabled should also understand the attitude of the community towards the disabled for adequacy of education, training, health and medical services, vocational training and placement in gainful jobs for relevant policy formulation . Special provisions should be made in the policy statement to deal with the social problems of the severely disabled. The state and central government's policy for prevention of disability and rehabilitation should also promote self-reliance, economic independence and social integration of the disabled in the society.

The disabled are not second-class citizens. They are social beings with the same hopes, aspirations and rights as like others have. With this notion, every effort needs to be made to guarantee for the disabled person's right to participate in the process of socio-economic and political life. This involvement will help society to better understand the potential of the disabled persons.

The major findings of this research work and some policy recommendations are given below:

1. In the second half of the 20th century, the issues of citizenship of the disabled people gained prominence in India after the emergence of the disability rights movement in some parts of the world both in terms of declarations and discussion. Deliberations and negotiations on this issue were started in the academic realm. Many positive initiatives were taken by the many international organizations like the United Nations to extend rights and opportunities to the disabled persons by removing the discrimination they have faced through centuries. Therefore, almost all the countries have passed disability legislations aiming to protect the rights of the disabled people. But, in the first half of the 21st century, the issue of citizenship rights of the disabled people could not be completely resolved. The disabled people are still facing discrimination in all spheres of their life.

2. In India and Odisha, a number of steps have been initiated, targeting the protection of the rights and opportunities of the disabled people. A huge network of national as well as state level institutions were established through their better coordination, those institutions are working for the empowerment of this marginalized and segregated section of the society. However, the evidence gathered in the present study shows a gloomy picture. The study shows that in the areas of education, health, employment and social security, the status of the disabled people is in a dismal condition in both the study districts. More than 75% of the disabled people live in rural areas, but most of the educational institutions are located in the urban localities. Therefore, those disabled people are living in the rural areas cannot access education easily. Similarly, the National Sample Survey Organization NSSO data also indicates that around 60% disabled people are out of the labour force. Only 40% disabled people have some kind of income sources. The employment status of the women with disabilities is low and more vulnerable than

the male disabled. The study further suggests that the condition of the living arrangements of the disabled people is also poor.

3. In India, a number of laws and policies have been framed to address the aspirations of the disabled people. The provision for three percent reservation in education and employment, social security measures, and affirmative action, elimination of discrimination, establishment of CCPD and SCPD are among those that have been incorporated in the PWD Acts. The financial allocations have been made in different Five Year Plans for the empowerment of the disabled people. These people have also been included in different welfare programmes like MGNREGA, SGSY, and NRDP etc. to provide them employment opportunities. However, this study found that the provisions of different acts and policies have not been implemented properly in both the districts as well as other parts of Odisha. The lack of awareness among the government officials as well as the disabled people is still continuing in Odisha. The money allocated for this purpose in different Five Year Plans is still unutilized.

4. The state of Odisha is one of the poorest states of India. Around 5% of the disabled people live in the state of Odisha. The literature reveals that the conditions of the disabled people in the state have been deteriorating. Different data indicate that the educational and employment status of these people is very low. To address these challenges, the Government of Odisha has taken many initiatives under its affirmative action programmes: disabled pension, provision of free uniform to the school going disabled children, 10 kilo rice per month at subsidized rate, accessible teaching learning materials, housing schemes like Indira Avas Yojana and Mo Kudia to provide them with livelihood opportunities. Besides, the PWD Act, enacted by Indian Parliament, is also implemented in the state since 2003 to ensure rights and justice to the disabled people.

   Despite all these policies and programs, the status of the disabled people in Odisha has not changed. Interviews with the disabled respondents revealed that that they frequently don’t know about the provisions of the government pertaining to disabilities, except for the disabled pension and 10 kilo rice at subsidized rice in both the districts. Respondents

also mentioned that they do not know where and whom they need to meet to access schemes like disabled pension and 10 kilo rice. This study has shown that the initiatives taken by Government of Odisha have not been popularized among the people, and not only the disabled people, even their family members, are not aware of these provisions. Further, this study also reveals that the disabled people in both the districts as well as other regions of the state do not have viable sources of income due to lack of opportunities, financial deficit, over protection by the family members, negative attitudes of the society and so on. The disabled person's participation in the state politics is also not visible.

5. This study observes that a large number of NGOs and voluntary organizations are working for the empowerment of the disabled people at the state and district level. These NGOs can play an important role in protecting the rights and opportunities of this marginal community by providing them education, vocational training, employment opportunities, and health services. Some national leading organizations participated actively in the disability movement and influenced the policy makers for the enactment of the disability legislation in the country. Some other organizations work as service providers in carrying out different government programmes. But most of the time, these organizations face financial deficit while discharging their activities. Most of the organizations depend upon government funds under grant-in-aid for which they are acting as the agents of the government and lagging behind in raising their voice to eliminate discrimination perpetrated against the disabled people.

In view of the findings of this research work, some policy recommendations are listed below to tackle the challenges.

- A constitutional amendment is needed in order to include the term disability in various provisions of the Indian Constitution particularly the provisions of Chapter Three and Four of the Indian Constitution.

- The provisions of different Acts and policies relating to disabilities should be rigorously implemented at the national as well as state levels and an effective monitoring mechanism should be implemented to track the implementation process.

- The three percent reservation in the field of education and employment should be implemented for the disabled people in the central as well as state governments to provide them equal opportunity with others.

- The old and outdated acts and policies in the concerned field should be reviewed and new acts and policies should be formulated to meet the aspirations of the disabled people in the country.

- The Budget allocation should be increased for the empowerment of the disabled people.

- A common platform bringing together all disabled groups should be created in the country and state to strengthen the disability rights movement.

- The NGOs and voluntary organizations should actively engage in the process of policy formation and their implementation.

- The disabled person's participation should be taken into consideration while making new policies.

- Disabled person should get disability certificate at their Panchayat office.

- All the disabled welfare programs should ensure easy access for disabled person in their locality.

- All the programs and policies should be published widely through local media.

- A grievance cell should be introduced at the Block level to register their problems.

- **Bibliography**

Primary Sources

- "American with Disability Act (ADA)", (1990). http://www.ada.gov/cguide.htm(Accessed on 8 July 2014).
- "The UN and Persons with Disabilities". http://www.un.org/esa/socdev/enable/disun.htm(Accessed on 5 May 2014).
- Abidi, Javed and V.M. Tamhane, n.d. Census Commissioner, <http://www.cdc.gov/nchs/ppp/citygroup/tamhane.ppp>
- Available at: http://planningcommission.nic.in/news/press pov1903.pdf [Accessed 18 July 2012]
- Draft Annual Plan 2011-12. Orissa. Volume- I. Government of Orissa. Planning and Co-ordination Department. Bhubaneswar. March. http://www.odisha.gov.in/pc/Download/2011-12/Annual_Plan_2011_12_Vol_I.pdf
- Ganjam District. (2008-09). Information on District Annual Plan, Five Year Perspective Plan and Vision Document of M.I. Division, Ganjam-I, Berhampur, Ganjam.
- Ganjam District. (2009). People's Audit of Health, Education and Livelihood (PAHELI), Gannjam, Human Development Foundation and Pratham, Odisha.
- Ganjam District. Food Insecurity and Vulnerability Information and Mapping System (FIVIMS) Report (DJRC-FAO Study)
- Ganjam District. Vision 2012-13 under ARD Sector- a report of CDVO, Ganjam.
- GoI (Government of India), (1991). NSSO (National Sample Survey Organisation) 47th round, Report No. 393, Ministry of Statistics, Government of India.
- GoI, (1923). Workers' Compensation Act, New Delhi.
- GoI, (1948). Employees State Insurance Act, 1948, New Delhi: Government of India.
- GoI, (1968). Directory of Institutions Working for the Disabled in India, New Delhi: Ministry of Welfare, Government of India.
- GoI, (1992a). AReport on Disabled Persons, 47thRound(July-December 1991)NSSOreportNo.393, pp. 1-2, Department ofStatistics,Government of India.

- GoI, (1992b). Rehabilitation Council of India Act 1992, New Delhi: Ministry of Social Justice and Empowerment, Government of India.
- GoI, (1995). The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, New Delhi: Ministry of Social Justice and Empowerment, Government of India.
- GoI, (1996). Persons with Disabilities (Equal opportunities, Protection of Rights & Full Participation) Rules, 1996, New Delhi: Ministry of Social Justice and Empowerment, Government of India.
- GoI, (1999). National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999, New Delhi: Ministry of Law, Government of India.
- GoI, (2000a). Rehabilitation Council of India (Amendment) Act, 2000, New Delhi: Ministry of Social Justice and Empowerment, Government of India.
- GoI, (2000b). RCI (Rehabilitation Council of India), 2000. Status of Disability in India, New Delhi: Kaniska.
- GoI, (2001). Registrar General and Census Commissioner, Census of India, 2001. General Population Table, New Delhi: Ministry of Statistics, Government of India.
- GoI, (2002). Planning Commission of India, A Handbook for Parents of Children with Disabilities, New Delhi: Education Department, Planning Commission, Government of India.
- GoI, (2003). NSSO, 2002, Report No. 485, New Delhi: Ministry of Statistics, Government of India.
- GoI, Planning Commission, (2012). Press notes on Poverty, 2009-10,[online] Available at: http://planningcommission.nic.in/news/press pov1903.pdf
- GoIndia. New Delhi, Training Manual: Village Rehabilitation Workers. Wiley Eastern Limited, New Delhi.
- Government of India Planning Commission, (2012). Press notes on Poverty, 2009-10,
- Government of India. (2009). Economic Survey 2008-09, Economic Division, Department of Economic Affairs, Ministry of Finance, Government of India, New Delhi.
- Government of India. (2012). Annual Health Survey, 2010-11 Fact Sheet, Odisha,

Office of the Register General and Census Commission, India.

- Government of India. (2013). Annual Health Survey, 2011-12 Odisha, Office of the Register General and Census Commission, India.
- Government of Odisha, (2004). KshyamataSamachar, [online].Available at:http://www.wcdOdisha.gov.in/publication/Kshyamata%20samachar.pdf
- Government of Odisha, (2004). KshyamataSamachar, at http://www.wcdOdisha.gov.in/publication/Kshyamata%20samachar.pdf
- Government of Odisha, (2004). KshyamataSamachar, Available at: http://www.wcdOdisha.gov.in/publication/Kshyamata%20samachar.pdf> [Accessed 25 January 2012] Page 77 of 100.
- Government of Odisha, (2006). Mission Kshyamata, [online]. Available at:< http://www.wcdOdisha.gov.in/download/MissionKshyamata.pdf> [Accessed 25 January 2012]
- Government of Odisha, (2006). Mission Kshyamata, [online]. Available at: http://www.wcdOdisha.gov.in/download/MissionKshyamata.pdf
- Government of Odisha, (2006). Mission Kshyamata, at http://www.wcdOdisha.gov.in/download/MissionKshyamata.pdf.
- Government of Odisha, (2008). State Policy for Persons with disabilities, [online].Available at: http://www.wcdOdisha.gov.in/download/Statepolicyfull.pdf
- Government of Odisha, (2008). State Policy for Persons with disabilities, [online]. Available at: http://www.wcdOdisha.gov.in/download/Statepolicyfull.pdf
- Government of Odisha. (2007). District Statistical Hand Book 2007, Ganjam, Directorate of Economics and Statistics Odisha, Odhsia: Bhubaneswhar.
- Government of Odisha. (2009). District Statistical Hand Book 2009, Ganjam, Directorate of Economics and Statistics Odisha, Odhsia: Bhubaneswhar.
- Government of Odisha. (2010). Economic Survey 2009-10, Odisha Planning and Coordination Department, Government of Orissa, Bhubaneswer.
- Government of Odisha. (2011). Economic Survey 2010-11, Odisha Planning and Coordination Department, Government of Orissa, Bhubaneswer.
- Government of Odisha. (2012). Economic Survey 2011-12, Odisha Planning and Coordination Department, Government of Orissa, Bhubaneswer.

- Government of Odisha. (2013). Districts at a Glance Odisha 2013, Directorate of Economics and Statistics Odisha, Odhsia: Bhubaneswhar.
- Government of Odisha. (2013). Economic Survey 2012-13, Odisha Planning and Coordination Department, Government of Orissa, Bhubaneswer.
- Government of Odisha. Women and Child Development Department. Resolution. November 2014. Director, Printing, Stationery and Publication, Odisha, Cuttack-10.Ex. Gaz. 1138–173+500.
- Government of Orissa. (2002). Orissa State Integrated Health Policy, Health and Family Welfare Department, Government of Orissa.
- Government of Orissa. (2003). Vision 2020-An Agenda for School and Mass Education, Report of the Task Force, Department of School and Mass Education, Government of Orissa.
- Government of Orissa. (2004). Poverty Reducing Growth Strategies, Report prepared by DJRC for PTF, Government of Orissa.
- Government of Orissa. (2005). Agronica -Directorate of Agriculture & Food Production.
- Government of Orissa. (2006-07). Annual Activity Report, Women and Child Development Department.
- Government of Orissa. (2009). Odisha Agricultural Statistics: 2007-08, Directorate of Agriculture and Food Production, Government of Orissa, Odisha, Bhubaneswar.
- Government of Orissa. Tenth Five-Year Plan, 2002-07, Eleventh Five-Year Plan, 2007-12.
- ILO (International Labour Organization), (2010). ‘The role of international cooperation in support of the Convention on the Rights of Persons with Disabilities’, ILO Contribution.
- ILO. (2002), Disability and Poverty Reduction Strategies. Discussion paper, Disability Programme, International Labour Organization.
- ILO. (2006) Social security for all: Investing in global social and economic development. Global Campaign on Social Security and Coverage for All, Social Security Department, International Labour Organization.
- IPH (Institute for the Physically Handicapped), annual reports.

- Kundu, C.L. and Mani M.N.G., (2000). Status Report on Disability 2000 (Visual disability), New Delhi: Rehabilitation Council of India.
- Livelihood Opportunities for Persons with Disabilities. UNDP (2012) India. http://www.undp.org/content/dam/india/docs/pub-povertyreduction/livelihood-opportunities-for-persons-with-disabilities.pdf.
- Ministry of Human Resource and Development, Annual Report 2005-06, Government of India.
- Ministry of Human Resource and Development, Government of India, National Policy on Education-1986.
- Ministry of Social Justice and Empowerment Government of India. Annual Report (2011-12 and 2012-13). http://socialjustice.nic.in/annualreports.php (Accessed on 05-03-2014).
- Ministry of Social Justice and Empowerment, Government of India, (1995), Gazette on Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995; Persons with Disabilities (Equal opportunities, Protection of Rights & Rights & Full Participation) Rules, 1996.
- Ministry of Women and Child Welfare, (2000), Policy document on empowerment of women. Government of India.
- National Centre for Promotion of Employment for Disabled People (NCPEDP). 2009. Employment of Disabled People in India: Base Line report, [online]. Available at:http://www.dnis.org/Employment.pdf
- National Handicapped Finance and Development Corporation, 2012. State -wise Total Disbursement, [online]. Available at: http://www.nhfdc.nic.in/site/state wise td.aspx
- National Sample Survey Organization, Ministry of Statistics and Programme Implementation, Government of India, Round Number 37th in 1981, 47th in 1991 and 58th in 2002.
- National Trust for the Welfare of Persons with Autism, Cerebral Retardation and Multiple Disability Act 1999.
- NIHH (National Institute for the Hearing Handicapped), annual reports.
- NIMH (National Institute for the Mental Handicapped), annual reports.
- NIOH (National Institute for the Orthopaedic Handicapped), annual reports.

- NIRTAR (National Institute of Rehabilitation Training & Research), annual reports.
- NIVH (National Institute for the Visually Handicapped), annual reports.
- Odisha Economic Survey. 2013-14. Planning & Coordination Department. Directorate of Economics & Statistics Government of Odisha .June. 2014 http://www.odisha.gov.in/pc/Download/Economic_Survey_2013-14.pdf
- Orissa Agricultural statistics (2006-07), Directorate of agriculture and food production, Orissa, Bhubaneswar.
- Orissa Development Report 2001, Govt. of Orissa, Bhubaneswar.
- Orissa Development Report 2002, Govt. of Orissa, Bhubaneswar..
- Orissa Food Security Atlas, WFP, IHID, 2008.
- Planning Commission of India (2005) National Human Development Report- 2005.
- The Draft Rights of Persons with disabilities Bill. (2014). http://www.prsindia.org/billtrack/the-right-of-persons-with-disabilities-bill-2014-3122/(Accessed on June 1, 2014).
- UN, 2006. United Nations Convention on the Rights of Persons with Disabilities, at http://www.un.org/disabilities/default.asp?id=150
- UN, 2011. 'Disability and Millennium Development Goals: A review of MDG process strategies for inclusion of disability issues in Million Development Goal Efforts', at http://www.un.org/disabilities/documents/review of disability and the mdgs.pdf.
- UNDP , Government of India and Shanta Memorial Rehabilitation Centre, (2007). A Multi State Socio Economic Study of Women with Disabilities in India, [online] Available at:http://www.undp.org.in/sites/default/files/reports publication/Report on the Studv on WWD.pdf
- UNESCAP (UN Economic and Social Commission for Asia and Pacific), 'Country Paper, Sources of National Disability Data', at http://www.worldenable.net/escapstats/paperindia.htm
- UNICEF, "Convention on the Rights of the Child". (1989). http://www.hrea.org/index.php?base_id=104&language_id=1&erc_doc_id=473&category_id=29&category_type=3&group=Human rights treaties and other instruments(Accessed on 13 May 2014).
- United Nations Charter, 1945.

