

**A STUDY ON THE STATUS OF THE IMPLEMENTATION OF PERSONS
WITH DISABILITY ACT: A CASE STUDY OF DELHI**

*Dissertation submitted to Jawaharlal Nehru University in partial fulfillment
of the requirement for the award of the degree of*

MASTER OF PHILOSOPHY

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CENTRE FOR THE STUDY OF REGIONAL DEVELOPMENT

SCHOOL OF SOCIAL SCIENCES

JAWAHARLAL NEHRU UNIVERSITY

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2011

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CERTIFICATE


This is to certify that dissertation entitled "A STUDY ON THE STATUS OF THE IMPLEMENTATION OF PERSONS WITH DISABILITY ACT: A CASE STUDY OF DELHI", is my bona fide work for the degree of MASTER OF PHILOSOPHY, and may be placed before the examiners for evaluation.


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DEDICATED

TO

MY MOTHER, AN EMBODIMENT OF HUMANENESS

AND

MY IDEAL PERSON, PROF. P. R. SHARMA, A RARE COMBINATION OF

INTELLECT & EMOTION

ACKNOWLEDGEMENT

Multidimensional Approach does not fulfill by a single person this requires a lots of hidden support to other personalities to manage target. Therefore I came with great opportunity to convey my heartily thanks to those personality who became me a dynamic personality with direct or indirect support which require a sincere gratitude to each and every persons and Supreme Power of God with my mother like God.

First of all I would be cheerful to immense thanks to my energetic, Dynamic supervisor Dr. Bupender Zutshi , who support me in all conditions viz. Socially, Economically, Emotionally, Practically, and Technologically. Where I felt at each steps, without his enormous support it was not possible to come in this stage. He is really a personality who understands actual requirement of research tasks, and potential of researcher. So it is essential to me to great full to him.

Now it is not enough to express humble gratefulness to all faculty members in Centre for the Study of Regional Development, their insightful cooperation, and positive help whenever their practical support required.

It is my warm express thanks to those personalities who help me to became such multidimensional person at each and every steps during my research work as well as in my life my mother Smt. Bimla Devi who is same like God, Professor P.R.Sharma, Professor P.K.Sharma, Professor B.S. Butola, Professor Mumtaj Khan, Professor M. H. Quereshi, Sh. S. K. Gupta, Sh. K.M. Gupta, Sh. Puranmal Gupta, Dr. Vijay Kumar Gupta, Sh. Hari Prasad Kaushik ,Dr. Lokesh Kumar Gupta, H.M- Shri Chand Saini, Sh.Paltu Ram Chaudhari, Sh. Radheshyam Saini, Kapil Chaudhary, Reena Gautam , and, Kheraj, Mahesh Saini, Ajit Kumar (CSR), Sangram, Anshul, Pawan Kumar Saini, Sh. Matadin Gurjar, Sh. Lilaram Subedar.

In last but not least i am also thankful to all of my friends and other persons who contribute for me direct or indirect mode in research as well in my life, Karan , Surendra Kumar, Raju Ranjha , Jitendra Singh Bika, Lakhbhadra, C.M.Meena, , Sanjeev, Durgeshji, Rajbir Singh Basera, Satendra Narwaria, Ritesh Ranjan, Sanjay, G.Thavasi Murugan.

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ABBREVIATION AND ACRONYMS

AIIMS	All India Institute of Medical Sciences
ALIMCO	Artificial Limbs Manufacturing Corporation of India
CRCS	Composite Regional Centers
CRPD	Convention on the Rights of Person with Disabilities
DALY	Disability Adjustment life Years
DIET	District Integrated Educational Training
DPI	Disabled People International
DU	Delhi University
IAY	Indira Awas Yojana
ICF	International Classification of Functioning Disability and Health
ICIDH	International Classification of Impairment Disabilities and Handicap
ICDS	Integrated Child Development Services
IED	Integrated Educational Training
IRDP	Integrated Rural Development Programme
ISBT	Inter State Bus Terminal
MIS	Management Information Services
NSSO	National Sample Survey Organization
OPD	Out Patient Department
PSU	Public Sector Undertaking
PUDA	Punjab Urban Development Authority
PWD	Person with Disabilities.
RCI	Rehabilitation council of India
SCERT	State council of Educational Research Training

SJY	Swarna Jayanti Programme
SNAC	State Nodal Agencies Centers
UN	United Nations
UNICEF	United Nations International Children’s Emergency Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHQ	United Nations Head Quarters
UNDP	United Nations Development Programme
VTC	Vocational Training Courses
WHO	World Health Organization

<i>CONTENTS</i>	<i>PAGE NO</i>
<i>Acknowledgement</i>	<i>iv</i>
<i>List of Tables</i>	<i>x</i>
<i>List of Figures</i>	<i>xi-xii</i>
<i>List of Maps</i>	<i>xiii</i>
<i>Abbreviations Use</i>	<i>v-vi</i>
<i>CHAPTER I. INTRODUCTION</i>	<i>1-12</i>
I.1 Introduction.	
I.2 Objectives of the study.	
I.3 Research questions.	
I.4 Database.	
I.5 Methodology.	
I.6 Significance of study;	
I.7 Literature review.	
<i>CHAPTER II DISABILITY: DEFINITIONS, LAW, MODELS AND ORGANIZATION.</i>	<i>13-37</i>
II.1 Introduction	
II.2 Definitions of disabilities	
II.3 Models of disability.	
II.4 Institutionalizing disability.	
II.5 Conclusion	

CHAPTER III DISABILITY IN INDIA: PREVALENCE AND INCIDENCE 38-61

III.1 Introduction

III.2 Prevalence of various types of disabilities in India

III.3 Regional overview of prevalence and incidence of disability

III.4 Gap in enumeration: Census vs. NSSO

III.5 Conclusion

CHAPTER IV IMPLEMENTATION STATUS OF THE PERSON WITH DISABILITY ACTS IN INDIA. 62-90

IV.1 Introduction

IV.2 Implementation of the section wise status of the person with disability act.

IV.3 Overall status of implementation of the provisions scenario of the person with disability act 1995 in India.