- United Nations Children's Fund (UNICEF). (2008). The State of the World's Children 2009, Maternal and Newborn Health, UNICEF: New York.
- United Nations Convention on the Rights of persons with Disabilities (UNCRPD), (2007). http://www.un.org/disabilities/default.asp?id=259(Accessed on 20 April 2014)
- United Nations, (1994). The standard rules on the equalization of opportunities for persons with disabilities.
- United Nations, Department of International Economic and Social Affairs, Statistical Office, Disability Statistics Compendium, Statistics on Special Population Groups, Series Y, No. 4, New York, 1990.
- United States Bureau of the Census, Disability, Functional Limitation, and Health Insurance Coverage: 1984/85, Current Population Reports, Series P-70, No. 8, 1986, 2-3.
- WHO (World Health Organisation). (2000). ICIDH-2 International Classification of Functioning, Disability and Health. Geneva: World Health Organisation. Available at: http://www3.who.int/icf/icftemplate.cfm
- WHO (World Health Organization), (2010). CBR Guidelines: Livelihoods component. Geneva: WHO Library Cataloguing-in-Publication Data,at http://whqlibdoc.who.int/publications/2010/9789241548052 introductor y eng.pdf
- WHO. (2011). World report on disability, WHO library cataloguing-in-publication. Retrieved from whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf
- World Bank Report (2007) no-39855 IN, India achieving the MDGs in India's poor states, Human development Unit, South Asia http://planningcommission.gov.in/plans/stateplan/sp kbktour.pdf
- World Bank. (2001). India Improving Household Food and Nutrition Security Achievements and the Challenges Ahead (In Two Volumes) Volume 1: Main Report, No: 20300-IN, Washington D.C.
- World Health Organisation (WHO). (2004). Department of Nutrition for Health and Development, Global Database on Child Growth and Malnutrition-India, Geneva.
- World Health Organisation, (2010a). CBR Guidelines: Introductory booklet. Geneva: WHO Library Cataloguing-in-Publication Data, [online] Available at: http://whqlibdoc.who.int/publications/2010/9789241548052 introductor y eng.pdf

- World Health Organization ICIDH-2: International Classification of Functioning and Disability, available at: http://www.ncd.gov/newsroom/publications/www.deakin.edu.au/tedca/ncet/information/resources/ididh.html
- World Health Organization. (1980). International Classification of Impairments, Disabilities and Handicaps (ICIDH) World Health Organization, Geneva;

Secondary Sources

Newspapers

- "Delhi Lathi -Charge on Blind Morcha". (2014). The Times of India (1861-current): 1. Mar 17 1980. ProQuest.Web. (Accessed on 9 July 2014).
- "Disability Bill Flawed: NALSAR". New Indian Express. February 06, 2014. http://www.newindianexpress.com/cities/hyderabad/Disability-Bill-flawed-NALSAR/2014/02/06/article2040975.ece (Accessed on February 6 2014).
- "Protest against bill".The Hindu. March 03, 2014. http://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/protest-against-bill/article5744873.ece(Accessed on March 3 2014).
- C, Divya.(2014) "Disabled divided over Rights of Persons with disabilities bill". *The Times of India.*http://timesofindia.indiatimes.com/india/Disabled-divided-over- (Accessed on 12.07.15)
- D, Aarti. (2013). "Census reveals only marginal increase in the differently-abled population". Social Issues. The Hindu. December 30 New Delhi. www.thehindu.com/.../census.../article5516279.ece
- D, Amita. (2014). "A Retrograde and Incoherent Law". The Hindu. February 06, 2014. http://www.thehindu.com/opinion/op-ed/a-retrograde-and-incoherentlaw/article5657802.ece(Accessed on February 6 2014).
- Gopinath V., (1995). 'Is the bill for disabled an icing on the cake: The debate continues on whether the bill has bite or lacks teeth, New Delhi: *The Pioneer*, 31

December.

- H, Zubeda.(2014) "Activists rue weak links in disability rights bill". *The Hindu.*http://www.thehindu.com/news/cities/chennai/activists-rue-weak-links-in-disability-rights-bill/article5703456.ece (Accessed on February 19 2014).
- K, Sobhana. (2014) "Exam scribe leeway for the disabled". The Telegraph. March 10, 2013.: http://www.telegraphindia.com/1130311/jsp/nation/story_16657766.jsp#.U4g2qSYU_IUAccess on 27 May.
- Karna, G.N., (2000a). 'Disabled human rights', p. 9, *The Pioneer*, 11 February.
- S, Gautami. (2013). "A level writing field". The Hindu. March 14, 2013: http://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/a-level-writing-field/article4506778.ece Access on 27 May, 2014.
- S, Kritika. (2014). "Arjuna Awardee loses sight in Police action". The Hindu. March 01, 2014. http://www.thehindu.com/news/cities/Delhi/arjuna-awardee-loses-sight-in-police-action/article5739341.ece (Accessed on March 1 2014).
- Times of India (Bangalore) 2005. 'Funds for disabled not utilised: NGOs', 19 February, p. 7.
- Times of India (New Delhi), 1981. 19 April.
- **Websites**
- "Blind brutally Lathicharged outside Rahul Gandhi's home as He sheds Crocodile tears". Niti Central. March 01, 2014. http://www.niticentral.com/?p=233146
- "Disability Discrimination Act 1992". http://www.comlaw.gov.au/Details/C2006C00092/Html/Text#para2.9 (Accessed on 6 July 2014).
- "Disability Discrimination Act 1995". http://www.legislation.gov.uk/ukpga/1995/50/introduction (Accessed on 6 July 2014).
- "Human rights of Persons with disabilities". http://www.hrea.org/index.php?base_id=152 (Accessed on 10 May 2014).

- "Principles for the Protection of Persons with Mental Illnesses and the Improvement of Mental Health Care", G.A. res. 46/119, 46 U.N. GAORSupp. (No. 49)at 189, U.N. Doc.A/46/49 (1991). http://www1.umn.edu/humanrts/instree/t2pppmii.htm, (Accessed on 13 May 2014).
- "Rights of persons with disabilities bill futile and dangerous". Feminists India. March 01, 2014. http://feministsindia.com/rights-of-persons-with-disabilities-bill-futile-and-dangerous/(Accessed on March 1 2014).
- “Sexual Violence, Disability & Criminal Law: Call for Reformation and Recognition” URL: htt p://ssrn.com/abstract=1000828
- “Standard Rules on the Equalization of Opportunities for Persons with Disabilities". (1993). http://www1.umn.edu/humanrts/instree/disabilitystandards.html, (Accessed on 19 May 2014).
- Department of Steel and Mines. 200http://www.orissaminerals.gov.in/Download/Compendium_of_Mineral_Resources_in_Odisha.pdf
- Disability Discrimination Act, 1995. British Government.
- Disability India Network. ‘Definition and Certification’, at http://www.disabilityindia.org/certificate.cfm
- Greely, M., 1994. Measurement of Poverty and Poverty Measurement. IDS Bulletin, 25.2, [online]. Available at: <http: //www. ids.ac.uk/files/dmfile/greeley25.2.pdf> [Accessed 19 June 2012]
- National Human Rights Commission probes hunger deaths in Orissa, March 27, 2010. http://www.andhranews.net/India/2010/March/27-National-Human-Rights-Commission-probes-8479.asp.
- NCPEDP (National Centre for Promotion of Employment for Disabled People), 2001. ‘Disability advocates win the right to be counted’, at: http://www.disabilityworld.Org/01-02_01/news/census.htm
- NHFDC (National Handicapped Finance and Development Corporation), 2012. State-wise Total Disbursement, at http://www.nhfdc.nic.in/site/state wise td.aspx.
- NYSASDRI, 2005. Directory of Circle of Support for Persons with Disabilities in Odisha, at http://www.cos-transnational.net/pdf/NGO-Directory.pdf.

- Promotion of Employment of Disabled Persons (NCPEDP, research report, 2004). Source: http://www.orissapost.com/epaper/111213/p2.htm
- Rights-of-Persons-with-Disabilities-Bill/articleshow/29911510.cms (Accessed on February 5 2014).
- S, Amba. (2104). "A Critique of the Draft Rights of Persons with Disabilities Bill". Kafila February 3 2014. http://kafila.org/2014/02/03/a-critqiue-of-the-draft-rights-of-persons- with-disabilities-bill-2014-amba-salelkar/(Accessed on February 3, 2014).
- Samal. D. S, (2014). Disabled persons demand their rights on International Day of People with Disabilities Wednesday, 03 December. www.dnaindia.com
- Shanta Memorial Rehabilitation Centre, (2005). ‘Study on disaster preparedness and mitigation of disabled in Jagatsinghpur District’, at http://www.smrcOdisha.org/files/Gender Report.
- Shanta Memorial Rehabilitation Centre, 2005. Study on Disaster Preparedness and Mitigation of Disabled in Jagatsinghpur District, [online]. Available at: http://www.smrcOdisha.org/files/Gender Report [Accessed 21 January 2012]
- Social Protection and Labor at the World Bank, 2000-08. http://planningcommission.nic.in/reports/sereport/ser/ser_mat1808.pdf
- The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines. World Health Organization. http://www.who.int/classifications/icd/en/bluebook.pdf
- www.bpl.nic.in
- www.fao.org/es/esa
- www.ganjam.nic.in
- www.orissahealth.gov.in
-
- **Books and Journals**
-
- "Declaration on the Rights of Deaf-Blind Persons" (Adopted by the Helen Keller World Conference on Services to Deaf-Blind Youths and Adults on 16 September 1977)

http://www1.umn.edu/humanrts/instree/deaf-blindrights.html (Accessed on 10 May 2014).

- "Do not bring Ordinance on Disability Rights Bill: CCPD to PM".Business-Standard. February 28, 2014. http://www.business-standard.com/article/pti-stories/do-not-bring-ordinance-on-disability-rights-bill-ccpd-to-pm-114022800890_1.html (Accessed on February 28 2014).

- "Members of All India Disability Alliance protest against Ordinance on Disability Rights Bill"DN4 *India.* March 15, 2014. http://www.dnaindia.com/india/slideshow-members-of- all-india-disability-alliance-protest-against-ordinance-on-the-disability-rights-bill-1966336(Accessed on March 15 2014).
- "Visually-handicapped 'Lathi-Charged outside Congress headquarters".(2014)*The Hindu.* http://www.thehindu.com/todays-paper/tp-national/tp- newdelhi/visuallyhandicapped-lathicharged-outside-congress- headquarters/article5734848.ece (Accessed on 27 April 2014).
- ---------------(2001), Marginalisation and disability: Experiences from the third world, In "Disability and the life course: Global perspectives", (ed.), M. Priestley, Cambridge, Cambridge University Press.
- "Chronic Poverty and Hunger in KBK Region of Orissa: Identifying Causes in the Perspective of a Case Study in Watershed Development Project in Nabarangpur District" (2008) A Research Paper presented by NabakishoreParida India in partial fulfillment of the requirements for obtaining the degree of MASTERS OF ARTS IN DEVELOPMENT STUDIES. See http://thesis.eur.nl/pub/7036/Parida%20RLGC%202007-08.pdf.Accessed on 12.07.15
- "Defining Disabilities: NSSO v/s Census".(2005).Anveshak, Journal of Sardar Patel Institute of Economic and Social Research, Vol. 35, July-December.
- "General recommendations made by the Committee on the Elimination of Discrimination against Women, General Recommendation No. 18" (tenth session, 1991). http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm. htm(Accessed on 10 May 2014).
- "Nalsar slams leaked Disability Rights bill 2013 that makes 'mincemeat' of Rights and

may pass for political points". http://www.legallyindia.com/201402054315/Constitutional-law/nalsar-calls-to-scrap-disability-rights-bill (Accessed on March 5, 2014).

- "Poverty and Human Development Monitoring Agency (PHDMA)". Government of Odisha Bhubaneswar. Planning and Coordination Department Government of Odisha Disability, Gender and State Policy. See http://phdmaodisha.nic.in/Reports/SWPRFD/PHDMA-RFD-2014-15.pdf. (Accessed on 12.07.15.)
- A, Renu. (ed.),(2013). *Disability studies in India Global Discourses, Local Realities.*New Delhi: Routledge.
- A. K. Dalal. (2002). Disability rehabilitation in a traditional Indian society. Asia Pacific Disability Rehabilitation Journal, 15(2), 96—105.
- Abberly, P.(2002). 'Work, disability, disabled people and European social theory', pp. 120-38. In C. Oliver Barnes and L. Barton (eds.), *Disability Studies Today,* Cambridge, UK: Polity Press.
- Abidi, Javed. (1995). "No Pity. Health for the Millions", Voluntary Health Association of India (VHAI),New Delhi,Vol.21 No. 6.
- Addlakha, Renu, and Saptarshi Mandal. (2009). "Disability law in India: Paradigm shift or evolving discourse?" *Economic and Political Weekly*: 62-68.
- Addlakha, Renu, et al.(2009). *Disability and society: a reader.* New Delhi: Orient Blackswan.
- Aggarwal, R. (1992). "Psychological factors in mainstreaming visually impaired adults". Journal of Visual Impairment and Blindness, 86(2), 118-121.
- Ahluwalia, H.P.S. and J.P. Singh (eds.), (2004). *Summit of the Mind*, New Delhi: RCI and Kanishka.
- Akroyd, S. and A. Duncan, 1998. 'The sector approach and sustainable rural livelihoods', pp. 27-38. In D. Carney (ed.), *Sustainable Rural Livelihoods: What contribution can we make?*London: DFID.

- An Technologies. London: Action Group Limited.
- Anand, S. and A. Sen, (1997). 'Concept of human development and poverty: a multidimensional perspective', pp. 228-44. In S. Fukuda-Parr and A.K. Shiv Kumar (eds.), *Readings in Human Development,*New Delhi: Oxford University Press.
- Armstrong, C., (2006). *Rethinking Equality: The challenge of equal citizenship*. New York: Manchester University Press.
- Banks L. M, *et*. All. (2005). Disability and social protection programmes in low- and middle-income countries: a systematic review. October. International Centre for evidence in disability, London School of Hygiene and tropical medicine, london, UK.
- Baquer, A. 1997. Disability: Challenges vs Responses. New Delhi: Concerned Action Now.
- Baquer, Ali. 1994. Disabled, Disablement, Disablism. New Delhi: VHAI.
- Baquer, Ali., and Anjali Sharma.1997. *Disability: Challenges vs responses. New Delhi:* Concerned Action Now.
- Barnes, Colin and G. Mercer,(2010). *Exploring Disability,*2nd edn, Cambridge: Polity Press
- Barnes, Colin, G. Mercer and T. Shakespeare,1999. *Exploring Disability: A sociological introduction*, London: Polity Press.
- Barnes, Colin, M. Oliver and L. Barton (eds.), 2002. *Disability Studies Today*, London: Polity Press.
- Barnes, Colin. 1991. Disabled People in Britain And Discrimination: A case for Anti-Discrimination Legislation. London: Hurst & Company.
- Barnes, Colin.(2006). 'Reasonable access to the built environment for persons with disabilities'. Leeds: Research Seminar, Westwood Hall Hotel, 5 April.
- Barron, T. and P. Amerena, (2007). 'Introduction', pp.1-20. In T. Barron and P. Amerena (eds.), *Disability and Inclusive Development,*London: Leonard Cheshire International.

- Barton, L. (1993). ‘The struggle for citizenship: The case of disabled people’, *Disability and Society*, 8(3): 235-48.

- Bauman, Z., 2004. *Identity: Conversations with Benedetto Vecchi,* Cambridge: Polity Press.

- Baynton, D.C., (2001). ‘Disability and the justification of inequality in American history. The new disability history: American perspectives’, New York: New York University Press.

- Behera, P.K. (2015). Socio-Economic Impact of Industrialisation and Mining on the Local Population: A Case Study of NALCO Industrial Area, Koraput. Department of Economics, Central University of Orissa, Koraput, Odisha, India.

- Bellamy, R., (2008). *Citizenship: A very short introduction,*Oxford: Oxford University Press.

- Beteille, A. (1963). The Idea of Natural Inequality and Other Essays. Delhi: Oxford University Press.

- Bhambhani, Meenu.(2004). *“From Charity to Self-Advocacy: The Emergence of Disability Rights Movement in India.”* Diss. Chicago: University of Illinois.
- Bhatt, Usha.(1963).*The Physically Handicapped in India: A Growing National Problem.* Bombay: ShivlaxmiBhuvan Publication.
- Bhattacharya, V.R., (1978). *Some Aspects of Social Security Measures in India,*New Delhi: Metropolitan.

- Bickenbach, J.E., (2001). ‘Disability human rights, law and policy’, pp. 565-8. In G.L. Albrecht, K D. Seelman and M. Bury (eds.), *Handbook of Disability Studies,* Thousand Oaks, CA: Sage.

- Bickenbach, J.E., S. Chatterji, E.M. Badley and T.B. Ustiin, (1999). ‘Models of disablement, universalism and the international classification of impairments, disabilities and handicaps’, *Social Science & Medicine*, 48(9): 1173-87.

- Boylan, Esther, (1991). Women and Disability. London & New Jersey: Zed Books Ltd.
- Braithwaite, J. and D. Mont, (2008). ‘Disability and poverty: a survey of World Bank poverty assessment and implications’, *SP Discussion Paper*085, World Bank
- Briedger B., (1989). *The Last Civil Rights Movement*, London: Hurst.
- Bruyere, S. M. (2000). “Civil Rights and Employment Issues of Disability Policy”, Journal of Disability Policy Studies, Vol. 11, No. 1.
- C, Liz. (1996). ‘Including all of Our Lives: Renewing the Social Model of Disability’ in Colin Barnes and Geof Mercer, Leeds edited ‘Exploring the Divide’, The Disability Press, pp. 55 – 72.
- Carney, D., (1998). ‘Implementing sustainable rural livelihoods’, pp. 3-23. In D. Carney (ed.), *Sustainable Rural Livelihoods: What contribution we can make?* London: DFID.
- Carney, T. (2003). "Disability and social security: Compatible or not." *Australian Journal of Human Rights* 9.2: 139-172.
- Census ofsf India (2001) General Population Tables.
- Chambers, R. and G.R. Conway, 1991. ‘Sustainable rural livelihoods: Practical concepts for the 21st century’, *IDS Discussion Paper*296,at http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/775/Dp 296.pdf?sequence=1ANT
- Chander, Jagdish.(2011). *“Movement of the Organized Blind in India: From Passive Recipients of Services to Active Advocates of Their Rights.* Diss.” New York: Syracuse University, 2011.
- Chandra, Asis, (2000). Human Rights Activism and Role of NGOs, New Delhi: Rajat.
- Chandra, Asis, 2000. *Human Rights Activism and Role of NGOs*, New Delhi: Rajat.
- Charlton, James I. (1998) *“Nothing about us without us: Disability oppression and empowerment”.* Berkeley: Univ of California Press.
- Cheshire, Leonard. (2009). Centre for Disability and Inclusive Development Department of Epidemiology and Public Health Division of Population Health University College London, http://www.ucl.ac.uk/lc-

ccr/centrepublications/workingpapers/date

- Chopra. T. (2013). “Expanding the Horizons of Disability Law in India: A Study from a Human Rights Perspective”. International Journal of Asian Social Science, 2013, 3(5):1244-1259.
- Choudhary, A.K. (1995), “Disability & Rehabilitation: An Overview”, Health for the Millions, VHAI New Delhi, Vol. 21 No. 6. March 1 2014).
- Christoffle Blindenmission. (1979). Without Holding Hands. Bensheim: ChristoffleBlindenmission.
- Cigno, Alessandro et al (2002). Child Labor Handbook. Social Protection Unit. Human Development Network. May. The World Bank.
- Citizen’s Report on State of "Rights of the Child" in Orissa. 2007-08. Orissa Alliance on CRC (Convention on Rights of the Child) http://www.pecuc.org/pecuc/Upload/CenterOfRight/11.pdf. (Accessed on 12.07.15)
- Coleman, J.S., (1993). ‘The rationale reconstruction of society’, *American Sociological Review*, 58(1): 1-15.
- Coleridge, P. and B. Venkatesh, (2010). ‘Community approaches to livelihood development: Self-help groups in India’, pp.177-213. In T. Barron and J.M. Ncube (eds.), *Poverty and Disability,* London: Leonard Cheshire Disability.
- Coleridge, P., (1993). *Disability, Liberation and Development,*Oxford: Oxfam.
- Compendium of Mineral Resources of Orissa - Steel & Mines. Nov 30, 2014. Government Orissa.
- Corker, M. and T. Shakespeare, 2002. ‘Mapping the terrain’, pp. 1-17. In M. Corker and T. Shakespeare (eds.), *Disability/Post modernity,* London: Continuum.
- Cramm, J. and H. Finkenflugel, (2008). ‘Exclusion of disabled people from microcredit in Africa and Asia: A literature study’, *Asia Pacific Disability Rehabilitation Journal*, 19(2): 15-33.
- D, Star. (2007). Ratify UN convention to ensure rights of persons with disability. The Daily Star, 5 April 2007. http://www.thedailystar.net/2007/04/05/d70405060174.htm

- D,Filmer (2008), World Bank Report on Disability, The World Bank Economic Review, vol.22, no.1, pp. 141-163.
- D. Stephen and S. Rachel. (2004). Transformative social protection IDS Working Paper 232. October. Institute of Development Studies. Brighton, Sussex BN1 9RE .England.
- Das, D., and S.B. Agnihotri, (1999), Physical disability: Is there a gender dimension? "Economic and political weekly", 33 (52), pp. 3333-35.
- Davis, L.J., (2006). 'Constructing normalcy: The bell curve, the novel, and the introduction of the disabled body in the nineteenth century', pp.3-16. In L.J. Davis (ed.), *The Disability Studies Reader,* 2nd edn., New York: Routledge.
- DfEE (Department for Education & Employment) (2000) Consultation Paper on Special Educational Needs and Disability Rights in Education Bill. London: DfEE.
- DFID (Department for International Development), 2000. Disability, Poverty and Development,London: Straightway Communications
- DFID. (2005). Social transfers and chronic poverty: emerging evidence and the road ahead:A DFID Practice Paper. Department for International Development
- Disability Awareness in Action. (1995). Overcoming Obstacles tothe Integration of Disabled People. London: Disability Awareness in Action.
- Disabled Women's Network (Asia-Pacific). NAB - CBR Network, She Can. Special Edition. Vol. 1, No. 2
- Ellen Groce and ParulBakshi. Illiteracy among Adults with Disabilities in the Developing World: An Unexplored Area of Concern, Working Paper Series: No. 9.
- Employment of Disabled People in India Base Line Report. February 2009 Prepared for National Centre for Promotion of Employment for Disabled People (NCPEDP) By Diversity and Equal Opportunity Centre (DEOC) Supported by British High Commission Employment of Disabled People in India.
- Enticott, J., Graham P. and Lamb B., (1992). *Polls Apart: Disabled People and the 1992 General Election*, London: Spastich.

- Erb, S., &Harriss-White, B. (1996). Outcast from social welfare? Adult disability and development in rural India. Unpublished paper, Queen Elizabeth House, University of Oxford.

- Erb. S. and Harris-White, B., (2001). The economic impact and developmental implications of disability and incapacity in a village study from S. India. Paper presented to the workshop Welfare, demography and development, September 11-12, Downing College, Cambridge.

- F. No. 12/110/2003-DD-III, Ministry of Social Justice and Empowerment, Government of India. Office Memorandum, Dated: 26 February
- Family of Disabled, The Voice of FOD reports and Annual Reports, New Delhi
- Finkelstein, V., (1991). 'Disability: An administrative challenge (the health and welfare challenge)', In M. Oliver J. (ed.), *Social work: Disabled People and Disabling Environments,* London: Kingsley.

- Finkelstein, V., 1993. 'Disability, impairment or something in between', In J. Swain, (eds.), *Disabling Barriers – Enabling Environments*, London: Sage.
- Fletcher, Agnes. (1994). Disability Awareness in Action: Organising Building. London: Disability Awareness in Action.
- Foundation for International Training. (2002). Identifying Disability Issues Related to Poverty Reduction: India Country Study. Asian Development Bank.
- Fuller, M., Bradley, A. & Healey, M. (2004b) Incorporating disabled students within an inclusive higher education environment, Disability and Society, 19, 455-468.
- Fuller, M., Healey, M., Bradley, A. & Hall, T. (2004a) Barriers to learning: a systematic study of the experience of disabled students in one university, Studies in Higher Education, 29(3), 303-318.

- G, SajiSaraswathy. (2009). Review of Health Equity. Department of Health & Family Welfare. Government of Orissa.
- Galvin, R., 2003. 'The paradox of disability culture: The need to combine versus the imperative to let go', *Disability Society*, 18(5): 675-90.

- General assembly."Declaration on the rights of Disabled Persons." (1975)
- Gerschick, T. and A, Miller. (1994). Gender Identities at the Crossroads of Masculinity and Physical Disability, "Masculinities", 2(1: PP. 34-55.
- Ghai, A, (2002), Disabled Women: an excluded agenda of Indian feminism, "Hypatia", 17(3), (Summar).
- Ghai, A. (1998). Living in the shadow of my disability, "The Journal", 2 (1), PP. 32-36.
- Ghai, A.,(2001). 'Marginalization and disability: experiences from Third World', pp. 26-37. In M. Priestley (ed.), *Disability and Life Course: Global Perspectives,*Cambridge: Cambridge University Press.
- Ghai, Anita. (2003). *"Disembodied form: Issues of disabled women.* New Delhi: Har-Anand Publications.
- Gleeson, B., (1999). *Geographies of Disability,*London: Routledge.
- Grech, S., 2009. 'Disability, poverty and development: Critical reflections on the majority world debate', Disability & Society, 24(6): 771-84.
- Groce, N. (1985), Everyone here spoke sign language: Hereditary Deafness on Martha's Vineyard, London, Harvard University Press.
- Groce, N.E., (2004), Adolescents and youth with disability: issues and challenges, "Asia Pacific Disability Rehabilitation Journal", 15 (2), 13-32.
- Groce, Nora, Maria Kett, Raymond Lang and Jean-Francois Trani (2011), Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice, Third World Quarterly, Vol. 32, No. 8, 2011, pp 1493-1513
- Gustafson D.J. 2004. Building a Hunger-Free India from the Ground-Up: The Importance of Smallholder Agriculture for Poverty Reduction and Food Security, National Food Security Summit, 2004, Selected Papers Ed. M.S. Swaminathan et al, World Food Programme.
- Guthrie, T., Proudlock, P., Sait, W., Linders, P., Gcaza, S., Thompson, P. and van Noordwyk, N. (2001) Social Security Policy Options For People With Disabilities In South Africa: An International And Comparative Review. Prepared by the Child Health

Policy Institute and The South African Federal Council on Disability for the Committee Of Inquiry Into A Comprehensive Social Security System.

- Haan, A. and Dubey, A. (2003) 'Extreme deprivation in remote areas in India: social exclusion as an explanatory concept', Draft paper for Manchester conference on chronic poverty, April,20013.
- Haan, Arjan de and Dubey, Amaresh. 2003. Poverty in Orissa Divergent Trends? With some Thoughts in
- Hahn H., 1985a. 'Introduction: Disability policy and the problem of discrimination', *American Behavioral Scientist*, 28(3): 293-318.
- Hahn, H., 1985b. 'Towards a politics of disability', *Social Science Journal*, 22(4): 87-105.
- Handicap International India, 2012. Field survey report from Haraspada [survey report, unpublished in house data], June 2007. Bhubaneswar: Handicap International.
- Hans, Asha, and Annie Patri.(2003) *Women, disability, and identity.* New Delhi: Sage Publications Pvt. Ltd.
- Harris-White, B. (1996). The political economy of disability and development: With special reference to India. Discussion Paper No. 73, United Nations Research Institute for Social Development, Geneva.
- Harris-White, B. (1999). State, market, collective and household sector in India's social sector. In B. Harris-White & S. Subramanian (Eds.), Illfare in India - Essays on India's social sector in honour of S. Guhan. New Delhi: Sage.
- Harris-White, B., &Vidyarthee, K. (2007). An Atlas of dalits in the Indian economy. A paper for the International Workshop for Judith Heyer Rural Development: Retrospect and Prospect. Department of International Development, Queen Elizabeth House, Oxford University.
- Helander, E. (1993). Prejudice and Dignity: An Introduction to Community Based Rehabilitation, United Nations Development Programme, New York. U.N. Department of Public Information for NGO Representatives, 1980).The Economic and Social Council (ECOSOC) of the United Nations
- Helander, Einar (1999). Prejudice and Dignity: An introduction to Community Based

Rehabilitation 2nd edition. New York: United Nations Development Programme.

- Henderson, A.S. (1994). Introduction to Exceptional Children: Their Nature and Educational Provisions.New Delhi: Sterling Publishers Pvt. Ltd.
- Holzmann, Robert, ed. Maternal Mortality in Orissa: an Epidemiological Study. http://planningcommission.nic.in/reports/sereport/ser/ser_mat1808.pdf
- Homan, M.S., (2004). *Promoting Community Change: Making it happen in the real world*, 3rdedn.,Belmont, CA: Brooks/Cole.
- Howell, F. (2001) Social Assistance: Theoretical Background in Ortiz, I. (ed.) Social Protection in Asia and the Pacific Asian Development Bank http://www.adb.org/documents/books/social_protection/
- Hughes, B., 2002. 'Disability and the body', pp. 58-76. In C. Barnes, M. Oliver and L. Barton (eds.), *Disability Studies Today*, Cambridge: Polity Press/Blackwell.
- Hulme, D. and A. McKay, n.d. 'Identifying and measuring chronic poverty: Beyond monetary measures', CRPC- IIPA Working Paper 30: 1-35, at http://www.dfid.gov.uk/R4D//PDF/Outputs/ChronicPoverty RC/HulmeMckay(BeyondMonetary)Final.pdf.
- ICEVI. (1995) "Proceedings of the Asia Regional Conference on Reaching the Unreached", Organised by the International Council for Education of People with Visual Impairment ,Ahmedabad, India.
- IFSHA. A conference on women and sexual abuse. (Intervention for support, healing and awareness): C52, Second Floor, South Extension, Part II, New Delhi, India.
- International Institute for Population Sciences (IIPS), 2007. District Level Household Survey and Reproductive and Child Health (DLHS-2), 2002-04, Odisha: Mumbai: IIPS.
- International Institute for Population Sciences (IIPS), 2010. District Level Household and Facility Survey (DLHS-3), 2007-08, Odisha: Mumbai: IIPS.
- International Institute for Population. Sciences (IIPS) and Macro International. 2007. National Family. Health Survey (NFHS-3), 2005-06: Odisha: Mumbai: IIPS.
- International Labour Office (Geneva). (1978).Cooperatives For the Disabled: Organisation and Development. Geneva.

- International Labour Organization, (2002). Disability and Poverty Reduction Strategy- How to ensure that a person with disabilities to decent and productive work is the part of PSRP process. In: Discussion paper on Infocus Programme on Skills, Knowledge and Employability /Disability Programme, [online]. Available at: http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_107921.pdf
- Isin, E.F. and P.K. Wood, 1999. *Citizenship and Identity*, London: Sage.
- Jangira, N. K. &Srinivasan, A. (1991) Attitudes of educational administrators and teachers towards education of disabled children. Indian Journal of Disability and Rehabilitation, (July-December), 25-35.
- Jeffery R. and N. Singal, (2008). 'Measuring disability in India', pp. 22-24, *Economic and Political Weekly*, 22 March, at http://recoup.educ.cam.ac.uk/publications/JefferySinga120081.pdf.
- Jeffery, Roger, and Nidhi Singal.(2008) "Measuring disability in India", *Economic and Political Weekly*. 22-24.
- Karna, G. N.(1999) *United Nations and the rights of disabled persons: a study in Indian perspective.* New Delhi: APH Publishing.
- Karna, G.N., (1999).*United Nations and Rights of Disabled Persons: A study in Indian perspectives*, New Delhi: APH.
- Karna, G.N., (2000b). 'Disability rights movement: Conceptual framework and its implications for India', *Disability and Impairments*' 14(1): 15-22.
- Karna, G.N., (2001). *Disability Studies in India: Retrospect and Prospects*, New Delhi: Gyan.
- Karnataka Welfare Association For the Blind, "Services for Disabled", Action Aid: Disability Division , Bangalore .
- Kitchlu, T.N. (1991). *A Century of Blind Welfare in India*. Delhi: Penman Publishers.

- Kothari, Jayna.(2012). *The Future of Disability Law in India: A Critical Analysis of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995.* New Delhi: Oxford University Press.
- Kothari.J.(2010). "The UN Convention on Rights of Persons with Disabilities: An Engine for Law Reform in India" .EPW. Vol - XLV No. 18, May 01.
- Krantz, L., 2001. 'The sustainable livelihood approach to poverty reduction', at http://www.forestry.umn.edu/prod/groups/cfans/@pub/@cfans/@forestry /documents/asset/cfans _ asset 202603.pdf.
- Lang, R.(2001). 'Understanding disability from a South Indian perspective', at http://www.ucl.ac.uk/lc-ccr/lccstaff/raymond-lang/understanding disability in india.pdf.
- Lang,R. (1998). A critique of the disability movement. Asia Pacific Disability Rehabilitation Journal, 9(1), 4-8.
- Lawani, B.T., (1999). *NGOs in Development*, New Delhi: Erawat.
- Leipoldt, E. (1999). "Them and us?", Disability Studies Quarterly, Vol. 19, No. 4
- Levitt, Sophie. (1987). We Can Play And Move: Appropriate Health Resources
- Lister, R., (1991). *The Exclusive Society: Citizenship and the poor*, London: CPAG.
- Longmore, P.K., (2003). *Why I Burned My Book and Other Essays on Disability,*Philadelphia: Temple University Press.
- Lovendal, C. et al. (2004). Understanding Vulnerability to Food Insecurity Lessons from Vulnerable Livelihood Profiling, ESA Working Paper No. 04-18, October 2004, www.fao.org/ es/esa.
- M, Monoranjan and S, A. K. (2001). Voluntarism and Government Policy, Programme and Assistance.Voluntary Action Network India (VANI).October. New Delhi.
- Mani, M.N.G., (2003). 'Inclusive education in India – Policies and practices', *ICEVI Educator*, Jan.-June.
- Mani, R., (1988). *Physically Handicapped in India*, New Delhi: Ashish.
- Mani, Rama.(1998). *The Physically Handicapped in India: policy and Programme.*

Delhi: South Asiia Books.

- Marriott, Anna and Kate Gooding (July 2007), Social Assistance and Disability in Developing Countries, Issue no. 25 September-November 2004
- Marshall, T., (1950). *Citizenship and Social Class and Other Essays,*Cambridge: Cambridge University Press.
- Mason, M., (1992). 'The disability movement', In R. Rieser and M. Mason (eds.), *Disability Equality in Classroom: A human rights issue*, London, Disability Equality in Education.
- Mbogoni, M and Angela, Me.(2002) Revising the United Nations Census Recommendations on Disability United Nations Statistics Division. https://www.cdc.gov/nchs/data/washington_group/meeting1/me_mbogoni1.pdf
- Mc Clain-Nhlapo, C., (2010). 'Mainstreaming and inclusive development', pp. 111-43. In T. Barron and J.M. Ncube (eds.), *Poverty and Disability*, London: Leonard Cheshire Disability.
- Measurement Issues, (Mimeo), Paper presented at the Workshop on Monitoring of Poverty in Orissa, February 26-27, NCDS, Bhubaneswar.
- Mehrotra, N. (2006). Negotiating gender & disability in rural Haryana. Sociological Bulletin, 55(3), 406—426.
- Mehrotra, N. (2008). Women and disability management in rural Haryana, India. Asia Pacific Disability Rehabilitation Journal, 19(1), 38—49.
- Mehrotra, N.(2011). "Disability Rights movements in India: Politics and practice." *Economic and Political Weekly* 46.6. 65-72.
- Mehrotra, N.(2013). "Disability rights movement in India: Politics and practice", In Disability, Gender and State policy: Exploring margin. Jaipur: Rawat Publication.
- Menon.N. and P.Susan.et al (2012). The "State" of Persons with Disabilities in India"http://www.brandeis.edu/~nmenon/JHDC_pub.pdf. (Accessed on 12.07.15)
- Mercer, Leeds edited 'Exploring the Divide', The Disability Press, pp. pp.29 -54.
- Merhotra, N. (2013). Disability, Gender, and Caste Intersections in Indian Economy.

Research in Social Science and Disability, Volume 7, 295—324. Emerald Group Publishing Ltd.

- Miles, M, (1990), 'Disability and Afghan Reconstruction: some policy issues', *Disability, Handicap and Society,* 5, 3, pp. 257-267.
- Miles, M. (2002). Community and individual responses to disablement in south Asian histories: Old traditions, New Myths? *Asia Pacific Disability Rehabilitation Journal.* Retrieved from http://www.aifo.it/english/disability/apdrj/selread102/contents.htm/ Accessed on 7 June 2009.
- Mishra B., (1995). 'Bill on handicap stuck with ministry', *Times of India*, 29 May.
- Mitra, S. and U. Sambamoorthi, 2006. 'Employment of persons with disabilities: Evidence from the National Sample Survey', *Economic and Political Weekly*, 41(3): 199-203.
- Mitra, S., (2005). 'Disability and social safety nets in developing countries'. In The World Bank Social Protection Discussion Papers Series, Vol. 0509, at http://siteresources.worldbank.org/SOCIALPROTECTION/Resources/05 09.pdf.
- Mitra, Sophie, and Usha Sambamoorthi. (2006) "Disability estimates in India: What the census and NSS tell us." *Economic and Political Weekly* 4022-4026.
- Mohapatra, C.S., (2004). 'Poverty and disability in India'. In C.S. Mohapatra (ed.), *Disability and Management in India: Challenges and Commitments*, at http://www.nimhindia.org/Disability%20Management.pdf.
- Mohapatra, S. and M. Mohanty, (2004). *Abuse and Activity Limitation: A study on domestic violence against disabled women in Orissa, India,* Bhubaneswar: Swabhiman.
- Mohapatra, S., (2012a). 'Survey reveals dismal picture of persons with disabilities in Odisha', *Disability News and Information services*, 9(3), at http://www.dnis.org/news.php?issue_id=3&volume_id=9&news_id=120 9&i=0.
- Mohapatra, S., (2012b). 'ln the absence of comparable information, most of the policy planning for people with disabilities is based on assumptions', *Disability News and Information Services*, 9(4), at http://www.dnis.org/interview.php?issue id=4&volume id=9&interview i d=190.

- Mohit, Anuradha, (2004). *Special Report on Disability*, New Delhi: National Human Rights Commission (NHRC).

- Mohit, Anuradha. (1996). A Report on the Status of Blind Women in South Asia. NAB - CBR Network.

- Mont, Daniel. (2007). Measuring Disability Prevalence. Disability & Development Team. HDNSP. The World Bank. March.

- Moodie, B., (2010). Self-employment for People with Disabilities. In: T. Barron and J. M. Ncube, eds. 2010. Poverty and Disability. London. Leonard Cheshire Disability, pp. 261- 285.
- Morris, J., (1991). *Pride against Prejudice*, London: The Women's Press.
- Morris, J., (2005). 'Citizenship and disabled people: A scoping paper prepared for the Disability Rights Commission', London.
- Morris, J., 1998. *Citizenship, Self-determinations and Political Action; The forging of a political movement,* Sydney: Citizenship and Disability.

- N, Sundaresan.(2013). "Tracking disability through the United Nations", In A, Renu. (eds). *Disability studies in India Global Discourses, Local Realities.* New Delhi: Routledge.
- Naami, A., R. Hayashi and H. Liese, 2012. 'The unemployment of women with physical disabilities in Ghana: Issues and recommendations', *Disability and Society*, 27(2): 191-204.