IV.5 Conclusion

CHAPTER V IMPLEMENTATION STATUS OF THE PERSON WITH DISABILITY ACTS IN DELHI IN TERMS OF BARRIER FREE ENVIRONMENT. 91-127

V.1 Introduction

V.2 Implementation status of person with disability Act -1995 in Delhi, 2007.

V.3 Conceptual status of the accessible environment in Delhi.

V.3. A Survey Design and methodology

V. 4. Status Of The Implementation Of The Persons With Disability Act – 1995 Section 46-46 In Delhi

V.4 A Status of Accessibility at Railways stations for differently able in Delhi.

V.4.B Status of Accessibility at Bus stand/stops for differently able in Delhi.

V.4 C .Status of Accessibility at Hospitals for differently able in Delhi.

V. 4.D Status of Accessibility at Educational Institutions for differently able in Delhi.

V.4.E Status of Accessibility at Market Places for differently able in Delhi.	
V.4.F Status of Accessibility at Tourist Places for differently able in Delhi.	
V.4.G Status of Accessibility at Tourist Places for differently able in Delhi.	
V.5. Conclusion	

CHAPTER VI CONCLUSION AND SUMMARY	128-135
--	----------------

VI.1 Summary and conclusion.

VII. BIBLIOGRAPHIES	136-143
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VIII. APPENDIXES	144-151
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<i>List of Tables</i>	<i>Page No.</i>
III.1 Prevalence rate of Disabilities in India	40
III.2 Prevalence rate of Disabilities (Urban) in India	42
III.3 Prevalence rate of Disabilities (Rural) in India	44
III.4 Prevalence and Incidence rate of Hearing disability NSSO-2002	47
III.5 Prevalence and Incidence rate of Mental disability NSSO-2002	49
III.6 Prevalence and Incidence rate of Speech disability NSSO-2002	51
III.7 Prevalence and Incidence rate of Visual disability NSSO-2002	53
III.8 Prevalence and Incidence rate of Locomotor disability NSSO-2002	55
III.9 Prevalence and Incidence rate of Multiple disability NSSO-2002	57
III.10 Comparative Facts of NSSO and Census	58-60
V.1 Disabled population in Delhi state -2001	93
V.2 Proportion of differently able population with type of disability -2001	94
V.3 The implementation status of Person with Disability Act, 1995- in Delhi	95
V.4 Socio- Economic characteristics of respondent covered in Survey	99
V.5 Perception of disabled towards available services at Railways stations in Delhi	106
V.6 Perception of disabled towards available services at Bus stops/stands in Delhi	109
V.7 Perception of disabled towards available services at Hospitals in Delhi	112
V.8 Perception of disabled towards available services at Educational Institutions In Delhi	115
V.9 Perception of disabled towards available services at Markets in Delhi	118
V.10 Perception of disabled towards available services at Tourist Places in Delhi	121
V.11 Perception of disabled towards available services at Metro stations in Delhi	124

<i>List Of Figures</i>	<i>Page No.</i>
IV.1 Progress status of the redressal of grievances in India ; disabled commissioner courts 1998-99 to 2005-06.	82
V.1 Proportion of differently able population with types of disability in Delhi-2001	94
V.2 Type of disability of differently able respondent in Delhi	101
V.3 Religion of differently able respondent	102
V.4 Social groups of differently able respondent	103
V.5 Family wealth status of differently able respondent	104
V.6 Educational status of differently able respondent	105
V.7 Perception by sex of respondent towards available services at Railways stations in Delhi.	107
V.8 Perception by types of disability of respondent towards available services at Railway stations in Delhi	107
V.9 Perception by educational level of respondent towards available services at Railway stations in Delhi	107
V.10 Perception by sex of respondent towards available services at Bus stands/ stops in Delhi.	110
V.11 Perception by types of disability of respondent towards available services at Bus stands/ stops in Delhi	110
V.12 Perception by educational level of respondent towards available services at Bus stands/ stops in Delhi	110
V.13 Perception by sex of respondent towards available services at Hospitals in Delhi.	113
V.14 Perception by types of disability of respondent towards available services at Hospitals in Delhi	113
V.15 Perception by educational level of respondent towards available services at Hospitals in Delhi	113

V.16 Perception by sex of respondent towards available services at Educational Institutes in Delhi.	116
V.17 Perception by types of disability of respondent towards available services at Educational Institutes in Delhi	116
V.18 Perception by educational level of respondent towards available services at Educational Institutes in Delhi	116
V.19 Perception by sex of respondent towards available services at Markets in Delhi.	119
V.20 Perception by types of disability of respondent towards available services at Markets in Delhi	119
V.21 Perception by educational level of respondent towards available services at Markets in Delhi	119
V.22 Perception by sex of respondent towards available services at Tourist Places in Delhi.	122
V.23 Perception by types of disability of respondent towards available services at Tourist Places in Delhi	122
V.24 Perception by educational level of respondent towards available services at Tourist Places in Delhi	122
V.25 Perception by sex of respondent towards available services at Metro stations in Delhi.	125
V.26 Perception by types of disability of respondent towards available services at Metro stations in Delhi	125
V.27 Perception by educational level of respondent towards available services at Metro stations in Delhi	125