- Nair, G. Ravindran, 1981. 'Welfare of the handicapped – the role of voluntary organizations, In T.N. Chaturvedi (ed.), *Administration for the Disabled: Policy and Organizational Issues*, New Delhi: IIPA.
- Narasimhan, M.C. and A.K. Mukherjee, 1986. *Disability: A continuing challenge*, New Delhi: Wiley Eastern.

- National Center for the Promotion of Employment for Disabled People (NCPEDP) and The National Association for the Blind, "Research Study on Role of NGOs Vis-à-vis The Employment Scenario in India with reference to People with Disabilities",

NCPEDP, Delhi.

- National Institution of Nutrition. (1981). Nutritional Disabilities. Hyderabad: Indian Council of Medical Research.

- Nayak, B. (2012). "The Status of Women with Disabilities From Personal, Familiar and Social Aspects: A Study in India". Bandana Nayak Institute of Business & Computer Studies Siksha 'O' Anisandhan University Bhubaneswar, Odisha, India Trends, Development & Dynamics. Swabhiman.

- NCPEDP, 2004a. *Disabled People in India: The other side of the story*, Delhi: NCPEDP.
- NCPEDP, 2004b. *Status of Mainstream Education of Disabled Students in India*, Delhi: NCPEDP.
- NCPEDP, 2009. *Employment of Disabled People in India: Base line report*, at http://www.dnis.org/Employment.pdf.

- NHRC (National Human Rights Commission, 2004. Annual Report – 2003-04, Chapter 2.

- NSS Disabled persons in India: NSSO 58th Round. (2002).New Delhi: National Sample Survey Organization, Ministry of Statistics and Programme Implementation, Government of India, 2002.
- NSSO, 2003. *Disabled Persons in India*, NSSO 58th Round, July-December, 2002, Report No. 485, New Delhi: Ministry of Statistics, Government of India.
- O, Mike. (1996). 'Defining Impairment and Disability: Issue at Stake 'in Colin Barnes and Geof
- OACRC -an alliance of child rights advocates, groups and networks. Draft Annual Plan 2011-12 Orissa. Volume-I Government of Orissa Planning & Co-Ordination Department. Bhubaneswar. March, 2011
- Oliver, M. (1983). Social Work with Disabled People. London: MacMillan.
- Oliver, M., 1981. 'A new perspective for social workers', pp. 25-59. In J. Campling (ed.), *The Handicapped Person in the Community*, London: Radar.

- Oliver, M., 1990. *The Politics of Disablement*, Basingstoke: Macmillan.

- Oliver, M., 1993. *Disability, Citizenship and Empowerment. The disabling society,*Open University: Milton Keynes.
- Oliver, M., 1996. *Understanding Disability: From theory to practice,*Basingstoke: Macmillan.
- Oliver, M., 1999. ‘Disabled people and the inclusive society or the times they really are changing’. Public Lecture, Strathclyde Centre for Disability Research.
- Padhi S. Sectoral Allocation of Orissa's Tenth Five Year Plan, A Suggested Note on Equity Oriented Growth Strategy, NCDS.
- Padhi, S.Panigrahi, N. and Mishra, A.K 'Tribal population and chronic poverty in Orissa: A note on North-South divide' CPRC working paper no 27, CPRC,IIPA, New Delhi, India.
- Pandey, R. S. &Advani, L. (1997). Perspectives in disability and rehabilitation.New Delhi: Vikas Publishing House Pvt. Ltd.`
- Pandey, Shruti, Priyanka Chirimar, and DeepikaD'souza.(2005) *Disability and the Law.* New Delhi: Human Rights Law Network.
- Panigrahi, S.K., 2004. *The Role of NGOs for Empowerment of Disabled*, New Delhi: Radha.
- Pfeiffer, D., 2001. *The conceptualization of disability. Exploring theories and expanding methodologies*, 2, Amsterdam: JAI Press.
- Prasad, L., 1994. *Rehabilitation of the Physically Handicapped*, New Delhi: Konark.
- Punani, B. and Rawal, N. (1996). Community Based Rehabilitation (Visually Impaired). Mumbai: National association for the Blind.
- Quinn, G. (1995). The international covenant on civil and political rights and disability: A conceptual framework. In T. Begener and Y. Koster Breese (eds.), Human Rights and Disabled Persons: Essays and Relevant Human Rights Instrument.Bordrecht, Kluwer Academic Publishers.

- Quzilbash , M., (2006). Disability and Human development, Paper Prepared for the 2006. International HDCA Conference. Groningen, 29 August-1st September,[online]. Available at: http://www.capabilityapproach.com/pubsM 3 Qizilbash.pdf.
- Rajan. S. Irudaya. (2006). Population Ageing and Health in India. The Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai.
- Ramanujan, P.R., (2000). 'Social policies on disability on India: some reflections', *International Journal of Disabilities Studies'*1(1): 3-15.
- Rehabilitation Council of India. (2000). Status of Disability in India,New Delhi.
- Rioux, M.H., 1984. *Labeled disabled and wanting to work*. Ottawa, Supply and Services: In Judge R.S. Abella Commissioner. Equality in Employment: A Royal Commission Report: Research Studies Supplement, p. 272.
- Rioux, M.H., 2002. 'Disability, citizenship and rights in a changing world'. In C. Barnes, M. Oliver and L. Barton (eds.), *Disability Studies Today,* Cambridge: Polity Press/Blackwell.
- Roeher Institute, (1996). *Disability, Community and Society: Exploring the links,*North York: Roeher Institute.
- Roulstone, R. and Barnes. C., (2005). 'Work' is four-letter word: disability, work and welfare. In: A. Roulstone and C. Barnes, eds. 2005. Working Futures? Disabled people, policy and social inclusion. Bristol: The Polity Press, pp. 315-326.
- Rummery, K., (2002). *Disability, Citizenship and Community Care: A case for welfare rights?,*Aldershot, Hamps: Ashgate.
- Rungta, S.K., (2004). *Training and Employment of People with Disabilities: India 2002*, Hunkong:ILO.
- Russell, M., (1998). *Beyond Ramps: Disability at the end of the social contract; a warning from an uppity crip*. Monroe, Me: Common Courage Press.
- Russell, M., (2002). 'What disability civil rights cannot do: Employment and political economy', *Disability and Society*17(2): 117.

- Rust, T. and R. Metts, (2007). ‘Poverty and disability: trapped in a web of causation’. In ECOMOD Network, International Conference on Regional and Urban Modelling, Brussels:.Free University of Brussels, 1-2 June 2007, at Ryan, J. (1997) Equal Opportunities in the Curriculum: Good Practice Guide. Oxford: Equal Opportunities Group, OxfordBrookesUniversity.
- Sarin, Kumar Ramesh.(2009). *Policy Perspectives forthe Visually Impaired: Post-Apartheid South Africa and India.* New Delhi: Academic Excellence.
- Scotch K., (1988). ‘Disability as the basis for social movements: Advocacy and the politics of definition’, *Journal of Social Issues*, 44(1): 159-72.
- Scotch, R. K. (2000), “Disability policy: An eclectic overview”. Journal of Disability Policy Studies, 11 (1), 6-11.
- Seeley, J., (2001). In Search of Healthy Life: Skeletal Fluorosis, Disability and Rural Livelihoods Frameworks, Asia Pacific Disability Rehabilitation Journal 12 (1).
- Seeley, Janet. (2001). Recognizing Diversity: Disability and Rural Livelihoods Approaches inIndia. DFID. Nov. 72.
- Seeley, Janet. (2001). *Recognising diversity: Disability and rural livelihoods approaches in India*, DFID, No.72, October.
- Sen, A. (1999). Development as Freedom. New Delhi: OxfordUniversity Press.
- Sen, A. (2004) Disability and Justice. Paper presented at the World Bank Disability & Inclusive Development Conference, Washington, and November. 2004.
- Sen, Amartya, (1999). *Development as Freedom*, New Delhi: Oxford University Press.
- Sen, Amartya,(2004). "Disability and Justice", paper presented in the World Bank conference on Disability and Inclusion 2004, http://siteresources.worldbank.org/DISABILITY/(Accessed on 3 June 2014).
- Sen, Amartya.(2004). "Disability and justice."Disability and Inclusive Development Conference, keynote speech, World Bank. Washington, DC.
- Sen, Amartya.(2008). "The Idea of Justice 1",*Journal of Human Development* 9.3: 331342.
- Sexual Violence, Disability & Criminal Law: Call for Reformation and Recognition”. (2000), Mothering a child of disability, “The Journal”, 2 (1), PP. 20-22.

- Shah, A.Nayak, S.K and Das,B.(2005). ' Remoteness and chronic poverty in Forest region of South Orissa', CPRC working paper no 34, CPRC, IIPA, New Delhi, India
- Shah, Ghanshyam.(2004). *Social movements in India: A review of literature.* New Delhi: Sage.
- Shakespeare, T. and N. Watson, (2001). 'The social model of disability: An outdated ideology?', In S.N. Barnartt and B.M. Altman (eds.), *Exploring Theories and Expanding Methodologies: Where we are and where we need to go*, Amsterdam: JAI.
- Shakespeare, T. and Watson, N. (1997) Defending the social model. Disability and Society, 12, 293-300.
- Shakespeare, T., (1993). 'Disabled people's self-organization: A new social movement?' *Disability and Society*, 8(3): 249-64.
- Shakespeare, T., (1997). 'Cultural representation of disabled people: Dustbins for disavowal?', pp. 217-33. In L. Barton and M. Oliver (eds.), *Disability Studies: Past, present and future,*Leeds: The Disability Press.
- Shapiro, Joseph P. (1993). No Pity - People with Disabilities Forging a New Civil Rights Movement.Delhi: Universal Book Traders.
- Shapiro, Joseph P.(1994) *No pity: People with disabilities forging a new civil rights movement.* New York: Random House LLC.
- Shariff, Abusaleh, (1999), "India: Human development report: A profile of Indian states in the 1990s", London, Oxford University Press.
- Sharma, R. K., (2007). dis-ABLED: Employment, Vocational Evaluation and Vocational Training. Bhubaneswar: Development Solutions. Swain, J. and French, S., 2004. Researching Together: A Participatory Approach, [online]. studies/archiveuk/French/A%20PARTICIPATORY%20APPROACH%20 TO%20RESEARCH.pdf .
- Sharma, R.K., (2007). *Dis-Abled: Employment, Vocational Evaluation and Vocational Training*, Bhubaneswar: Development Solutions.

- Shenoy. M. (2011). Persons with Disability and India Labour Market: Challenges and Opportunities. December. ILO Regional Office for Asia and the Pacific. - Bangkok: ILO, 2011.
- Singal, Nidhi, (2005). 'Responding to difference: Policies to support inclusive education in India', Glasgow: 1-4 August,
- Singal, Nidhi. Responding to Difference: Policies to Support "Inclusive Education in India, Glasgo, Scotland, and 1st -4th Aug, 2005
- Singh R., (1988). 'The handicapped getting their due', *India Today*, 30 November, p. 187.
- Singh, A.N, (2001). *Enabling the Differently Able*, Delhi: Shipra.
- Singh, A.N. (2001). Enabling the Differently Able. Delhi: Shipra Publication.
- Singh, Abha.andSadangi, B.N. (2012). Livelihood Patterns and Resource Base of Tribals in Koraput and Rayagada District of Odisha. Indian Research Journal of Extension Education Special Issue (Volume I), January.
- Singhal, N and R. Jeffery (2009), How the lives of people with disabilities affected? Asia Pacific Disability Rehabilitation Journal, 5-36. Vol. 20BNo. 1 2009
- Status report on implementation of PWD Act in the state of Orissa Prepared and submitted to NHRC By, Shree Prasanna Kumar Pincha Special Rapporteur (for persons with disabilities) National Human Rights Commission Faridkot House Copernicus Marg New Delhi: 110001. 2011.
- Studies, Stories and a Canvas. Seasonal Labor Migration and Migrant Workers from Odisha(2014). Edi. by Amrita Sharma, Rupal Kulkarni, Rajiv Khandelwal. Centre for Migration and Labor Solutions, Aajeevika Bureau, Udaipur.
- Sutherland, A.T., (1981). *Disabled We Stand*, London, Souvenir Press, p. 117.
- Taylor, B., 1989. 'Citizenship and social power', *Critical Social Policy*, No. 26, p. 19.
- Taylor, G. and J. Bishop J. (eds.), 1991. *Being Deaf: The experience of deafness*, London, Pinter.

- Taylor, Wallacew. Taylor, Isabelle Wagner. (1970). Services for the Handicapped in India. NewYork: International Society for Rehabilitation of the Disabled. http://www.ecomod.org/files/papers/181.pdf.
- Thomas, C., 2002. ‘Disability theory: Key ideas, issues and thinkers’, pp. 38-57. In C. Barnes, M. Oliver and L. Barton (eds.), *Disability Studies Today*. Cambridge: Polity Press/ Blackwell.
- Thomas, G., Walker, D. & Webb, J. (1998) Making of the Inclusive School. London: Routledge.
- Thomas, M and M J Thomas, ed. (2002): Disability and Rehabilitation Issues in South Asia Selected Readings in Community Based Rehabilitation, Series 2 (UK: Action for Disability).
- Thomas, M., & Thomas, M.J. (Eds.). (2002). Disability and rehabilitation issues in South Asia selected readings in community based rehabilitation. Series 2: Action for Disability, UK.
- Thomas, P. (2005a) Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID, Disability KaRProgramme, London.
- Thomas, Philippa, (2005). ‘Mainstreaming disability in development: India’s Country Report’, pp. 29-39, London: DFID.
- Thomson, R., (1997), “Extraordinary Bodies: Figuring Physical Disability In American Culture and Literature”, New York, ColumbiaUniversity Press.
- Thomson, R.G., (1997). *Extraordinary Bodies: Figuring physical disability in American culture and literature*. New York: Columbia University Press.
- Tilak, J.B.G., (2005). ‘Post-elementary education, poverty and development in India’. Paper presented at the 80th UKFIET International Conference on Education and Development: Learning and livelihoods, Oxford.
- Turmusani, M.,(2003). *Disabled People and Economic Needs in the Developing World: A Political perspective from Jordan*. Hampshire: Ashgate.
- Turner, B.S., (1986). *Equality*. Chichester: Ellis Harwood/Tavistock.

- Tyler, Melissa Conley. (1993). "Disability Discrimination Act 1992: Genesis, Drafting and Prospects,*TheMelb. UL Rev.* 19: 211.
- UN Department of Public Information for NGO Representatives, July 1980, New York.
- University of Strathclyde .(2000).Teachability: Creating an accessible curriculum for students with disabilities. Glasgow: The University of Strathclyde. Available at http://www.teachability.strath.ac.uk/
- UPIAS (Union of Physically Impaired Against Segregation), (1976). *Fundamental Principles of Disability,*London: UPIAS.
- Venkatesan, S. (2002)."Government initiatives for persons with disabilities in India: Contemporary trends, problems & issues." *Social Change* 32.3-4. 151-180.
- VSO (Voluntary Service Overseas), (2006). *A Handbook on Mainstreaming Disability,*London: VSO, at http://www.asksource.info/pdf33903 vsomainstramingdisability 2006.pdf.
- Ward, L. and M. Flynn, (1994). 'What matters most: Disability, research and empowerment', pp. 29-48. In M.H. Rioux and M. Bach (eds.), *Disability is not Measles: New research paradigms in disability*, North York, Ont: Roeher Institute.
- Werner, David. (1994).DisabledVillage Children: A Guide for Community Workers, Rehabilitation Workers and Families.New Delhi: Voluntary Health Association of India.
- Williams, F., (1989). *Social Policy: A critical introduction*, Cambridge: Polity Press.
- Yeo, R and Moore, (2003). Including Disabled People in Poverty Reduction Strategy: 'Nothing About Us, Without Us'. World Development, 31(3), [online]. Available at: http://www.ingentaconnect.com/content/els/0305750x/2003/00000031/ 00000003/art00218
- Yeo, R., (2001). 'Chronic Poverty and Disability', at http://www.dfid.gov.uk/r4d/PDF/Outputs/ChronicPoverty RC/04Yeo.pdf.

- Zutshi, B., (2004), Disability status in India: a case study of Delhi Matropolitan region, Report of a study funded by Ford Foundation, retrieved 25 November, 2008, from http://www.disabilityindia.org/statusbookframe/cfm
- Zutshi, B., (2004). *Disability Status in India: A case study of Delhi Metropolitan region,* at http://www.disabilityindia.org/statusbookframe/cfm.

ପିତା,ମାତା କିମ୍ବା ଅଭିଭାବକଙ୍କ ପ୍ରତି ପ୍ରଶ୍ନ

୧. ନାମ |

୨. ଠିକଣା |

୩. ବୟସ |

୪. ପିତା,ମାତା କିମ୍ବା ଅଭିଭାବକଙ୍କ ପ୍ରତି ସମ୍ବନ୍ଧ |

୫. ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା |

୬. ଜାତିଗତ ବିବରଣୀ |

୭. ବୃତ୍ତି ସମ୍ପର୍କୀୟ ବିବରଣୀ |

୮. ଆପଣଙ୍କର ମାସିକ ଆୟ,ପରିବାରର ବ୍ୟୟ ନିମନ୍ତେ ସକ୍ଷମ କି ?

୯. ଯଦି ଏହା ନୁହେଁ ? ତାହାହେଲେ ଆପଣ ପରିବାର କେମିତି ପରିଚାଳନା କରନ୍ତି |

୧୦. ଆପଣଙ୍କ ପାଖରେ BPL,APL ଓ PDS ଏପରି କିଛି କାର୍ଡ ଅଛି କି ?

୧୧. ଆପଣଙ୍କ ପରିବାରର କୌଣସି ବୟସ୍କ ବ୍ୟକ୍ତି କୌଣସି ପ୍ରକାରର ବିକଳାଙ୍ଗତା ଅଛି କି ?

୧୨ ଆପଣଙ୍କ ସନ୍ଥାନ ଓ ସନ୍ଥତିର ବିବରଣୀ

୧୩. ଆପଣଙ୍କ ସନ୍ତାନ ଓ ସନ୍ତତି ମଧ୍ୟରୁ କେହି ବିକଳାଙ୍ଗ ଅଛନ୍ତି କି ?

୧୪. ସେମାନଙ୍କ ପାଖରେ ବିକଳାଙ୍ଗତା ପ୍ରମାଣପତ୍ର ଅଛିକି ?

୧୫. ଯଦି ନାହିଁ କାରଣ କଣ ?

୧୬. ଆପଣ ଭାବନ୍ତି କି ଆପଣଙ୍କର ପରିବାରରୁ ବିକଳାଙ୍ଗ ସନ୍ତତି / ଝିଅ ଆପଣଙ୍କ ପରିବାର ପାଇଁ ବୋଝ ?

୧୭. ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନ ଓ ସନ୍ତତି ପ୍ରତି ଆପଣଙ୍କ ସମ୍ପର୍କୀୟ ବା ପଡୋଶୀ ନକାରତ୍ମକ ଦୃଷ୍ଟି କୋଣରେ ଦେଖନ୍ତି କି ?

୧୮. ଯଦି ହଁ ତାହା ହେଲେ ଆପଣ ସେମାନଙ୍କ ପ୍ରତି କେଉଁ ପ୍ରକାରରେ ଦେଖନ୍ତି |

୧୯. ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନ ଓ ସନ୍ତତି ପ୍ରତି ଯେଉଁ ଦୃଷ୍ଟିଭଙ୍ଗୀରେ ସେମାନେ ଦେଖନ୍ତି | ଆପଣ ସେଥିରେ ସହମତ କି ?

୨୦. ଆପଣଙ୍କ ସନ୍ତାନ ସନ୍ତତି ପ୍ରତି ସେମାନଙ୍କ ଏହି ଦୃଷ୍ଟିଭଙ୍ଗୀକୁ ଆପଣ କଣ ମନେ କରନ୍ତି ?

୨୧. ଆପଣ ଆପଣଙ୍କ ପାରିବାରିକ ଉତ୍ସବରେ ବିକଳାଙ୍ଗ ସନ୍ତାନ ଓ ସନ୍ତତିଙ୍କୁ ସାମିଲ କରନ୍ତି କି?

୨୨. ଯଦି ଏହା ନୁହଁ | ତାହା ହେଲେ କାରଣ କଣ ?

୨୩. ଯେହେତୁ ଆପଣ ମାଁ ଅଟନ୍ତି, ଅତୀତରେ କୌଣସି ସ୍ୱାସ୍ଥ୍ୟ ସମ୍ବନ୍ଧିୟ ସମସ୍ୟା କିମ୍ବା ଗର୍ଭଧାରଣୀୟ ସମସ୍ୟା ଥିଲା କି ?

୨୪. ଯଦି ହଁ, ଏହାର ପ୍ରତିକାର ନିମନ୍ତେ ଆପଣ କଣ କରିଥିଲେ ?

୨୫. ଆପଣ ଗର୍ଭବତୀ ପୁର୍ବରୁ ଓ ପରେ ଆପଣ ପ୍ରାଥମିକ ସ୍ୱାସ୍ଥ୍ୟ ଚିକିତ୍ସା କରାଇଥିଲେ କି ?

୨୬. ଆପଣ ଗର୍ଭବତୀ ଥିଲାବେଳେ ଆପଣଙ୍କ ନିକଟସ୍ଥ ଅଂଚଳରେ ଥିବା ଅଶାକର୍ମୀ କିମ୍ବା ନର୍ସର ତତ୍ତ୍ୱାବଧାନରେ ଥିଲେ କି ?

୨୭. ଆପଣଙ୍କ ଗର୍ଭବତୀ ସମୟରେ ଆପଣ ପ୍ରତିକାରକ ଟିକା ଓ ଔଷଧ ସେବନ କରିଛନ୍ତି କି ?

୨୮. କେଉଁ ପ୍ରକାରର ଟିକା, ଜନ୍ମ ପରେ ଆପଣ ଶିଶୁକୁ ଦେଇଥିଲେ |

୨୯. ଏପର୍ଯ୍ୟନ୍ତ ଆପଣଙ୍କ ଶିଶୁ କେଉଁ ପ୍ରକାରର ସ୍ୱାସ୍ଥ୍ୟଗତ ଚିକିତ୍ସା ନେଇଛନ୍ତି |

୩୦. ଆପଣଙ୍କର ଶିଶୁକୁ ନିୟମିତ ଚିକିତ୍ସା ପାଇଁ ଡାକ୍ତରଖାନା ନିଅନ୍ତି କି ?

୩୧. ଯଦି ନାହିଁ ? କାରଣ କଣ ?

୩୨. ଏ ବିଷୟ ନେଇ କୌଣସି ସଂସ୍ଥା କିମ୍ବା ବ୍ୟକ୍ତି ବିଷେଶ ଆପଣଙ୍କୁ ସାହାଯ୍ୟ କରନ୍ତି କି ?

୩୩. ଏଥି ନିମନ୍ତେ କୌଣସି ସରକାରୀ ବା ବେସରକାରୀ ସଂସ୍ଥା ତରଫରୁ ଆପଣଙ୍କୁ.କିଛି ଆର୍ଥିକ ସହାୟତା ମିଳିଥିଲା କି ?

୩୪. ଯଦି ନାହିଁ ? ଏଥି ନିମନ୍ତେ ଆପଣ କୌଣସି ସରକାରୀ କିମ୍ବା ବେସରକାରୀ କର୍ମଚାରିଙ୍କୁ ସାକ୍ଷାତ କରିଛନ୍ତି କି ?

୩୫. ଆପଣଙ୍କ ଶିଶୁ ବିଦ୍ୟାଳୟ ଯାଏ କି ?

୩୬. ଯଦି ଯାଏ ନାହିଁ ? କାରଣ କଣ ?

୩୭. ଯଦି ହଁ, ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନ ବା ସନ୍ତତି ସ୍ୱତନ୍ତ ବିଦ୍ୟାଳୟ ଅଥବା ସାମାନ୍ୟା ନିକଟତମ ବିଦ୍ୟାଳୟରେ ପଢନ୍ତି |

୩୮. ଆପଣଙ୍କ ସନ୍ତାନ ବା ସନ୍ତତି ଆପଣଙ୍କ ସହ ରହନ୍ତି ବା ଛାତ୍ରାଳୟରେ ରହନ୍ତି |

୩୯. ଯଦି ଛାତ୍ରାବାସରେ ରହେ ତାହା ହୋଇ ଏହା ଶୁଳ୍କମୁକ୍ତ ଅଟେ ଅଥବା ଏଥି ନିମନ୍ତେ ଶୁଳ୍କ ଦେବାକୁ ପଡେ ?

୪୦. ଆପଣଙ୍କ ସନ୍ତାନ ଓ ସନ୍ତତି ବିଷୟରେ ଜାଣିବା ପାଇଁ କେବେ କେବେ ବିଦ୍ୟାଳୟକୁ ଗମନ କରନ୍ତି କି ?

୪୧. ସେମାନଙ୍କ ପ୍ରତି ଶିକ୍ଷକ ଓ ଅନ୍ୟ ସହପାଠୀ ମାନଙ୍କ ବ୍ୟବହାର କିପରି ?

୪୨. ଆପଣଙ୍କ ସନ୍ତାନ ବା ସନ୍ତତି ପାଇଁ ପଢୁଥିବା ବିଦ୍ୟାଳୟରେ ଆବଶ୍ୟକୀୟ ପ୍ରଣାଳୀରେ ପାଠ୍ୟବସ୍ତୁ ପ୍ରଦାନ କରନ୍ତି କି ?

୪୩. ସେହି ବିଦ୍ୟାଳୟରେ ଆପଣଙ୍କ ସନ୍ତାନ ବା ସନ୍ତତି ପାଇଁ ସ୍ୱତନ୍ତ ତାଲିମପ୍ରାପ୍ତ ଶିକ୍ଷକ ନିଯୁକ୍ତି ଅଛନ୍ତି କି ?

୪୪. ଆପଣଙ୍କ ସନ୍ତାନ କିମ୍ବା ସନ୍ତତି କିଛି ସ୍ୱତନ୍ତ ଯାନ୍ତିକ ବସ୍ତୁ ଲେପଟପ୍, DVD Player, mp3 player, ଜବକାଚ, ଶ୍ରବଣ ଯନ୍ତ୍ର ଇତ୍ୟାଦି ବିଦ୍ୟାଳୟ କିମ୍ବା ଯେ କୌଣସି ସଂସ୍ଥା ତରଫରୁ ପ୍ରଦାନ କରାଯାଇଛି କି ?

୪୫. ସେମାନଙ୍କ ପଢା ପଢି ପାଇଁ କୌଣସି ସରକାରୀ କିମ୍ବା ବେସରକାରୀ ସଂସ୍ଥା ତରଫରୁ କିଛି ଆର୍ଥିକ ସହାୟତା ମିଳେ କି?

୪୬. ଯଦି ମିଳେ ନାହିଁ ? ତେବେ ଆପଣ କିପରି ପରିଚାଳନା କରନ୍ତି ?

୪୭. ଆପଣଙ୍କ ପଂଚାୟତ,ବ୍ଲକ କିମ୍ବା ଜିଲ୍ଲା କଲ୍ୟାଣ ବିଭାଗ ତରଫରୁ ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନର ଉନ୍ନୟନ ନିମନ୍ତେ କୌଣସି

ସହାୟକ ମିଳେ କି ?

୪୮. ବିକଳାଙ୍ଗ ମାନଙ୍କ ପାଇଁ ବନାଯାଇଥିବା ନିୟମାବଳୀକୁ ଜାଣିଛନ୍ତି କି ?

୪୯. ଆପଣଙ୍କ ସନ୍ତାନର ଭବିଷ୍ୟତ ପାଇଁ ଆପଣ କଣ ଚିନ୍ତା କରନ୍ତି ?

୫୦. ଆପଣ ଭାବନ୍ତି କି ? ଆପଣଙ୍କ ସନ୍ତାନ ଭବିଷ୍ୟତରେ ଉଚ୍ଚ ଶିକ୍ଷା ନେବେ ?

୫୧. ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନ କୌଣସି କ୍ଷେତ୍ରରେ ଚାକିରୀ କରନ୍ତି କିମ୍ବା ଆତ୍ମ ନିର୍ଭରଶୀଳ ଅଟନ୍ତି ?

୫୨. ଯଦି ସେମାନେ ଆତ୍ମ ନିର୍ଭରଶୀଳ ତେବେ ଏଥି ପାଇଁ ସେମାନଙ୍କୁ କିଏ ସାହାଯ୍ୟ କରିଛନ୍ତି?

୫୩. ଆପଣଙ୍କ ସନ୍ତାନ ରାଷ୍ଟ୍ରସ୍ତରୀୟ କିମ୍ବା ରାଜ୍ୟସ୍ତରୀୟ କୌଶଳ ଶିକ୍ଷା ତାଲିମପ୍ରାପ୍ତ କରିଛନ୍ତି କି ?

୫୪. ଯଦି ହଁ ? କେଉଁ ପ୍ରକାରର କୌଶଳିୟ ତାଲିମପ୍ରାପ୍ତ କରିଛନ୍ତି ?

୫୫. ଯଦି ସେମାନେ ବେକାରୀ ଅଛନ୍ତି ତେବେ ସେମାନେ ସରକାରୀ ବେକାରୀ ଭତ୍ତା ପାଆନ୍ତି କି ?

୫୬. ସେମାନେ ରାଜ୍ୟ ସରକାରଙ୍କ ବିକଳାଙ୍ଗ ଭତ୍ତା ପାଆନ୍ତି କି ?

୫୭. ଯଦି ନାହିଁ ? ତେବେ କାରଣ କଣ ?

୫୮. ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନ ନିମନ୍ତେ କେନ୍ଦ୍ର ସରକାର କିମ୍ବା ରାଜ୍ୟ ସରକାରଙ୍କ ତରଫରୁ ଯେ କୌଣସି ଗୃହ ଯୋଜନା ତଥା ଇନ୍ଦିରା ଆବାସ,ରାଜିବ ଆବାସ ଓ ମୋ କୁଡିଆ ଇତ୍ୟାଦି ଜମିହୀନ ଅଥବା ଗରିବ ବିକଳାଙ୍ଗଙ୍କ ପାଇଁ ଥିବା ଯୋଜନା ପ୍ରାପ୍ତ କରିଅଛନ୍ତି କି?

୫୯. ଯଦି ପ୍ରାପ୍ତ କରିନାହାନ୍ତି | ତେବେ ଏହା ନିମନ୍ତେ ଆପଣ କୌଣସି ସରକାରୀ ଉଚ୍ଚ ଅଧିକାରୀଙ୍କ ସହ ଦେଖା ସାକ୍ଷାତ କରିଛନ୍ତି କି ?

୬୦. ଆପଣ ସନ୍ତାନଙ୍କଠାରୁ ପରିବାର ନିମନ୍ତେ କଣ ଆଶା କରନ୍ତି ?

୬୧. ଆପଣଙ୍କ ସନ୍ତାନର ଭବିଷ୍ୟତ ନିମନ୍ତେ କଣ ଭାବନ୍ତି ? ଆପଣ ଭାବନ୍ତି କି ?

୬୨. ଆପଣଙ୍କ ସନ୍ତତି ପରିବାରର ଅନ୍ୟ ସନ୍ତାନଙ୍କ ଭଳି ସକ୍ଷମ ଅଟନ୍ତି କି ?

୬୩. ଆପଣଙ୍କ ସନ୍ତାନର ବୈବାହିକ ଜୀବନ ସମ୍ବନ୍ଧରେ କଣ ଭାବନ୍ତି ?

୬୪. ଯଦି ଏ ବିଷୟରେ ଭାବନ୍ତି ନାହିଁ ? ତେବେ କାରଣ କଣ ଅଟେ ?

୬୫. ଆପଣ ଭାବନ୍ତି କି ଆପଣ ବିକଳାଙ୍ଗ ସନ୍ତାନ,ସନ୍ତତି ଜୀବନ ସାଥୀ ପାଇବା ଲାଜ ଯୋଗ୍ୟ ମନେକରୁଛନ୍ତି ?

୬୬. ଆପଣ ସମାଜ ଓ ସରକାରଙ୍କ ତରଫରୁ ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନ ଓ ସନ୍ତତିର ଉନ୍ନୟନ ନିମନ୍ତେ କଣ ଆଶା କରନ୍ତି ?

୬୭. ଆପଣ କୌଣସି ବିକଳାଙ୍ଗ ଅଭିଭାବକ ସଂଘର ସଦସ୍ୟ ଅଛନ୍ତି କି ?

୬୮. ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ସନ୍ତାନର ଅଧିକାର ସାର୍ଥ୍ୟସ୍ତ ନିମନ୍ତେ ଆପଣ ଆନ୍ଦୋଳନ କରିଛନ୍ତି କି?

ସରକାରୀ ପଦସ୍ଥ କର୍ମଚାରୀଙ୍କ ପ୍ରତି ପ୍ରଶ୍ନ

୧. ନାମ :

୨. ପଦବୀ :

୩. ଠିକଣା :

୪. ଲିଙ୍ଗ :

୫. ବୟସ :

୬. ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ?

୭. ଏହି ବିଭାଗରେ ଆପଣ କେତେ ସମଯ ଧରି କାର୍ଯ୍ୟରତ ଅଛନ୍ତି ?

୮. ଏହି ବିଭାଗ ପୁର୍ବରୁ ଅନ୍ୟ କୌଣସି ବିଭାଗରେ କାର୍ଯ୍ୟରତ ଥିଲେ କି ?

୯. ଏହି ପଦବୀ ପାଇଁ ଆପଣ କୌଣସି ସ୍ଵତନ୍ତ୍ର ତାଲିମ ଗ୍ରହଣ କରିଛନ୍ତି କି ?

୧୦. ଆପଣ ବିଭାଗର ନାମ କଣ ?

୧୧. ଏହା କେନ୍ଦ୍ର ସରକାର କିମ୍ବା ରାଜ୍ୟ ସରକାର ବିଭାଗ ଅଟେ କି ?

୧୨. ଏହା ରାଜ୍ୟ, ଜିଲ୍ଲା କିମ୍ବା ବ୍ଲକ୍ ସ୍ତରୀୟ ବିଭାଗ ଅଟେ କି ?

୧୩. ଆପଣ ବିଭାଗର କାର୍ଯ୍ୟ ପ୍ରଣାଳି କଣ ?

୧୪. ଆପଣଙ୍କ ବିଭାଗ ସ୍ଵତନ୍ତ୍ର ଅଥବା ଏହା କୌଣସି ଉଚ୍ଚ ସ୍ତରୀୟ ସରକାର ଦ୍ଵାରା ପରିଚାଳିତ ହେଉଛି ?

୧୫. ଆପଣଙ୍କ ବିଭାଗ କେବଳ ବିକଳାଙ୍ଗ ମାନଙ୍କ କଲ୍ୟାଣ ନିମନ୍ତେ କାର୍ଯ୍ୟରତ କିମ୍ବା ସମାଜର ଅନ୍ୟ ପଛୁଆ ବର୍ଗଙ୍କ ନିମନ୍ତେ କାର୍ଯ୍ୟରତ କି ?

୧୬. ବିକଳାଙ୍ଗ ମାନଙ୍କ କ୍ଷମତା ଏବଂ ସେମାନଙ୍କ ଚଳଣୀ ପ୍ରତି ଆପଣଙ୍କ ଅଭିମୁଖ୍ୟ କଣ ?

୧୭. ଆପଣ ଭାବୁଛନ୍ତି କି, ବିକଳାଙ୍ଗ ମାନଙ୍କ ଜୀବନ ଓ ଜୀବିକା ନିର୍ବାହ ନିମନ୍ତେ ସରକାରୀ ବିଭାଗ ଗୁଡ଼ିକ ଯତ୍ନବାନ ଅଛନ୍ତି ?

୧୮. ଯଦି ଏହା ନୁହେଁ, ଏହାର କାରଣ କଣ ?

୧୯. ଆପଣଙ୍କ ବିଭାଗ ଶିକ୍ଷାର ପ୍ରସାର ପାଇଁ କାମ କରୁଛି କି ?

୨୦. ଯଦି ହି, ତେବେ ଏହି ଦିଗରେ ଆପଣ ଶିକ୍ଷାର ପ୍ରସାର ପାଇଁ କଣ କରୁଛନ୍ତି ?

୨୧. ଆପଣଙ୍କ ବିଭାଗ ବିଦ୍ୟାଳୟ ଶିକ୍ଷକ ନିମନ୍ତେ କୌଣସି ସ୍ୱତନ୍ତ୍ର ତାଲିମ ପ୍ରଦାନ କରୁଛି କି ?

୨୨. ଆପଣଙ୍କ ବିଭାଗ ଦୃଷ୍ଟିବାଧିତ ଛାତ୍ର ଛାତ୍ରୀ ମାନଙ୍କୁ ପାଠ୍ୟ ଉପକରଣ ଉପଯୁକ୍ତ ମାଧ୍ୟମ ଯଥା: ଇ – ଟେକ୍ସଟ ବହି, ଅଡିଓ ବୁକ୍ସ, ଏମ୍ ପି3,
ଡେଜି ବହି ଇତ୍ୟାଦି ?

୨୩. ବିକଳାଙ୍ଗ ଛାତ୍ର ଛାତ୍ରୀ ମାନଙ୍କ ଶିକ୍ଷା ଲାଭ ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ ସେମାନଙ୍କୁ ସହାୟକ ଉପକରଣ ଯଥା ଲାପ୍ଟପ୍ , ଡିଭିଡି ପ୍ଲେୟର ଏବଂ
ଟେପ୍ ରେକଡର ଇତ୍ୟାଦି ପ୍ରଦାନ କରିଛନ୍ତି କି ?

୨୪. ବିକଳାଙ୍ଗ ମାନଙ୍କ ଚଳପ୍ରଚଳ ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ କୌଣସି ସହାୟକ ଉପକରଣ ଯଥା : ଚକଚୌକି , ଧଳାବାଡି, ଶ୍ରବଣ

ଯନ୍ତ୍ର ଏବଂ ଆଶାବାଡି ଇତ୍ୟାଦି ଯୋଗାଉଛି କି ?