<i>List of Maps</i>	<i>Page No.</i>
II.1 Average disabled population benefited under deendayal rehabilitation scheme under 10 th five year plan	25
III.1 Disabled population prevalence rate in India- (NSSO-2002)	39
III.2 Disabled population rate (Urban) in India-(NSSO-2002)	41
III.3 Disabled population rate (Rural) in India-(NSSO-2002)	43
III.4 Incidence rate of Hearing disability in India-(NSSO-2002)	45
III.5 Prevalence rate of Hearing disability in India-(NSSO-2002)	45
III.6 Incidence rate of Mental disability in India-(NSSO-2002)	48
III.7 Prevalence rate of Mental disability in India-(NSSO-2002)	48
III.8 Incidence rate of Speech disability in India-(NSSO-2002)	50
III.9 Prevalence rate of Speech disability in India-(NSSO-2002)	50
III.10 Incidence rate of Visual disability in India-(NSSO-2002)	52
III.11 Prevalence rate of Visual disability in India-(NSSO-2002)	52
III.12 Incidence rate of Locomotor disability in India-(NSSO-2002)	54
III.13 Prevalence rate of Locmotor disability in India-(NSSO-2002)	54
III.14 Incidence rate of Multiple disability in India-(NSSO-2002)	56
III.15 Prevalence rate of Multiple disability in India-(NSSO-2002)	56
IV.1 State wise proportion of differently able population in India-2001	64
IV.2 Expenditure on the integrated education scheme for differently able population in India -2004-05	73
IV.3 Disabled population average unemployment allowance for social security2007	84
IV.4 Disabled population average pension disbursed for social security in India2007	86
IV.5 Implementation status of PWD, Act-1995 (Based on Ranks-2007)	88
V.1 Location of the case study area	91
V.2 Locations of area covered into survey	100

CHAPTER –I

INTRODUCTION

I.1 INTRODUCTION

“Disabled People are not only the most deprived human beings in the Developing world, they also the most neglected.” Amartya Sen

An egalitarian and progressive society never advocates discrimination of the ground of physical identity rather it always protects their interests in every possible ways. However, the reality in international arena is diametrically opposite as physically sound persons are welcome with open arms in every aspect of the life be it education, occupation, or socio-economic participation but people with disabilities in their various faculties are neglected out and out (chaudhuri, 2006)¹ . They are in no way inferior to any one in any sphere of the life. They have their own wishes, dreams, ambitions and they have all rights to cherish and materialize them. But unfortunately so called egalitarian and progressive societies do not have any heed to their concerns and rights. The world has come up with many lofty ideals, laws, Acts, Various models of defining disabilities and numerous welfare policies and programmes for this section of the society.

Scholars contend that the notion of the disability originated in the western world. People who suffered injuries in the wars, victims of natural and man made 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.

At global level the very first attempt to mainstreaming the disabled in developmental agenda is known as ‘World programme of action concerning disabled persons’ initiated by United Nations during 1980s. The overall objectives of the world programme of action

¹ Leni, chaudhuri, 2006. ‘Disability in India: Issues and concerns’. ESS, Conference paper, may.

were to “Promote effective measures for prevention of disability, rehabilitation and the realization of the goals of ‘ full participation’ of disabled persons in social life and development, and of ‘Equality’(Ingstad , 2001)². Subsequently a large number of countries in the developing world including India, developed official policies, laws, and action plan to ensure equal opportunity, protection of rights and full participation.

Historically Indian society treats differently able people as marginalized, neglected, stigmatized, vulnerable, deprived and oppressed. Even today people call them by derogatory words such as “Lula, Pangu, Langar, Kana, etc”. Society does not permit them to cherish the sense of belonging. Thus, disabled population continues to remain at the periphery of underdevelopment and has failed to attract due attention, commitment and space in mainstream of the development processes. The empowerment of differently able population is an end of problem in itself as this population comprises of 2.1 % of the total population of India³. While being critical about economic development, the need of the hour is to empower them, instill self-confidence and create an environment where they can live without any social barrier celebrating their self dignity. The potential of these section in economy is highly underexplored which acts as a handicap in their real empowerment.

India has registered a stupendous growth after structural adjustment programmes. Welfare programmes have found an important place in government development programmes. India have taken various actions to empower this section of the society through a significant Act known as “**The persons with disabilities (equal opportunities, protection of rights and full participation) Act, 1995**”, an Act to give effect to the Proclamation on the Full Participation and Equality of the people with disability. This Act enshrines some key provisions through such as “State Coordination Committee ,State Executive Committee, States have some activities regarding Education, Job identified, Education Reservation, Poverty Alleviation ,Incentive Scheme, Preferential Land

² Ingstad, B. (2001). Disability in the Developing world. In G.L. Abrecht, K.D.Seeman, and M.Bury. eds. Handbook of disabilities studies. London Sage, 772-92.

³ Census of India, 2001.

Allotment ,Barrier Free Environment, Appointment of competent Authorities ,Appointment of Commissioner, Insurance Unemployment Allowance/ Disability Pension”.⁴

Many at times, it is seen that action does not necessarily follow legislation (Ingstad , 2001)⁵. Since it has been more than sixteen years of the implementation of the above mentioned Act, it is very important to study the status of the persons with disability Act, 1995 in terms of implementation of all provisions across the country and particularly the situation of the implementation of section number 45-46 of the Act, related to creation of barrier free environment (accessibility) in Delhi , a prominent metropolitan city of India. It is assumed that being capital of India, Delhi should have witnessed the complete implementation of the Act as all the resources, policy makers and executives all are based in this city but as mentioned earlier action seldom follows legislation, it becomes imperative to explore the real status of the implementation of the Act.

1.2 OBJECTIVES

- To examine the definitions of disabilities, models developed by Government/ Civil Society Organizations to bring out the major issues of disability in India.
- To find out the magnitude and spatial distribution pattern of different types of disabilities in India.
- To find out the status of implementation of ‘Persons with Disability’ Act in Indian scenario.
- To examine the status of the implementation of barrier free environment as enshrined in the PWD, Act-1995, at public places in Delhi.

⁴ Office of the Chief Commissioner for Person with Disabilities , Ministry of Social Justice and Empowerment , Government of India , Annual Report 2007-2008.

⁵ Ingstad, B. op. cit.

1.3 RESEARCH QUESTIONS

- Whether efforts made by international/civil society organizations culminated into barrier free atmosphere for disabled?
- Is there any variation in prevalence and incidence rate of disabilities among different regions of the Country?
- What is the status of ‘persons with disability’ Act, in Indian scenario?
- What is the status of barrier free environment in the metropolitan city of Delhi?

1.4 DATABASE

To examine the status of the ‘persons with disability’ Act in India, data have been obtained from primary as well as secondary sources. The main sources of the data are the following:

1.4. A - Secondary Data Sources

- Census of India, 2001, Series C, Table- 20, 21, 23, and 24.
- National Sample Survey Organization (NSSO), Round 58th commenced in 2002 (July to December).
- National Sample Survey Organization (NSSO), Round 47th commenced in 1991, (July to December).
- Ministry of Social Justice & Empowerment Government of India, New Delhi.
- Office of the Chief Commissioner for Person with Disabilities” Annual Report 2007-2008.