୨୫. ଆପଣଙ୍କ ବିଭାଗ ତରଫରୁ କୌଣସି ପ୍ରକାର ଆର୍ଥିକ ସହାୟତା ପ୍ରଦାନ କରୁଛନ୍ତି କି ବିଶେଷତଃ ଶିକ୍ଷା,ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ବେକାରି

ଭତା

ଇତ୍ୟାଦି ?

୨୬. ଯଦି ହିଁ, ଦୟାପୂର୍ବକ ହୋଇ ନାମ ଗୁଡିକ ଦର୍ଶାଅ ?

୨୭. ବିକଳାଙ୍ଗ ମାନଙ୍କ ମଧ୍ୟରେ କ୍ରୀଡାର ପ୍ରସାର ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ କାର୍ଯ୍ୟ କରୁଛି କି ?

୨୮. ଆପଣଙ୍କ ବିଭାଗ ଦ୍ଵାରା ବିକଳାଙ୍ଗ ମାନଙ୍କ ପାଇଁ କୌଣସି ବୈଷୟିକ ତାଲିମ୍ ପ୍ରଦାନ କରାଯାଉଛି କି?

୨୯. ଆପଣଙ୍କ ବିଭାଗ ତରଫରୁ କୌଣସି ସୁବିଧାଜନକ ଋଣ ବିକଳାଙ୍ଗ ବ୍ୟବସାୟ ନିମନ୍ତେ ପ୍ରଦାନ କରୁଅଛି କି ?

୩୦. ଗ୍ରାମାଚଂଳ ରେ ବିକଳାଙ୍ଗ ମାନଙ୍କ ଦ୍ଵାରା ସ୍ଵୟଂ ସହାୟକ ଗୋଷ୍ଠି ଗଠନ ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ କାର୍ଯ୍ୟ କରୁଛି କି ?

୩୧. ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ଉତ୍ତମ ସ୍ଵାସ୍ଥ୍ୟ ସେବା ଯୋଗାଇବା ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ ଆର୍ଥିକ ସହାୟତା ଦେଉଅଛି କି ?

୩୩. ପଛୁଆ ବର୍ଗର ଗର୍ବବତୀ ମହିଳାଙ୍କ ସୁରକ୍ଷିତ ପ୍ରସବ ନିମନ୍ତେ ଆପଣଙ୍କ ବିଭାଗ ଜରୁରୀକାଳୀନ ଡାକ୍ତରି ସୁବିଧା ପ୍ରଦାନ କରୁଛି କି ?

୩୪. ଆପଣଙ୍କ ବିଭାଗ ତରଫରୁ ଗରିବ ଓ ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ମାଗଣାରେ ଔଷଧ ଏବଂ ଟିକା ପ୍ରଦାନ କରୁଛି କି ?

୩୫. ବିକଳାଙ୍ଗ ମହିଳା ମାନଙ୍କ ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ ର କୌଣସି ସ୍ଵତନ୍ତ୍ର ଯୋଜନା ଅଛି କି ?

୩୬. ଆପଣଙ୍କ ବିଭାଗ ତରଫରୁ ବିକଳାଙ୍ଗ ବ୍ୟକ୍ତିଙ୍କ ସହିତ ସକ୍ଷମ ବ୍ୟକ୍ତିଙ୍କ ସଂଗେ ବିବାହ ନିମନ୍ତେ କୌଣସି ଯୋଜନା ଅଛି କି ?

୩୭. ଯଦି ହଁ, ତେବେ ଆପଣଙ୍କ ବିଭାଗ କେଉଁ ପ୍ରକାରର ସୁବିଧା ପ୍ରଦାନ କରୁଛି ?

୩୮. ଲକ୍ଷ୍ୟପୂରଣ ଉଦ୍ଦେଶ୍ୟରେ ଆପଣଙ୍କ ବିଭାଗ ଅନ୍ୟ ବିଭାଗ ମାନଙ୍କ ସହିତ ମିଳିତ ଭାବରେ କାମ କରୁଛି କି ?

୩୯. ଯଦି ହଁ, ସମ୍ବନ୍ଧୀହ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୪୦. ଆପଣଙ୍କ ବିଭାଗରେ କୌଣସି ଅଭିଯୋଗ କକ୍ଷ ଅଛି କି, ଯେଉଁଠି ସରକାରୀ ନିୟମାବଳୀ ର ଅନିୟମିତ ସମ୍ବକ୍ଷରେ ବିକଳାଙ୍ଗ ମାନଙ୍କ

ଦ୍ଵାରା ଅଭିଯୋଗ ଦାଖଲ କରାଯାଇପାରିବ ?

୪୧. ବିକଳାଙ୍ଗ ମାନଙ୍କ ଜୀବିକା ନିର୍ବାହର ଉନ୍ନତି ସକାଶେ ଆପଣଙ୍କ ବିଭାଗର କିଛି ଦୂରଦୃଷ୍ଟି ଯୋଜନା ଅଛି କି ?

୪୨. ଯଦି ହଁ, ଦୟାପୂର୍ବକ ଉକ୍ତ ଯୋଜନା ସମ୍ବନ୍ଧରେ ସବିଶେଷ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୪୩. ଯଦି ନୁହେଁ , ତେବେ ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ସମାଜର ମୁଖ୍ୟ ସ୍ରୋତରେ ସାମିଲ୍ କରିବା ନିମନ୍ତେ ଆପଣଙ୍କ ବିଭାଗ କି ପ୍ରକାର ଭୂମିକା ଗ୍ରହଣ

କରୁଛି ?

୪୪. ଆପଣଙ୍କ ବିଭାଗରେ କେତେଜଣ କର୍ମଚାରୀ ଅଛନ୍ତି ?

୪୫. ଆପଣଙ୍କ ବିଭାଗରେ କେତେ ଜଣ ବିକଳାଙ୍ଗ ବ୍ୟକ୍ତି କାର୍ଯ୍ୟରତ ଅଛନ୍ତି |

୪୬. ସରକାରଙ୍କ ଦ୍ୱାରା ପ୍ରଚଳିତ ବିଭିନ୍ନ ଆଇନ, ନିୟମାବଳୀ, କାର୍ଯ୍ୟକ୍ରମ ସମ୍ବନ୍ଧରେ ଆପଣଙ୍କ ବିଭାଗ ଅବଗତ ଅଛି କି ?

୪୭. ସରକାରୀ ସ୍ତରରେ ବିକଳାଙ୍ଗ ମାନଙ୍କ ଅଧିକାର ସୁରକ୍ଷା ପାଇଁ ଆପଣଙ୍କ ବିଭାଗ ଆଇନ ପ୍ରଣୟନରେ ଅଂଶ ଗ୍ରହଣ କରିଛି କି ?

୪୮. ଆପଣ ଭାବୁଛନ୍ତି କି, ପ୍ରଚଳିତ ଆଇନ ନିୟମାବଳୀ କାର୍ଯ୍ୟକ୍ରମ ଇତ୍ୟାଦି ବିକଳାଙ୍ଗ ମାନଙ୍କ ଜୀବିକା ନିର୍ବାହ ପାଇଁ ଯଥେଷ୍ଟ |

୪୯. ଯଦି ହଁ, ଏହା କେତେ ଦୂର ଯଥାର୍ଥ ?

୫୦. ଯଦି ନୁହଁ, ତେବେ ଏହି ଦିଗରେ ଆପଣଙ୍କ ମତାମତ କଣ ?

ବେସରକାରୀ ପଦସ୍ଥ କର୍ମଚାରୀଙ୍କ ପ୍ରତି ପ୍ରଶ୍ନ

୧. ନାମ :

୨. ପଦବୀ :

୩. ଠିକଣା :

୪. ଲିଙ୍ଗ :

୫. ବୟସ :

୬. ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ?

୭. ବେସରକାରୀ ଅନୁଷ୍ଠାନର ନାମ୍ ?

୮. ଏହା ରାଜ୍ୟ, ଜିଲ୍ଲା ଏବଂ କେନ୍ଦ୍ର ସ୍ତରୀୟ ବେସରକାରୀ ଅନୁଷ୍ଠାନର କି ?

୯. ଏହା ସରକାରୀ, ଅର୍ଧସରକାରୀ ଏବଂ ଘରୋଇ ବେସରକାରୀ ଅନୁଷ୍ଠାନ କି ?

୧୦. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କେବେ ଆରମ୍ଭ ହୋଇଥିଲା ?

୧୧. ଆପଣ ଏହି ଅନୁଷ୍ଠାନ କେତେ ସମୟ ଧରି କାର୍ଯ୍ୟରତ ଅଛନ୍ତି ?

୧୨. ଏହି ଅନୁଷ୍ଠାନ ପୂର୍ବରୁ ଅନ୍ୟ କୌଣସି ଅନୁଷ୍ଠାନରେ କାର୍ଯ୍ୟରତ ଥିଲେ କି ?

୧୩. ଏହି ପଦବି ପାଇଁ ଆପଣଙ୍କର କୌଣସି ସ୍ୱତନ୍ତ୍ର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା ଅଛି କି ?

୧୪. ଯଦି ହଁ, ତେବେ ସବିଶେଷ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୧୫. ଯଦି ନୁହେଁ ତେବେ ଏହାର କାରଣ କଣ ?

୧୬. ଯଦି ଆପଣଙ୍କୁ କୌଣସି ସୁଯୋଗ ମିଳେ ତେବେ ଆପଣ କୌଣସି ସ୍ୱତନ୍ତ୍ର ଶିକ୍ଷା ଗ୍ରହଣ କରିବେ କି ?

୧୭. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କେବଳ ବିକଳାଙ୍ଗ ନିମନ୍ତେ କର୍ଯ୍ୟ କରୁଛି ଅଥବା ସମାଜର ଅନ୍ୟ ପଛୁଆ ବର୍ଗ ପାଇଁ ମଧ୍ୟ କାର୍ଯ୍ୟ କରୁଛନ୍ତି |

୧୮. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନର କାର୍ଯ୍ୟ ପ୍ରଣାଳୀ କଣ ?

୧୯. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ସ୍ୱୟଂଚାଳିତ ଅଥବା ଅନ୍ୟ କୌଣସି ଉଚ୍ଚ ଅନୁଷ୍ଠାନ ଦ୍ୱାରା ପରିଚାଳିତ |

୨୦. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ସ୍ୱତନ୍ତ୍ର ଭାବରେ କାର୍ଯ୍ୟ କରୁଛି ନା ଅନ୍ୟ କୌଣସି ସରକାରୀ କିମ୍ବା ବେସରକାରୀ ଅନୁଷ୍ଠାନ ସହିତ ମିଳିତ ଭାବ   କାର୍ଯ୍ୟ କରୁଛି |

୨୧. ଶିକ୍ଷାରେ ପ୍ରସାର ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କାର୍ଯ୍ୟ କରୁଛି କି ?

୨୨. ଯଦି ହଁ | ତାହାହେଲେ ଏହି କ୍ଷେତ୍ରରେ ଆପଣ କଣ କରୁଛନ୍ତି ?

୨୩. ବିଦ୍ୟାଳୟ ଶିକ୍ଷକ ମାନଙ୍କ ପାଇଁ ଆପଣଙ୍କର ଅନୁଷ୍ଠାନ କୌଣସି ସ୍ୱତନ୍ତ୍ର ତାଲିମର ବ୍ୟବସ୍ଥା କରୁଅଛି କି ?

୨୪. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ଦୃଷ୍ଟି ବାଧିତ ଛାତ୍ର ଛାତ୍ରୀ ମାନଙ୍କୁ ପାଠ୍ୟ ଉପକରଣ ଉପଯୁକ୍ତ ମାଧ୍ୟମ ଯଥା:- ଇ-ଟେକ୍ସଟ୍ ବହି,ଅଡିଓ ବୁକ୍ସ,ଏମ୍ ପି 3,ଡେଜି ବହି ଇତ୍ୟାଦି ?

୨୫. ବିକଳାଙ୍ଗ ଛାତ୍ର ଛାତ୍ରୀ ମାନଙ୍କ ଶିକ୍ଷା ଲାଭ ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ସେମାନଙ୍କୁ ସହାୟକ ଉପକରଣ ଲାପଟପ୍,ଡିଭିଡିପ୍ଲେୟାର,ଏମ୍ ପି 3 ପ୍ଲେୟାର ଏବଂ ଟେପ୍ ରେକଡ ଇତ୍ୟାଦି ଯୋଗାଉଛି କି ?

୨୬. ବିକଳାଙ୍ଗ ମାନଙ୍କ ଚଳ ପ୍ରଚଳ ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କୌଣସି ସହାୟକ ଉପକରଣ ଯଥା:- ଚକଚୌକି,ଧଳାବାଡି,ଶ୍ରବଣ ଯନ୍ତ୍ର ଏବଂ ଆଶାବାଡି ଇତ୍ୟାଦି ଯୋଗାଉଛି କି ?

୨୭. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ତରଫରୁ କୌଣସି ପ୍ରକାରର ଆର୍ଥିକ ସହାୟତା ପ୍ରଦାନ କରିଛନ୍ତି କି ବିଶେଷତଃ ଶିକ୍ଷା,ସ୍ୱାସ୍ଥ୍ୟ ଏବଂ ବେକାରୀ ଭତ୍ତା ଇତ୍ୟାଦି |

୨୮. ଯଦି ହଁ | ଦୟା ପୂର୍ବକ ଏହାର ନାମ ଗୁଡିକ ଦର୍ଶାଅ ଓ ମାସିକ ଏବଂ ବାର୍ଷିକ ଆର୍ଥିକ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୨୯. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କୌଣସି ପ୍ରକାରର ବୈଷୟିକ ଶିକ୍ଷା ପ୍ରଦାନ କରୁଛି କି, ଯେଉଁ ଥିରେ ବିକଳାଙ୍ଗ ବ୍ୟକ୍ତି ଆତ୍ମ ନିଯୁକ୍ତିରେ ସହାୟକ ହୋଇପାରୁଛି ?

୩୦. ଯଦି ହଁ, ତେବେ ଏହି ତାଲିମ ସମ୍ବନ୍ଧୀୟ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୩୧. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ତରଫରୁ କୌଣସି ସୁବିଧାଜନକ ଋଣ ବିକଳାଙ୍ଗ ବ୍ୟବସାୟ ନିମନ୍ତେ ପ୍ରଦାନ କରୁଅଛି କି ?

୩୨. ଯଦି ହଁ , ତେବେ ଋଣ ରୁପରେ କେତେ ସହାୟତା ରାଶି ଆପଣ ପ୍ରଦାନ କରୁଛନ୍ତି |

୩୩. ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ଉତ୍ତମ ସ୍ୱାସ୍ଥ୍ୟସେବା ଯୋଗାଇବା ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ଆର୍ଥିକ ସହାୟତା ଦେଉଅଛି କି ?

୩୪. ଗ୍ରାମାଚଂଳରେ ବିକଳାଙ୍ଗତା ଦୂରୀକରଣ ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କୌଣସି ସଚେତନତା ଶିବିର ଆୟୋଜନ କରୁଛି କି ?

୩୫. ପଛୁଆ ବର୍ଗର ଗର୍ଭବତୀ ମହିଳାଙ୍କ ସୁରକ୍ଷିତ ପ୍ରସବ ନିମନ୍ତେ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ଜରୁରୀକାଳିନ ଡାକ୍ତାରୀ ସୁବିଧା ପ୍ରଦାନ କରୁଛି କି ?

୩୬. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ତରଫରୁ ଗରିବ ଓ ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ମାଗଣାରେ ଔଷଧ ଏବଂ ପ୍ରତିଷେଧକ ଟୀକା ପ୍ରଦାନ କରୁଛି କି ?

୩୭. ବିଭିନ୍ନ ସରକାରୀ ଗୃହ ଯୋଜନା ଯଥା:- ଇନ୍ଦିରା ଆବାସ, ରାଜିବ ଆବାସ ଏବଂ ମୋ କୁଡିଆ ମାଧ୍ୟମରେ ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ଗୃହ ପ୍ରଦାନ କରିବା ଦିଗରେ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କାର୍ଯ୍ୟ କରୁଛି କି ?

୩୮. ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ବିଭିନ୍ନ ସରକାରୀ ଗ୍ରାମ୍ୟ ଉନ୍ନୟନ ଯୋଜନା ଯଥା:- ମହାତ୍ମାଗାନ୍ଧୀ ରାଷ୍ଟ୍ରୀୟ ଗ୍ରାମୀଣ ନିଶ୍ଚିତ ନିଯୁକ୍ତି ଯୋଜନା, ରାଷ୍ଟ୍ରୀୟ ଗ୍ରାମ୍ୟ ଉନ୍ନୟନ କାର୍ଯ୍ୟକ୍ରମ, ସ୍ୱର୍ଣ୍ଣ ଜୟନ୍ତି ଗ୍ରାମ୍ୟ ସୁରୋଜଗାର ଯୋଜନା, ପ୍ରଧାନମନ୍ତ୍ରୀ ରୋଜଗାର ଯୋଜନାରେ ସାମିଲ କରାଇବା ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନର କୌଣସି ସ୍ୱତନ୍ତ୍ର ଆଇନ ଅଛି କି ?

୩୯. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ବିକଳାଙ୍ଗ ମାନଙ୍କ ଦ୍ୱାରା ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଗଠନରେ କାର୍ଯ୍ୟ କରୁଛି କି ?

୪୦. ଯଦି ହଁ , ବର୍ତ୍ତମାନ ସୁଦ୍ଧା ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କେତୋଟି ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ଗଠନ କରିଛି ?

୪୧. ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠୀ ମାନଙ୍କ ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କି ପ୍ରକାର ଅନୁଦାନ ବ୍ୟବସ୍ଥା ଅନୁସରଣ କରୁଛି ?

୪୨. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ସେମାନଙ୍କୁ ସେମାନଙ୍କର ଉତ୍ପାଦନକୁ ବିକ୍ରି କରିବା ପାଇଁ ଉପଯୁକ୍ତ ବଜାର ପ୍ରଦାନ କରୁଛି କି ?

୪୩. ବିକଳାଙ୍ଗ ମାନଙ୍କ ଜୀବିକା ନିର୍ବାହର ଉନ୍ନତି ସକାଶେ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନର କିଛି ଦୂର ଦୃଷ୍ଟି ଯୋଜନା ଅଛି କି ?

୪୪. ଯଦି ହଁ , ଦୟାପୁର୍ବକ ଉକ୍ତ ଯୋଜନା ସମ୍ବନ୍ଧରେ ସବିଶେଷ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୪୫. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ନ୍ୟାୟ ପ୍ରଦାନ କରିବା ନିମନ୍ତେ କୌଣସି କାର୍ଯ୍ୟ କରୁଛି କି ?

୪୬. ଯଦି ହଁ , ଏହି ଦିଗରେ କି ପ୍ରକାରର କାର୍ଯ୍ୟପନ୍ଥା ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ଅବଲମ୍ବନ କରୁଛି ?

୪୭. ବିକଳାଙ୍ଗ ମାନଙ୍କର ଅଧିକାର ସକାଶେ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କୌଣସି ଆନ୍ଦୋଳନରେ ଭାଗ ନେଇଛି କି ?

୪୮. ବିକଳାଙ୍ଗ ମାନଙ୍କ ଅଧିକାର ପାଇଁ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କୌଣସି ଆନ୍ଦୋଳନର ନେତୃତ୍ୱ ନେଇଛି କି ?