- Rehabilitation council of India reports, 2008-09.

1.4. B- Primary Sources

- Questionnaire: A survey has been carried out at various public places in the metropolitan city of Delhi. The sample size for the questionnaire includes 100 people with only two types of disabilities i.e. Locomotor and Visual. During the survey an effort was made to record their perceptions about the facilities available for them at various public places in the city.

1.5 METHODOLOGY

This study has been divided into two parts. The first part of the present study is based on secondary data and the second part on primary data. Region wise distribution of Persons with Disability has been shown using Incidence and Prevalence rate of various types of disabilities in India.

Status of the implementation of the Act has been examined section by section according to the chief commissioner's office annual report- 2007-08. Ranking method has been employed to calculate the overall status of the implementation of the provisions under all the sections of the persons with disability act, 1995, involving an array of variables. Ranks have been assigned as per the implementation status defined below:

Implemented= Rank-1

Not implemented = Rank-2

If the implementation under process rank- 0

As far as the primary survey is concerned the focused was mainly on the status of the implementation of the section 45-46, of persons with disability, Act-1995. The ranks

were based on their perceptions about the facilities available for them at various public places in Delhi. Their perceptions are encoded as follows:

Low perception = Rank -1

Moderate perception = Rank-2

Very good perception = Rank-3,

Not yet visited any public places= 4

Later on these ranks were transformed into percentages using Statistical software called SPSS (Statistical Package for Social Science).

Various cartographic techniques such as charts, maps prepared through Arc GIS were used wherever necessary.

1.6 SIGNIFICANCE OF RESEARCH:

As mentioned earlier, differently able people are neglected, marginalized and vulnerable section of society. While this section constitutes 2.13 percent of the total population, most of the times they are considered as unskilled, unsuitable and unworthy in most of the activities, Seventy five percent population of this section resides in rural areas and 25 percent in urban. "Rural-Urban differentials indicate higher percentage of disabled in urban areas for the categories 'In seeing' and 'mental'⁶. According to census of India only 49 percent disabled are literates and only 34 percent are employed in various sectors of the economy. Because of this, several empowerment steps have been initiated by National and International organizations. Government of India recognizes this section through the formulation of well documented act in 1995 called 'persons with disability Act-1995', to ensure full participation in all economic spheres, protection of rights (dignity and non-discriminatory environment) in society and equal opportunities like a

⁶ Carried out from Data highlights report census of India, 2001.

common citizen. This act has 73 sections, mandatory to support differently able people in all spheres of social, economic, demographic and developmental activities. It came into effect across the country during the year of 1996 i.e. before 16 years. So in this reference it is inevitable and indispensable to examine its progress from 1996 to 2007 and try to find out the organizations engaged in taking initiatives on behalf of disabled for proper implementation of the Act. This study is examining the overall status of the implementation of the Act, at state level and at the same time focuses the status of the implementation of section 45-46 of the Act, in Delhi as Delhi is the central place of country where all pillars of government are dedicated to implement the policies and programmes, services and facilities to each and every citizen of country with accountability and efficiency. The implementation of the Act, in Delhi definitely sets forth an example for the rest of the country. Its implementation in rural, backward, inaccessible areas is still a challenge which needed to be addressed with probity and transparency.

1.7 REVIEW OF LITERATURE

Issue of the disability originated in western part of the globe after post world war to bring the disabled into mainstream of the society, Those who were affected during the wars were excluded from the society due to physical deformities. Later on there were various national - international organizations, academicians, policy makers, research scholars who came forward to championise their cause. So the present literature review attempt on the thematic overviews of the literature on measurement of disability, legal rights, policy intervention and accessible environment to all people with disability.

The first study in the literature concerning disability is carried out by ***United Nations conventions***⁷ United Nation was the first international organization which took initiative for legal rights of disabled. In a way, the convention on the rights of persons with disabilities is the United Nations' human right treaty of the twenty first century. The convention makes it explicit that States must ensure the full realization of all human

⁷ <http://www.odi.gov.nz/what-we-do/un-convention/index.html>.

rights and fundamental freedoms to all disabled people, on an equal basis with others and without discrimination of any kind on the basis of disability but it is necessary to emphasize to implement all legal frameworks for disabled in practical life.

Another study on Legal framework aspect to provide equal opportunities to people with disabilities in India, and also which deals with many factors responsible for the increased number of disabled persons and the isolation in society is documented in the work of *Harriette Buga*⁸. This study deals with the population with a high proportion of illiteracy, little awareness of basic social services, or of health or accurate knowledge about disability and its cause, preventions and treatment so paper analysis the significance of law towards disabled.

Legal framework for the implementation of the policies and programmes has found an important place in the *The World Bank, Report*⁹. This report on the outcomes of the disability act bring a pictures of many aspects like Socio-Economic Profile, Society attitude towards the disabled population, Health status, Education, Employment, Social Protection and also cover policies which are formulated by the government of India which explore status of differently able population. Primary Survey in the Indian state Tamil Nadu and Uttar Pradesh provides comparative analysis of the fulfillment of disability act in these states in India.

The most important initiative was enactment of *Person with Disability, Act*

⁸ Harriette Buga, (2006), "Reflection on disabilities; Perspective on South Africa, India & the United States of America", University of Capetwon, school of Advance and Legal Studies.

⁹, The World Bank, Report,(2007) "People with Disabilities in India: From Commitments to outcomes" Human Development Unit, South Asia Region

1995¹⁰, India adopted this act to proclaim Equal opportunities, Protection of Rights and Full Participation with the formulation of Central and State Level Co-Ordination and Executive Committee for planning ,Review, Co-Ordination , Monitoring , Advisory Powers and Executive powers, prevention of early detection of disability, free education for children with disabilities , non-formal education, Employment, Reservation of posts, special employment exchange for disabled , non-discrimination in employment , incentives to employers, creation of barrier free environment in Buildings, Roads and Transports, special concession and benefits for person with disabilities, social security for the disabled including unemployment allowance of differently able person in public affairs.

Reports published from *Rehabilitation Council of India*¹¹ also provides insights into the matter of persons with disability act to ensure the minimum standard and quality of education & and training in the field of rehabilitation and to make it more broad based by enhancing the responsibilities of standardizing & regulating training including a component on research in the area of rehabilitation and special education of person with disabled and also promoted conferences , seminars, workshops throughout the year special focuses on disability issues.

*Dr. Bupnder Zutshi*¹² has dealt issues concerning disable people very extensively. Comprehensive research work documents thoroughly the disability status in India with covered broader aspects of disability definitions, type and national and International initiatives, status of disability in India with

¹⁰ The Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation), Act, 1995 in India, Chief Commissioner of Person with Disability, Ministry of Social Justice & Empowerment, Government of India, New Delhi.

¹¹ Rehabilitation council of India, Ministry of Social Justice & empowerment.

¹² Dr. Bupender Zutshi, (2004), Report Submitted to Ford Foundation , New Delhi on “ Disability status in India; A case study of Delhi metropolitan region”

magnitude, composition and characteristics, and also focused on services and facilities. Subsequent study covered Delhi as case study for the magnitude of disable and services available and unravels the unexplored policy issues and provides sound recommendations.

Disability cannot be dealt properly unless it is measured accurately. **Roger Jeffery, Nidhi Singhal**¹³ attempts a commentary study which provides status of disabilities measurement in census and nso round 58th. it indicates that disability status is often transitory an matter of individual change, A persons ability to function properly depends to a considerable extend on his/her social and physical environment.

Prevalence of the disabilities across the country finds a place in the work of **Sophie, Mitra and Usha Sambamoorthi**¹⁴. Their Research is an emphasis on the picture of prevalence estimates for disabilities from 58th round of the national sample survey 2002, and census of 2001, because of the substantial differences in rates of disabilities between these two sources, it looks into the possible sources of these discrepancies, part of the differences could be explained by differences in the definition of disability types. Besides both sources provide limited information about disabilities. This measurement of disability require to policy intervention for implementation of all policy and programmes in practical life.

The issue of policy intervention is raised **Dr. Bupender Zutshi**¹⁵ in a seminar

¹³ Roger Jeffery, Nidhi Singhal (2008) "Status of disability measurement in India, Published in Economic & Political Weekly, March 22.

¹⁴ Sophie, Mitra and Usha Sambamoorthi , (2006) "Measurement of disabilities: Disability estimates in India", Published in Economic & Political Weekly, September 23,.

¹⁵ Dr. Bupender Zutshi, (2003) "Seminar Coordinated on "Services for differently able population in Delhi" at India International Centre , New Delhi, 10 May, 2003.

organize to bring out the policy interventions in the implementation of persons with disability Act, and disability issues on the dialogue with government, non-government organizations, civil societies organization for effective implementation of persons with disability act. It was the purpose of seminar to seek the information on services/facilities and amenities essential to provide equal opportunities without any discrimination on being disabled. It was emphasized to sensitize the society for the protection of rights of disabled population for their gainful employment and integration with society.

Employment policies are the effective measure to tackle the economic backwardness prevalent among the disabled people *Patricia Thornton, Neil Lunt*¹⁶ explores employment policies for disabled people in eighteen countries. Major objective of the study is the analysis of the disability policies, legislation and services in these developing and developed countries and also impartment to explore policies and programme perspective to bring disabled in main stream of economic development. So employment is an imperative parameter to boost up the educational advancement.

Accessibility in education has been a major concern of the research work carried out by *Vladimir Cuk*¹⁷. He attempts to show that the participation of disabled in higher education in the developing world is minimal. There are some factor which influence active participation of disabled in higher education i.e. Inaccessibility of universities, poverty, and lack of support services, segregated or inadequate education systems, and societal prejudices etc. Disabled youth traditionally have lower levels of enrollment in the primary and secondary schools as well in higher education. Author Quotes that the Education is a powerful tool for transforming people's lives.

¹⁶ Patricia Thornton, Neil Lunt, (2007)Research paper , Glanet Collection, University of Cornell.

¹⁷Vladimir Cuk ,(2007) "Disability Services at universities in Southeast Europe: Achieving Equality", Unpublished thesis , University of Illinois at Chicago.

In depth analysis of the accessibility issue for the disabled has been presented by *Breendan and Gleeson*¹⁸. Their study attempts to clarify that Space, and related issues, such as mobility and accessibility, are profoundly important to disabled people's everyday lives yet this fact has been given little attention within social policy or by urban planners, architects and social science researchers. In *Geographies of Disability*, they examine how geography shapes experiences of disabled people, exploring the relationship between space and disability; how space, place, and issues such as mobility dictate the experiences of disabled people. On accessibility this Document is organized into three parts. Part I represent a critical appraisal of theories of disability, space and embodiment and develop a disability model. Part II takes a historical perspective and uses case studies to expose how the transition to capitalism affected the everyday lives of disabled people. Part III explores contemporary scenarios of disability: the Western city and the important policy realms of community care and accessibility regulation.

*Rob Imrie and Peter Hall*¹⁹ has taken an interesting perspective on access and the built environment by focusing on the role of the development industries. The reality of the built environment for disabled people is one of social, physical and attitudinal barriers which prevent their ease of mobility, movement and access. *Inclusive Design* is a documentation of the attitudes, values and practices of property professionals, including developers, surveyors and architects, in responding to the building needs of disabled people. Legislative and regulatory controls, particularly in western countries, increasingly require development teams to design the built environment in ways which are sensitized to the needs of disabled people.

¹⁸ Breendan and Gleeson ,(2001) "Geographies of Disability", Research report published in the Taylor & Francis e-Library.

¹⁹ Rob Imrie and Peter Hall , (2004) "Inclusive Design " Designing and Developing Accessible Environment", Published Spon press , Taylor & Francis Group, 2004.