୪୯. ଯଦି ହଁ , ତେବେ ଆନ୍ଦୋଳନ ସମ୍ବନ୍ଧୀୟ ଏକ ବିବରଣୀ ପ୍ରଦାନ କରନ୍ତୁ |

୫୦. ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ ବିକଳାଙ୍ଗ ମାନଙ୍କ ପାଇଁ ପ୍ରଚଳିତ ସମସ୍ତ ଆଇନ ଏବଂ ନିୟମାବଳୀ ସମ୍ବନ୍ଧରେ ଅବଗତ ଅଛି କି ?

୫୧. ରାଜ୍ୟରେ ବିକଳାଙ୍ଗ ମାନଙ୍କ ପାଇଁ ଆଇନ ପ୍ରଣୟନରେ ଆପଣଙ୍କ ଅନୁଷ୍ଠାନ କୌଣସି ଭୂମିକା ଗ୍ରହଣ କରିଛି କି ?

୫୨. ଭିନ୍ନକ୍ଷମ ମାନଙ୍କ ପାଇଁ ଆଇନ ପ୍ରଣୟନ ସମୟରେ ରାଜ୍ୟ ସରକାର ଆପଣଙ୍କ ଅନୁଷ୍ଠାନରୁ ମତାମତ ମାଗୁଛନ୍ତି କି ?

୫୩. ବିକଳାଙ୍ଗତା କ୍ଷେତ୍ରରେ ଅଧିକ ବିବରଣୀ ଆପଣ ଦେବା ପାଇଁ ଚାହାନ୍ତି କି ?

ବ୍ୟକ୍ତି ବିଶେଷଙ୍କ ପ୍ରତି ପ୍ରଶ୍ନ

୧. ନାମ

୨. ଠିକଣା

୩. ବୟସ

୪. ଲିଙ୍ଗ

୫. ବାପା ଓ ମା ଙ୍କ ନାମ

୬. ଆପଣଙ୍କର ଜାତି ଗତ ବିବରଣୀ କଣ

୭. ଆପଣଙ୍କର ଭାଇ ଭଉଣୀ କେତେ

୮. ଆପଣ ବିବାହିତ କି

୯. ଆପଣ ଭବିଷ୍ୟତରେ ବାହା ହେବା ପାଇଁ ଭାବିଛନ୍ତି କି ?

୧୦. ଯଦି ନୁହେଁ, କାରଣ କଣ ?

୧୧. ଯଦି ଆପଣ ବିବାହିତ , ତେବେ ଆପଣଙ୍କ କେତେ ଜଣ ସନ୍ତାନ ଅଛନ୍ତି ?

୧୨. କେଉଁ ପ୍ରକାର ବିକଳାଙ୍ଗତା ଆପଣଙ୍କର ଅଛି ?

୧୩. ଆପଣଙ୍କ ବିକଳାଙ୍ଗତା ଜନ୍ମଗତ ଅଥବା ଅନ୍ୟ କୌଣସି କାରଣ ଅଟେ ?

୧୪. ଆପଣଙ୍କ ପରିବାରରେ ଆପଣଙ୍କ ସହ ଅନ୍ୟ କେହି ବିକଳାଙ୍ଗ ଅଛନ୍ତି କି ?

୧୫. ଆପଣଙ୍କ ବିକଳାଙ୍ଗ ପ୍ରଣାମ ପତ୍ର ଅଛି କି ?

୧୬. ଯଦି ଆପଣଙ୍କର ବିକଳାଙ୍ଗ ପ୍ରମାଣ ପତ୍ର ନାହିଁ , ତେବେ କାରଣ କଣ ?

୧୭. ଆପଣ ଚିକିତ୍ସା ନିମନ୍ତେ କୌଣସି ଡାକ୍ତରଖାନାକୁ ଯାଇଥିଲେ କି ?

୧୮. ଯଦି ନୁହେଁ , କାରଣ କଣ ?

୧୯. ଯଦି ହଁ ,ତେବେ ଡାକ୍ତର ଆପଣଙ୍କ ବିକଳାଙ୍ଗତା ସମ୍ବନ୍ଧରେ କଣ ପରାମର୍ଶ ଦେଇଛନ୍ତି ?

୨୦. ନିୟମିତ ଚିକିତ୍ସା ନିମନ୍ତେ, ଆପଣ କେତେ ଥର ଡାକ୍ତରଖାନା ଯାଇଛନ୍ତି ?

୨୧. ଆପଣ ଦୌନଦିନ ଔଷଧ ବ୍ୟବହାର କରୁଛନ୍ତି କି ?

୨୨. ଯଦି ହଁ , ତେବେ ଆପଣ ଏହି ଔଷଧ ମାଗଣାରେ ପାଉଛନ୍ତି ଅଥବା ଏଥି ପାଇଁ ଆପଣକୁ ମୂଲ୍ୟ ଦେବାକୁ ପଡେ କି ?

୨୩. ଆପଣ ବିକଳାଙ୍ଗତା ଦୁର କରିବା ପାଇଁ କୌଣସି ଅସ୍ତ୍ର ପ୍ରଚାର କରିଛନ୍ତି କି ?

୨୪. ଯଦି ହଁ , ତେବେ ପ୍ରତିଦିନ ଡାକ୍ତରଖାନା ଯିବା ପାଇଁ କିଏ ସହାୟତା କରନ୍ତି ?

୨୫. ଆପଣଙ୍କ ଅଂଚଳରେ ଏହି ପରିପ୍ରେକ୍ଷୀରେ କୌଣସି ବେସରକାରୀ ସଂସ୍ଥା କିମ୍ବା ସରକାରୀ ସଂସ୍ଥା କାମ କରୁଛି କି ?

୨୬. ଆପଣଙ୍କର ବିକଳାଙ୍ଗତା ହେତୁ ଆପଣଙ୍କ ପରିବାରର ସଦସ୍ୟ,ସମ୍ପର୍କୀୟ କିମ୍ବା ସ୍ଥାନୀୟ ଲୋକମାନଙ୍କ ଦ୍ଵାରା ପକ୍ଷ ପାତର ଶିକାର

ହୋଇଛନ୍ତି କି ?

୨୭. ଆପଣଙ୍କ ପରିବାରରେ ଅଭିଭାବକ ଆପଣଙ୍କ ପ୍ରତି କିପରି ବ୍ୟବହାର କରନ୍ତି ?

୨୮. ସେମାନେ ଆପଣଙ୍କୁ ପରିବାରର ଅନ୍ୟ ସଦସ୍ୟଙ୍କ ଭଳି ସମାନ ଦୃଷ୍ଟିରେ ଦେଖନ୍ତି ଅଥବା ଆପଣଙ୍କୁ ଅବହେଳା କରନ୍ତି|

୨୯. ବର୍ତ୍ତମାନ ଆପଣଙ୍କର ଶିକ୍ଷାଗତ ଯୋଗ୍ୟତା କଣ ?

୩୦. ଯଦି ଆପଣ ଶିକ୍ଷିତ ନୁହଁନ୍ତି, ତେବେ କାରଣ କଣ ?

୩୧. ଆପଣଙ୍କ ପ୍ରାଥମିକ ଶିକ୍ଷା କୌଣସି ସ୍ଵତନ୍ତ୍ର ବିଦ୍ୟାଳୟରେ ଗ୍ରହଣ କରିଛନ୍ତି ଅଥବା ନିକଟସ୍ଥ ସାଧାରଣ ବିଦ୍ୟାଳୟରେ ସୋମନ୍ଵିତ ଶିକ୍ଷା ପଦ୍ଧତି ମାଧ୍ୟମରେ ଶିକ୍ଷା ଗ୍ରହଣ କରିଛନ୍ତି |

୩୨. ଯଦି ଆପଣ ସୋମନ୍ଵିତ ଶିକ୍ଷା ପଦ୍ଧତିରେ ଶିକ୍ଷା ଗ୍ରହଣ କରିଛନ୍ତି, ତେବେ ଆପଣଙ୍କୁ ବିଦ୍ୟାଳୟ ପାଠ୍ୟକ୍ରମରେ କି ପ୍ରକାର ସୁବିଧା ପ୍ରଦାନ କରାଯାଇଛି |

୩୩. ଆପଣଙ୍କ ବିଦ୍ୟାଳୟରେ କେହି ସ୍ଵତନ୍ତ୍ର ତାଲିମ ପ୍ରାପ୍ତ ଶିକ୍ଷକ ଥିଲେ କି ? ଯିଏ ଆପଣଙ୍କ ଶିକ୍ଷାଗତ ଆବଶ୍ୟକତା ପୁରଣ କରିବା ପାଇଁ ସହାୟକ ହେଉଥିଲେ |

୩୪. ଆପଣଙ୍କ ବିଦ୍ୟାଳୟ କିମ୍ବା ମହାବିଦ୍ୟାଳୟ ତରଫରୁ କୌଣସି ସହାୟକ ପାଠ୍ୟ ପୁସ୍ତକ ଯଥା:- ଇ-ଟେକ୍ସଟ୍,ବ୍ରେଇଲ୍ ପୁସ୍ତକ,ଲାରଜ୍ ପ୍ରିଣ୍ଟ ଏବଂ ଅଡିଓ ପୁସ୍ତକ ଇତ୍ୟାଦି ଆପଣ ପାଇଛନ୍ତି କି ?

୩୫. ଆପଣଙ୍କ ବିଦ୍ୟାଳୟ, ମହାବିଦ୍ୟାଳୟ ଅଥବା କୌଣସି ଅନୁଷ୍ଠାନ ତରଫରୁ ଡିଭିଡି,ଲାପଟପ୍,mp3 ପ୍ଲେୟାର ଓ ଅନ୍ୟାନ୍ୟା ଉପକରଣ ପାଇଛନ୍ତି କି ?

୩୬. ଆପଣଙ୍କର ଦୈନନ୍ଦିନ ଜୀବନରେ ଶ୍ରେଣୀ ଗୃହରେ ଆପଣଙ୍କ ଶିକ୍ଷକ ଓ ସହପାଠୀ ମାନଙ୍କର ବ୍ୟବହାର କିପରି ଥିଲା?

୩୭. ଆପଣଙ୍କ ବିଦ୍ୟାଳୟ ଅଥବା ମହାବିଦ୍ୟାଳୟ ପରିସର ମଧ୍ୟରେ ଶାରୀରିକ ଅକ୍ଷମ ଛାତ୍ର ମାନଙ୍କ ସୁବିଧା ପାଇଁ ରାମ୍ପ ବା ଲିଫ୍ଟର ବ୍ୟବସ୍ଥା ଅଛି କି ?

୩୮. ଆପଣଙ୍କ ବିଦ୍ୟାଳୟ ଅଥବା ମହାବିଦ୍ୟାଳୟରେ ଶାରୀରିକ ଅକ୍ଷମ ଛାତ୍ର ମାନଙ୍କ ପାଇଁ କୌଣସି ସ୍ୱତନ୍ତ୍ର ପାଇଖାନା ବ୍ୟବସ୍ଥା ଅଛି କି ?

୩୯. ଆପଣଙ୍କର ଶିକ୍ଷା ନିମନ୍ତେ ଆପଣଙ୍କୁ କୌଣସି ସରକାରୀ ବା ବେସରକାରୀ ସଂସ୍ଥା ତରଫରୁ ଆର୍ଥୀକ ଅନୁଦାନ ମିଳେ କି ?

୪୦. ଆପଣ କୌଣସି ସରକାରୀ ସହାୟକ ଯୋଜନା ଦ୍ୱାରା ଲାଭବାନ ହେଉଛନ୍ତି କି ?

୪୧. ଯଦି ହଁ ,ତେବେ ଆପଣ ଏହି ପରିଶ୍ରେକ୍ଷିରେ ଆପଣ ପ୍ରକୃତରେ ସରକାରୀ ବା ବେସରକାରୀ ଅନୁଷ୍ଠାନରୁ କେତେ ପରିମାଣର ଆର୍ଥିକ ଅନୁଦାନ ପାଇଛନ୍ତି କି ?

୪୨. ଆପଣ ଉଚ୍ଚ ଶିକ୍ଷା ନିମନ୍ତେ କଣ ଚିନ୍ତା କରିଛନ୍ତି ?

୪୩. ଆପଣ ଉଚ୍ଚ ଶିକ୍ଷା ନିମନ୍ତେ ସରକାରୀ ଯୋଜନା ବିଷୟରେ ସଚେତନ କି ?

୪୪. ଆପଣଙ୍କର ଭାବି ନିଯୁକ୍ତି ସମ୍ବନ୍ଧରେ ମତାମତ କଣ ?

୪୫. ଆପଣ କୌଣସି ବିକଳାଙ୍ଗ ମାନଙ୍କ ପାଇଁ ଉଦ୍ଦିଷ୍ଟ ରାଜ୍ୟ କିମ୍ବା ଜାତୀୟ ସ୍ତରୀୟ ସ୍ୱତନ୍ତ୍ର ନିଯୁକ୍ତି କେନ୍ଦ୍ରରେ କିମ୍ବା ଅନ୍ୟ ବେସରକାରୀ ଅନୁଷ୍ଠାନରେ ନାମ ପଞ୍ଜିକୃତ କରାଇଛନ୍ତି କି ? ଯାହାକି ବିକଳାଙ୍ଗ ମାନଙ୍କୁ ନିଯୁକ୍ତି ଦେଇଥାଏ |

୪୬. ଯଦି ହଁ , ତେବେ ଆପଣ କଣ କୌଣସି ସଂସ୍ଥା ତରଫରୁ ନିଯୁକ୍ତି ସୁଯୋଗ ପାଇଛନ୍ତି କି ?

୪୭. ଯଦି ନାହିଁ , ତେବେ ବର୍ତ୍ତମାନ ଆପଣ କଣ କରନ୍ତି ?

୪୮. ଯଦି ଆପଣ କୌଣସି ନିଯୁକ୍ତି ପାଇ ନାହାନ୍ତି, ତେବେ ଆପଣ ସରକାରଙ୍କ ଦ୍ୱାରା ଦିଆଯାଇଥିବା ବେରୋଜଗାରୀ ବିକଳାଙ୍ଗ ଭତ୍ତା ପାଉଛନ୍ତି କି ?

୪୯. ଆପଣ ଓଡିଶା ରାଜ୍ୟ ସରକାରଙ୍କ ଦ୍ୱାରା ଦିଆଯାଇଥିବା କୌଣସି ଭତ୍ତା ପାଉଛନ୍ତି କି ?

୫୦. ଯଦି ହଁ , ତେବେ ଆପଣ ମାସିକ କେତେ ଟଙ୍କା ପାଆନ୍ତି ?

୫୧. ଯଦି ନାହିଁ, ତେବେ କାରଣ କଣ ?

୫୨. ଯଦି ଆପଣ ଅଶିକ୍ଷିତ, ତେବେ ଆପଣଙ୍କ ଜୀବିକ ସମ୍ବନ୍ଧରେ କଣ ଯୋଜନା କରିଛନ୍ତି ?

୫୩. ଆପଣଙ୍କ ଅଂଚଳରେ ଥିବା କୌଣସି ସରକାରୀ କିମ୍ବା ବେସରକାରୀ ଅନୁଷ୍ଠାନରୁ କୌଣସି ପ୍ରକାରର ଧନ୍ଧା ମୂଳକ ଅଥବା ଦକ୍ଷତା ବୃଦ୍ଧି ସମ୍ବନ୍ଧୀୟ ତାଲିମ ପାଇଛନ୍ତି କି ?

୫୪. ଆପଣ ଜୀବିକା ଉପାର୍ଜନ ପାଇଁ କଣ କରୁଛନ୍ତି |

୫୫. ଆପଣ ଜୀବିକା ଉପାର୍ଜନ ନିମନ୍ତେ ଆପଣ ଗୃହରେ କାର୍ଯ୍ୟରତ ଅଟନ୍ତି ନା ବାହାରକୁ ଯିବାକୁ ପଡୁଛି ?

୫୬. ଆପଣ ଆପଣଙ୍କର ନାମ ପଂଚାୟତ କାର୍ଯ୍ୟାଳୟରେ ମନରେଗା(mnrga) ଯୋଜନାରେ ଜଣେ ଦିନ ମଜୁରିଆ ଭାବେ ନାମ ପଞ୍ଜିକୃତ କରାଇଛନ୍ତି କି ?

୫୭. ଯଦି ଆପଣ କୌଣସି ହାତ ତିଆରି ବସ୍ତୁ ତିଆରି କରୁଛନ୍ତି ତେବେ ଏଥି ନିମନ୍ତେ ଆପଣଙ୍କୁ କିଏ ଆର୍ଥିକ ସହାୟତା ପ୍ରଦାନ କରିଛନ୍ତି ?

୫୮. ଆପଣ ସରକାରୀ ଯୋଜନା ଯଥା (PMRY,NHFDC,SGY ଏବଂ SGRY) ଆଦି ବିଷୟରେ ଅବଗତ ଅଛନ୍ତି କି, ଯାହା ସ୍ୱତଃ ବିକାଶ ଉନ୍ମୁଖୀ ବ୍ୟବସାୟ ନିମନ୍ତେ ସହାୟକ ଅଟେ ।

୫୯. ଆପଣ ଆପଣଙ୍କର ସ୍ୱରୋଜଗାର ପାଇଁ କୌଣସି ଋଣ ଯଥା:- PMRY,NHFDC, SGY, ଏବଂ SGRY, ଆଦି ପାଇଛନ୍ତି କି ।

୬୦. ଆପଣ ଆପଣଙ୍କର ଅଂଚଳର କୌଣସି ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠି ସହ ଜଡିତ ଆଛନ୍ତି କି ।

୬୧. ଯଦି ହଁ , ତେବେ ସେଠି ଆପଣ କଣ କରନ୍ତି ।

୬୨. ଆପଣଙ୍କର ସ୍ୱୟଂ ସହାୟକ ଗୋଷ୍ଠିକୁ ଅର୍ଥିକ ସହାୟତା କିଏ ଦେଉଛି ?

୬୩. ସ୍ୱଂସହାୟକ ଗୋଷ୍ଠି ଜରିଆରେ ଆପଣଙ୍କର ମାସିକ ଆୟ କେତେ ।

୬୪. ଏହି ଆୟ ଆପଣଙ୍କର ପରିବାର ଗୁଜୁରଣ ମେଣ୍ଟାଇବାରେ ଯଥେଷ୍ଟ କି ।

୬୫. ଯଦି ନୁହଁ , ତେବେ ଆପଣ କେମେତି ଜିବିକା ନିର୍ବାହ କରୁଛନ୍ତି ।

୬୬. ଆପଣ ବିପିଏଲ, ଏପିଏଲ ତଥା ପିଡିଏସ୍ ଭଳି କୋଣସି ସରକାରି କାର୍ଡ଼ ପାଇଛନ୍ତି କି ।

୬୭. ଯଦି ନୁହଁ , କାରଣ କଣ ।

୬୮. ଆପଣ କୌଣସି ରାଜ୍ୟ କେନ୍ଦ୍ର ସରକାରଙ୍କ ଦ୍ୱାରା ପରିଚାଳିତ ଗରିବ ଓ ଭୂମିହିନ ବିକଳାଙ୍ଗ ପାଇଁ ଗୃହ ନିର୍ମାଣ ଯୋଜନା ଯଥା :- ଇନ୍ଦିର ଆବାସ, ରାଜିବ ଆବାସ ଓ ମୋ କୁଡିଆ ଦ୍ୱାରା ଲାଭ ପ୍ରଦ ହୋଉଛିନ୍ତି କି?