CHAPTER II

DISABILITY: DEFINITIONS, LAW, MODELS AND ORGANIZATION.

II.1 INTRODUCTION

Present chapter attempts to define the disability as per the definitions given by various organizations as disability is not only the physical impairment but also the psychological, physiological, and emotional impairment. Various 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 'Persons with Disability Act', Census of India, National Sample Survey Organization, Rehabilitation Council of India, Planning commission of India. This chapter also tries to review the initiatives taken by national and international civil society organizations disabled in order to create a barrier free environment for the disabled.

II.2 A DEFINITIONS OF DISABILITY: Definitions of disability differs at national and international level. *As per the Government of India¹* disability is defined in the following categories:

(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.

¹ Government of India; (2005), Ministry of Personnel , Public Grievances & Pension, , Department of Personnel & Training , Office Memorandum, 29th December.

(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.”

II.2. B Census of India², 2001 Defines Disability as follows:

(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.

² Bhanushali, K. (2005) and Government of India (2003a), Census of India, government of India, Ministry of Home affairs.

(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 of 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.

II.2.C Definitions of disability as per the National Sample Survey Organization (NSSO, 2002, 58th Round)³ in India:

(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

³ National Sample Survey of India and Bhanushali; (2003 & 2005), Ministry of Statistics and Programme Implementation.

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 behaviours 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

II.2.D 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 decibles 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 disabilities⁴.

II.2. E- Definition of Disability Planning Commission Of India: Planning commission of India defines disability as follows:

“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.”

II.3 Framework of the Models to Understand Disabilities: First of all it is necessary to understand disability models and the policy implications which reflect way to describe multidimensional approach to understand the issues of disability.

Models of Disability⁵: almost all documents on models of disability explore the outlines of disability and the shift in policy thinking from the charity and medical models of disability towards social model of disability. Some important disability models can be discussed in the following way:

(a) **Medical Model of Disability:** this model relies on a purely based on medical definitions of disability. It thus equates the physical or mental impairment from a disease or disorder with the disability that the person experience. From a policy is viewpoint, the person with disability viewed as the ‘Problem’ and in need of cure and treatment. In terms of services, the general approach within this model is towards special institutions for people with disabilities. E.g. special schools, sheltered workshops, special transport etc. the limitation of the pure medical model are evident, though it till underlines some current analysis such as that based on disability adjusted life years (DALYs).

⁴Niraj kumar singh; (2006), “Disability in India:A Spatio Temporal Exploration”, CSR, JNU, Unpublished Dissertation.

⁵ This sections draws from the Metts (2000), and inputs from Alana Officer, and taken from the World Bank report, 2007, commitment to outcomes of person with disabilities in India.

- (b) **Charity Model of Disability:** This model also finds that the person with disability is dependent on others' sympathy to provide assistance in a charity or welfare mode.
- (c) **Social Model of Disability:** Mainly it is found that social values differ from place to place. So, this model Place the emphasis on promoting social change that empowers and incorporates the experience of person with disabilities, asking society itself to adapt.⁶ The social model emphasizes institutional, environmental and attitudinal discriminations as the real basis for disability. Thus it is the society to large which disables the person with disabilities through discrimination, denial of rights, and creation of economic dependency.
- (d) **The Right Based Model of Disability:** Such builds on the insights of the social model to promote creation of communities which accept diversities and differences, and have a non-discriminating environment in terms of inclusion in all aspects of the life of society.

II.4 Public Policy and Disability⁷: Disability has some policy implications in several main areas such as Prevention of Disability Policy; Risk management and amelioration by either monetary or in-kind means (When disability cannot be prevented); The interaction of poverty and disability in a context of widespread poverty and vulnerability; The interaction of disability with delivery of public services such as education or health in a context where the general systems of services delivery face many challenges; The role of public policy in areas like employment and attitudes where the market or social institutions play a dominant role.

II.5 Conceptual Framework of Laws Relating To Disability in India: Law is an important aspect of provisions for the betterment of vulnerable sections of society. It regulates and monitors the issues of law/act to empower disabled. Presently there are following four laws concerning disability in India:

(a) **Mental Health Act, 1987:** This act has been enacted to provide for the regulation

⁶ See DFID (1997).

⁷ The World Bank , Report ; (2007), "People with Disabilities in India; From Commitments to Outcomes".

of hospitals and nursing homes for the treatment of mentally ill persons in view of the advancement made by modern medical science in understanding and treating mental illnesses. It provides amazing services such as, **A)** Regulation for admission to and discharge from psychiatric hospitals or nursing homes for mentally ill persons (defined as ‘ a person who is in need of treatment by reason of any mental disorder other than mental retardation’); **B)** Regulation of psychiatric hospitals and nursing homes for mentally ill person; **C)** Protection of rights of such persons in the course of their treatment; **D)** Regulation of responsibilities of charges of treatment of mentally ill person; **E)** Legal aid to mentally ill persons; **F)** Guardianship and custody of mentally ill persons; **G)** Provision of Central and State Authority for regulation of mental health services; **H)** Provisions for mentally ill prisoners.

II.5 (b) Rehabilitation Council of India Act, 1992: This act provides for the establishment of the rehabilitation council of India that regulates the training of rehabilitation professionals in India. A Rehabilitation professional is defined to mean audiologists, speech therapists, clinical psychologist, hearing aid and ear technicians, rehabilitation technicians and engineers, special teachers for education and training the handicapped, vocational counselors and employment officers dealing with the disabled, multipurpose rehabilitation therapist etc. The Act prescribes educational qualifications, standards of professional conduct, code of ethics etc for such rehabilitation professional who possesses a recognized rehabilitation qualification and is enrolled in the register of the Rehabilitation council is permitted to practice as rehabilitation professional anywhere in India. A person who does not possess such recognized qualification or who is not enrolled in the register of the Council is also not permitted to sign or authenticate any certificate required by law to be signed or authenticated by a rehabilitation professional and is not entitled to give evidence in any court as an expert relating to such disabled person.