୬୯. ଯଦି ନୁହଁ, କାରଣ କଣ ?

୭୦. ଆପଣ ନିଜି ବ୍ଲକ ଓ ଜିଲ୍ଲା ସମାଜ ମଙ୍ଗଳ କାର୍ଯ୍ୟଳୟ (DSW) ରୁ କୌଣସି ଉପକରଣ ଯଥା:- ଚକଲଗା ଚୌକି, ଆଶାବାଡି, ଧଳାବାଡି ଓ ଶ୍ରବଣ ଯନ୍ତ୍ର ଇତ୍ୟାଦି ପାଇଛନ୍ତି କି ?

୭୧. ଆପଣ କଣ ଭିନ୍ନକ୍ଷମ ଅଧିକାର ସୁରକ୍ଷା ଆଇନ 1995 ଓ ରାଜ୍ୟ ବ୍ୟବସ୍ଥାପିକା ଆଇନ 2004 ସମ୍ପର୍କରେ ଆବଗତ କି ?

୭୨. ଯଦି ନୁହେଁ , କାରଣ କଣ ?

୭୩. ଆପଣ ଏଭଳି କୌଣସି ସରକାରୀ କିମ୍ବା ବେସରକାରୀ ସଂସ୍ଥା ସହ ସଂପୃକ୍ତ ଆଛନ୍ତି କି, ଯିଏ ବିକଳାଙ୍ଗ ମାନଙ୍କ ଅଧିକାର ନିମନ୍ତେ କାର୍ଯ୍ୟରତ ?

୭୪. ଯଦି ହଁ, ତେବେ ଆପଣଙ୍କ ଅଧିକାର ସୁରକ୍ଷା ପାଇଁ ସରକାର ବିରୋଧରେ ସ୍ୱର ଉତ୍ତୋଳନ କରିଛନ୍ତି   କି?

୭୫. ଆପଣ ଆପଣଙ୍କ ଅଧିକାର ସୁରକ୍ଷା ପାଇଁ କୌଣସି ଜିଲ୍ଲା ସ୍ତରୀୟ ସରକାରୀ ବିଭାଗ ନିକଟରେ ସ୍ୱର ଉତ୍ତୋଳନ କରିଛନ୍ତି କି

?

୭୬. ଯଦି ହଁ , ତେବେ ସେ ସମ୍ପର୍କରେ ବିସ୍ତୃତ ବିବରଣୀ ଦିଅନ୍ତି |

୭୭. ଜଣେ ଭିନ୍ନକ୍ଷମ ମହିଳା ଭାବରେ ନିଜ ପରିବରରେ କୌଣସି ସଦସ୍ୟ କିମ୍ବା ପଡୋଶୀ ମାନଙ୍କ ଦ୍ୱାରା ଉପେକ୍ଷା ହୋଇଛନ୍ତି କି

?

୭୮. ଯଦି ହଁ , ତେବେ ତାହା କେଉଁ ଧରଣର ଉପେକ୍ଷା ଯାହା ଆପଣ ନିଜ ଦୈନଦିନ ଜୀବନରେ ସମ୍ମୁଖୀନ ହୋଇଛନ୍ତି |

୭୯. ଆପଣଙ୍କ ଜୀବନକୁ ଅଧିକ ସ୍ୱଚ୍ଛନ୍ଦ ଓ ସ୍ୱାବଲମ୍ବୀ କରିବା ପାଇଁ ଆପଣ ସରକାରୀ ତଥା ବେସରକାରୀ ଅନୁଷ୍ଠାନରୁ କଣ

ଆଶା କରୁଛନ୍ତି ?

Questioner for Gov officials:

1. Name:
2. Designation:
3. Address:
4. Sex:
5. Age:
6. What is your educational qualification?
7. How long have you been working in this department?
8. Before joining to this department, where had you been working?
9. Had you taken any such special educational qualification for this post?
10. Name of your Department?
11. Is this state Govt or central Govt department?
12. Is this state, district or block label department?
13. What is your department nature of work?

14. Is your department working as a autonomous or controlling by any other Gov departments?

15. Is your department working only for disabled persons' or any other weaker section of the society?

16. What is your opinion about the disabled persons' life and their capability?

17. Do you thing that, these Gov departments are providing batter facility and taking care of the disabled persons' life and livelihood?

18. If it is no, then what is reason for this?

19. Is your department working for the promotion of education?

20. If it is yes, then what kind of work are you doing for education?

21. Is your department providing any special educational teacher's traning to the school teachers?

22. Is your department providing all the study materials in the accessible format such as, e-text books, audio books such as, Mp3, Dagy format Etc, for the visually impaired student's?

23. Is your department providing any assistive device such as, laptop, DVD player, Mp3 player and tape recorder Etc, to the disabled student's for their educational purpose's?

24. Is your department facilitated any equipment such as, wheelchair, whitecane, hearing device and handcrotchesEtc for the movility of the PWD?

25. Is your department providing any financial support for the education, helth and unemployment stipend to the disabled persons?

26. If it is yes, could you kindly explain about these names?

27. Is your department promoting sports activities for the disabled students?

28. Is your department providing any such vocational tranings, wich is very helpful for the self employment of the disabled persons?

29. Is your department providing any such soft lone to self promoting business for the PWD persons?

30. Does your department support the disabled persons for the formation of the self help groups in the rural areas?

31. Is your department providing financial support for the promotion of good health facility to the PWD?

32. Is your department doing any awareness program or camps in the rural areas for the prevension of disability in the regular basis?

33. Is your department providing any kind of medical facility to the pregnant women, who is coming under the BPL and APL category for safe berth of their child?

34. Is your department providing free medicines and some important preventive injections to the disabled and poor persons?

35. Does your department has any special provision for disabled women?

36. Does your department has any special schemes for the promotion of marage to the disabled persons' with normal persons'?

37. If it is yes, then what kind of facility your department is giving to that person?

38. Is your department collaborating with any other organization to fulfill of its gol?

39. If it is yes, then could you say some thing about this?

40. Does your department has any disabled grievance sel for the irregularities of the Gov services for the disabled persons where they can file a complain for their problems?

41. Does your department has any futuristic planne, wich will help to improve the life quality of a disabled persons?

42. If it is yes, could you kindly explain those plannes?

43. If it is no, then what kind of work is your department doing for the promotion of disabled persons' life for the mainstreaming of the society?

44. How many employs are working in this department?

45. How many disabled employs are there in your department?

46. Are you aware of the policies, acts, programmes and schemes for the disabled persons promulgated by the government?

47. Do you take part in the process of policy formulation for the protection of the rights of the disabled people at government level?

48. Do you think that the existing policies, acts, programmes and schemes are enough for the protection of the rights of the disabled people?

49. If yes, to what extent?

50. If no, what should be your suggestion in this regard?

Questioner for individual respondants

1. Name:
2. Address:
3. Age:
4. Sex:
5. Father’s and mother name’s:
6. What is your cast baground?
7. How many sibling do you have?
8. Are you married, Yes No?
9. Do you thing that you will marry in the future?
10. If it is no, then what is the reason?
11. If are you married, then how many children do you have?
12. What kind of disability do you having?
13. Is your disability from by birth or due to some other causes?

14. Along with you istheir any member having any other kind of disability in your family?

15. Do you have disability certificate?

16. If you don't have disability certificate, then what is the reason?

17. Have you visited any hospital for your treatment?

18. If it is no, then what is the reason?

19. If it is yes, then what Docter is saying about your disability problem?

20. How often do you visit to Hospital, for the routinecheckup?

21. Are you taking any medisin in the regular basis?

22. If it is yes, then are you getting free of cost from the medical or are you paying for it?

23. Have you ever tried medical surgery for the corrective your disability problem?

24. If it is yes, then, who isaccompanying you to go to the Hospital regularly?

25. Is their any NGO or any other agency are working in this regard in your locality?

26. Have you discriminated due to your disability by the family members or by relatives or by the local peoples?

27. How is your parents concerned about you in the family?

28. Are they discriminated you or are they supporting you like other child in the family?

29. What is your education status currently?

30. If you are not educated then say about the reason?

31. Have you completed your schooling education from special school or from any integrating school near by area?

32. If you were studied in the integrated school then what kind of facilityswere they given to you for your school curriculum?

33. Was their any special teacher in your school,who was guiding you according to your academic needs?

34. Have they provided any accessible study material such as, e-text, braile books, large print and audio books etc, for your study perposefrom your school or colleges?

35. Have you been provided any instrument’s such as, laptop, Dvd player, Mp3 player and some other devices for your study perposes from your schoolor colleges or from any other organisations?

36. How wasyour school and college teachers and classmates were behaving you in the day to day live in the class room?

37. Has your school and college created any excessibilityfacilities such as, ramp and lift for the physically challenge students in the school and college buildings?

38. Has your school and college created any special toilet for physically chalange student?

39. Do you get any financial support from gov or any NGO's for your educational perpose?

40. Have you been benefitted from any govsupportive skims for your education?

41. If it is yes, then how much money have you been anualy benefitted Gov or any other organisations in this regard?

42. What do you thing about the higher education?

43. Do you aware of Govschemes for higher education?

44. What is your opinion about the future employment?

45. Have you enrolled your name in the State or National label special employment exchange,for the disabled person or any other employment agencies, who is providing job to the disabled persons?

46. If it is yes, then have you got any job offer from these agencies?

47. If it is no, then what are you doing now ?

48. If you are not doing any job, then are you availing Gov disabled unemployment stipend?

49. Are you availing any pension provided by Gov of Odisha?

50. If it is yes, then how much amount are you getting in the monthly basis?

51. If it is no, then what is the reason?

52. If you are not educated, then What is your plan about the future livelihood?

53. Have you taken any kind of vocational or any skill development traning from any Gov or any NGO from your localityfor the future employment?

54. What kind of work are you doing for your livelihood?

55. Are you working at your home or are you going to to some other place for the livelihood?

56. Have you enrolled your name in the MNRGA, for Daly wage work in your Panchayat office?

57. If you are making any handicraft items, who has financially helped you for this project?

58. Have you awared of Govschemes such as, PMRY, NHFDC, SGY and SGRY Etc, for the self promoting business loan?

59. Have you availed any loane such as, PMRY, NHFDC, SRG and SGRY Etc, for your self business?

60. Are you part of any SHG in your locality for the livelihood?

61. If it is yes, then what kind of work are you doing their?

62. Who is financing to your SSG?

63. What amount of mony do you earning in the monthly basis from the SSG?

64. Is this sufficient for maintaining your household expenditures?

65. If it is no, then how do you manage your live??

66. Do you have any Gov card such as, BPL, APL and PDS Etc?

67. If it is no, then what is the reason?

68. Have you benefitted any central and state Gov housing schemes for poor and landless disabled persons such as, Indira avash, Ragibavash or Mokudia?

69. If it is no, then what is the reason?

70. Did you get any instrument such as, wheelchair, handcrotches, whitecane and hearing device Etc, from your Block or district DSW office or from any NGO's?

71. Have you awared of the national disability Act 1995 and state legislation in 2004 for PWD?

72. If it is no, then what is the reason?

73. Are you part of any disabled organization in your district or state label, who is fight for the disability rights?

74. If it is yes, then have you ever joined with them for any protest against the Gov departments for your rights?

75. Have you ever protest against the any Govdepartments of your district, for your rights?

76. If it is yes, then could you explain about the reasons?

77. As a disabled women are you discriminating by any other persons of your family or any navers?

78. If it is yes, then what kind of discrimination are you facing in the day to day life?

79. What do you respect from Gov or any organisations for the betterment of your live?

Questioner for NGOs

1. Name:
2. Designation:
3. Address:
4. Age:
5. Sex:
6. Educational qualification:
7. Name of your organization:
8. Is it district, state or national label organization?
9. Is this Gov, samyGov or private organization?
10. When is your organization started?
11. How long have you been working for this organization?
12. Before joining here, had you been working for any other organization?

13. Had you taken any such special qualification to joining this post?

14. If it is yes, then could you kindly explain?

15. If it is no, then what is the reason?

16. Do you thing that if you will get any chance, then you will do any special course?

17. Is your organization only working for the PWD or any other weaker section of the society?

18. What is your organization's nature of work?

19. Is your organization working as a autonomous board or is it controlled by the any higher authority?

20. Is your organization working as a individual, or collaborating with any other Gov departments, or with any NGOs?

21. Is your organization working for the promotion of education?

22. If it is yes, then what kind of work are you doing for education?

23. Is your organization providing any special educational teacher's traning to the school teachers?

24. Are you providing all the study materials in the accessible format such as, e-text books, audio books such as, Mp3, Dagy format Etc, for the visually impaired student's?

25. Are you providing any instrument such as, laptop, DVD player, Mp3 player, tape recorder,magnifier glass and hereing device Etc, to the disabled student's for their educational purpose's?

26. Is your organization facilitated any instrument's such as, wheelchair, whitecane, hearing device and handcrotchesEtc for the movilityof the PWD?

27. Is your organization providing any financial support for the education, helth and unemployment stipend to the disabled persons?

28. If it is yes, could you kindly explain about these names, and how much amount are you giving to them in the monthly or annual basis?

29. Is your organization providing any such vocational traning, wich is very helpful for the self employment of a PWD?

30. If it is yes, could you say some thing about those traning?

31. Is your organization providing any such soft lone to self promoting business for the disabled persons?

32. If it is yes, then how much amount are you giving to them for this perpose?

33. Is your organization providing financial support for the promotion of good helth facility to the disabled persons?

34. Is your organization doing any awareness program for the prevension of disabilityin the rural areas in the regular basis?

35. Is your organization providing any such medical facility to the pregnant women, who is coming under the BPL and APL category for safe berth of their child?

36. Is your organization providing free madisons and some important preventive injections to the disabled and poor persons?

37. Is your organization working to avail houses to the disabled people under the housing schemes of the government like IAY, RAY and Mo Kudia?

38. Does your organization have any policy to make the disabled people involved in the government rural development programmes like MNREGA, NRDP, SGSY, PMRY etc?

39. Does your organization promote self help groups among the disabled people?

40. If yes, how many self help groups have been formed by your organization till today?

41. What is your funding strategy to those selrf help groups?

42. Does your organization provide suitable market place to sell their products?

43. Does your organization have any other futuristic planne, wich will help to improve the life quality of a disabled persons?

44. If it is yes, could you kindly explain those plannes?

45. Is your organization doing any legal advocacy for the PWD persons?

46. If yes, what kind of advocacy activities does your organization do for the disabled?

47. Is your organization taking part in any kind of disability movement?

48. Has your organization led any movement for the rights of the disabled person's?

49. If yes, then could you say some thing about the movementsachivments?

50. Is your organization aware of all disability policies and its related acts?

51. Does your organization play any role in the policy formulation for the disabled people in the state?

52. Does the state government invite your organization to give feedback on the draft policies for the disabled?

53. Any other information in the field of disability you would like to provide:

Questioner for Parents:

1. Name:
2. Address:
3. Age:
4. What is your relationship with respondent Father --- Mother---Guardian---or Caretaker---?
5. What is your educational qualification?
6. What is your cast beground?
7. What is your occupation?
8. Whatever monydo you earn in the monthly basis,isthat sufficient to maintaining your family expenditure?
9. If it is no, then how do you manage your family?
10. Do you have any Gov card such as, BPL, APL and PDS Etc?
11. Is there any elder family member had any kind of disability in your family in the past?

12. How many children do you have?

13. How many disabled child do you have son, daughter---?

14. Is your son and daughter has disability certificate?

15. If it is no, then what is the reason?

16. Do you think that your disabled daughter is a burden for your family?

17. Is there any relatives annabors behaving negatively to yourdisabled child?

18. If it is yes, how do you react on this issues?

19. Do you agree with them, what is your relatives and Nabors saying about your disabled child?

20. What is the reason do you believe about their behavior towards your disabled child?

21. Do you involve your disabled son and dauter in the family functions??

22. If it is no, then what is the reason?

23. As a mother did you have any helth problem related to fatility issue in the past?

24. If it is yes, then what kind of measures have you taken to resolve this problems?

25. Have you taken all the primary helth care before and after pregnancy?

26. Have you been taken care by ‘AsaKarmi’ in your village or any nurses near by locality during the pregnancy?

27. Have you taken all necessary vaccines and Medicineduring the pregnancy?

28. What kind of vaccines have you given your child after berth?

29. What kind of medical treatments have you taken for your child till now?

30. Are you taking your child to the hospital for routinecheckup?

31. If it is no, then what is the reason?

32. Is their any organization or any indivisual helping you for this cause?

33. Are you getting any financial support from the Gov or from any NGOs for taking care of your disabled child?

34. If it is no, then have you met any Gov or any NGO personnel in this regard?

35. Is your child going to school?

36. If it is no, what is the reason?

37. If it is yes, then is your child studying in the special school or any integrated school nearby locality?

38. Is your child staying in the hostel or staying with you?

39. If your child is staying in the hostel, then how much mony are you spending in the monthly basis, or is it free of cost?

40. How often do you visit to school to know about your child information?

41. How is the behavior of the school teacher and class fellow towards your child in the school?

42. Is the school providing all the study material in the accessible format according to your child's needs?

43. Is their any special teacher available where your child studying?

44. Did your child get any instrument such as, laptop, dvd player, mp3 player,magnifier glass, hearing device and some others Etc, for the study perposes from the school or from any other organisations?

45. Is their any Gov or NGO financially helping to your child for study purpose?

46. If it is no, then how do you manage?

47. Is there any helping hand in your Panchayat, Block or any district welfare office to helping you for your disabled child's betterment?

48. Do you aware of all the Gov policy for the disabled persons?

49. What do you thing about the your child future?

50. Do you thing your child will do higher study in the future?

51. Is your son or daughter doing any job or he/she is a self employed?

52. If they are self employed, then who has supported them for their work?

53. Have they taken any vocational traning from any Gov or from any other organization from the state or national label?

54. If it is yes, then what kind of vocational traning they have taken from these organisations?

55. If they are unemployed, are they getting unemployment pension from the Gov?

56. Are they getting any state Gov disabled pension?

57. If it is no, then what is the reason?

58. Due to your disabled child have you benefited any housing schemes under the Central and state Govpolicies such as, Indira avash, Rajiveavash and Mokudiaavash for poor and landless disabled persons?

59. If it is no, then have you met any Govoficials in this regard?

60. What do you expect from your child for the family?

61. What do you thing about your girl child future?

62. Do you expect your daughter will achieve like any other child of your family?

63. What do you thing about the marage of your disabled son and daughter?

64. If you are not thinking about this, then what is the reason?

65. Do you believe that will they not get a sutabel life partner for their marage?

66. What do you expect from the Gov or society for the betterment of your disabled child and specially for your disabled daughter?

67. Are you a member of any parent's association of the disabled children?

68. Have you ever participated in any movement to protect the rights of your disabled child?