II.5 (c) The Persons With Disabilities (Equal Opportunities, Protection Of Rights And Full Participation) Act, 1995: In 1992, the Proclamation on Full Participation and Equality of People with Disabilities in the Asian and Pacific Region was adopted at the

TH-18972

conference held in Beijing convened by the Economic and Social Commission for Asian and Pacific Region. India having signed the said proclamation was required to enact statutes in accordance therewith. It would not therefore be incorrect to say that the one piece of legislation in India to provide for the protection of right of the disabled was a result of an obligation cast upon the parliament and not a state welfare measure. The said Act inter alia provides for the following:- Setting up of the Central and State Level Co-Ordination and Executive Committee having and Planning, Review, Co-Ordination , Monitoring , Advisory Powers and executing powers, Prevention of Early detection of disability, Free education for children with disabilities, non-formal education, Employment, Reservation of posts, special employment exchange for the disabled , non-discrimination in employment , incentives to employers, Creation of a barrier free environment in Buildings, Road and Transport, Special concessions and benefits for person with disabilities, Social Security for the disabled including unemployment allowance. The act defines 'Disability' to mean blindness, low vision, leprosy-cured, hearing impairment, locomotors disability, and mental retardation and mental illness. Each of the aforesaid terms is also defined in the Act. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 forms the most comprehensive law for the benefit of Person with Disabilities in India.

II.5 (d) National Trust For Welfare Of Persons With Autism, Cerebral Palsy, Mental Retardation And Multiple Disabilities Act, 1999: This act enjoined with the purpose of enabling and empowering person with the disability (defined as 'a person suffering from any of the condition related to autism, cerebral palsy, mental retardation or a combination of any two or more of such condition and includes a person suffering from severe multiple disability). The Act provides for the procedure for the appointment of guardians and trustees for such disabled persons. The board is required to constitute a local level committee for each area to which a parent of a person with disability may make an application for the appointment of any person as the guardian of the person with disability. A person appointed as guardian by the local level committee shall have the care of such person and his/her property or be responsible for the maintenance of such person with disability. The act also provides for the system of accountability from the



guardian and monitoring by the local level committee.

II.6 NATIONAL ORGANIZATIONS DEDICATED TO THE EMPOWERMENT OF DISABLED IN INDIA

II.6.I MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT, GOVERNMENT OF INDIA⁸: For the empowerment of Persons with Disabilities, there are various organizations working under the ministry of social justice and empowerment. Following organizations are working under this division:

II.6.I.A STATUTORY BODIES: OFFICE OF THE CHIEF COMMISSIONER FOR PERSON WITH DISABILITIES, NEW DELHI: The office of the Chief Commissioner for Person with Disabilities has been set up under section – 57 of the Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and has been mandated to take steps to safeguard the rights and facilities to the person with disabilities. Based on the complaints filed before the Presiding Officer, it is examined whether Person with Disabilities Act, bye-laws, regulations, executive orders or instructions are violated or are not implemented. The chief commissioner takes up the matter with the concerned authorities. The act also empowers the Chief Commissioner to issue suo-moto notice of any such non-compliance.

II.6.I.B NATIONAL TRUST FOR THE WELFARE OF PERSON WITH AUTISM, CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE DISABILITIES, NEW DELHI: The main objective of the National Trust are to enable and empower person with disabilities to live as independently and as fully as possible, to extend support to registered organizations providing need services, and to evolve procedure for appointment of legal guardians for person with disabilities requiring such protection. The government of India has provided Rs.100 crores toward the corpus of the Trust. The income generated from the corpus is utilized to implement its programmes. The State Nodal Agency Centers (SNACs) provide coordination assistance at the State level to

⁸ Ministry of Social Justice and Empowerment, Government of India ; (2010).

enable the National Trust to implement its Programmes, disseminate information and train parents and professionals. The SNACs function as facilitators, project mentors and training centers.

II.6.I.C REHABILITATION COUNCIL OF INDIA , NEW DELHI: The Rehabilitation Council India , was constituted for regulating and monitoring the training of Rehabilitation professionals and personnels, promoting research in rehabilitation and special education , the maintenance of a Centre, Rehabilitation Register and related matters;

II.6.I. II. NATIONAL INSTITUTES FOR EMPOWERMENT OF PERSONS WITH DISABILITIES IN INDIA:

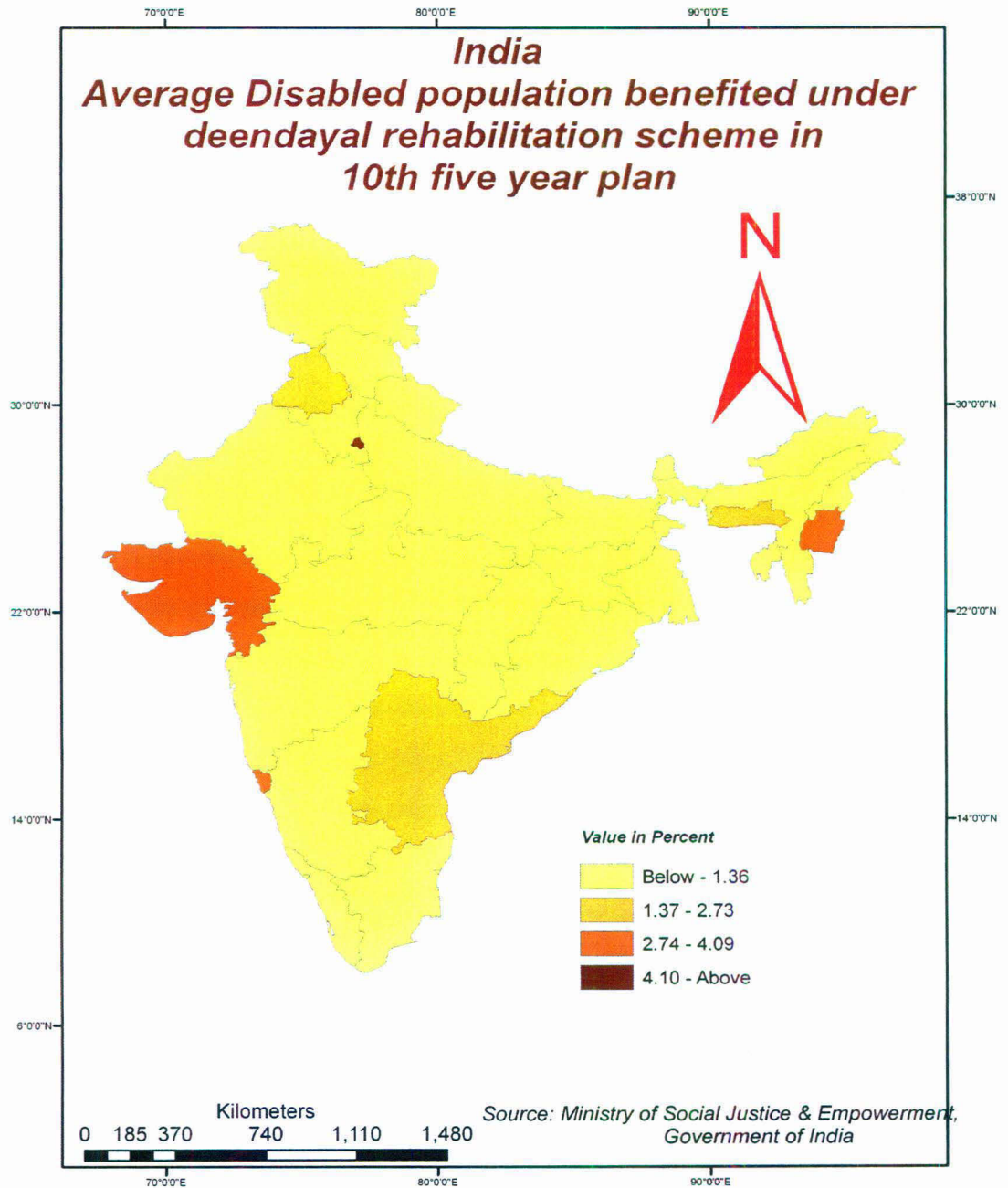
In India there are various national institutions which are dedicated to the empowerment of Persons with Disabilities; these institutions are established under the Societies Registration Act, 1860.

II.6.I.II.A ALI YAVAR JUNG NATIONAL INSTITUTE FOR THE HEARING HANDICAPPED: The institute has been established for manpower development, research, clinical and therapeutic services, and outreach and extension services for the Person with hearing Disabilities. This institute also responsible for development of manpower by undertaking or sponsoring the training of trainees and teachers, employment officers, psychologists, vocational counselors and such other personnel as may be deemed necessary by the Institute Promoting the education, training or rehabilitation of the hearing handicapped. The institute sponsors, coordinates and subsidized research into all aspects of the education and rehabilitation of the hearing handicapped. It is also developing model services for rehabilitation of the hearing

handicapped.

II.6.I.II.B PANDIT DEEN DAYAL UPADHYAYA INSTITUTE FOR THE PHYSICALLY HANDICAPPED, NEW DELHI: The main objective of the institute is to develop trained manpower for rehabilitation of person with orthopaedically disabled persons, provide outreach services and research. The institute offers education , training, work-adjustment and such other rehabilitative services as the society may deem fit to orthopaedically handicapped persons with associated mental retardation or such other associated handicaps as are not considered incompatible with the development of a harmonious educational, training or workshop programme, IPH also undertake the training of physiotherapists and occupational therapists. Besides it has a facility for manufacture and distribution of such aids and appliances as are needed for the education, training and rehabilitation of the handicapped. Deen dayal disabled rehabilitation Scheme during 10th plan for orthopedically disabled , ministry of social justice and empowerment is responsible to provide better opportunities to disabled but above picture indicating the scenario of disabled benefitted through this scheme in Indian states it is found that Gujarat, Goa, Manipur disabled population benefitted with highest percentage compare to other states of India with 3.39, 3.23, 2.96% respectively got benefitted in states. While the scenario of very less benefitted with this scheme Nagaland disabled population got very less benefit with 0.00% disabled benefitted. Other states of country show very less benefit except Kerala, Karnataka, Andhra Pradesh, Punjab etc. So the situation indicates that it should be more intervention of benefit with this scheme.

Map.II.1 Average disabled population benefited under deendayal rehabilitation scheme under 10th five year plan



II.I.II.C NATIONAL INSTITUTE OF MENTALLY HANDICAPPED, SECUNDRABAD:

This is an autonomous body under the administrative control of the Ministry of Social Justice and Empowerment. The institute has been established with the objective to prepare human resources equipped to deliver services through quality models of rehabilitation, based on the life cycles needs. The institute is committed to develop models of care for the mentally handicapped persons, conduct research in the area of mental handicap, and promote human resource development to work with mentally handicapped persons in the country.

II.I.II.D NATIONAL INSTITUTE OF VISUALLY HANDICAPPED, DEHRADUN:

The national centre for the blind was upgraded as national institute for visually handicapped in July, 1979. The Main objective of the institute is to conduct, sponsor and coordinate all aspects of education for rehabilitation of person with visual disabilities and coordinate research in this area. The institute also assisted in running a Composite Regional Centre for person with Disabilities at Sundernagar in Himachal Pradesh. This apex level institute is engaged in education, vocational training, training of teachers and other personnel, research and development of service modules, production of Braille books, aids and appliances for visually handicapped.

II.I.II.E NATIONAL INSTITUTE FOR ORTHOPAEDICALLY HANDICAPPED,

KOLKATA: It was set up in 1978. The mission of the institute is to develop human resources for providing rehabilitation services to person with locomotor disabilities, providing service in rehabilitation, restorative surgery, aid/appliances etc. The institute is responsible for development of manpower for providing services, namely, training of physiotherapists, occupational therapists, orthotics and prosthetic technicians, employment and placement officers etc. NIOH also develops model services in the area of restorative surgery, aid/appliances, vocational training etc. for the orthopaedically handicapped population. It conducts and sponsor research in all aspects, relating to the total rehabilitation of the orthopaedically handicapped people and is involved with standardizing aids and appliances for the orthopaedically handicapped and promoting their manufacture and distribution.

II.I.II.F NATIONAL INSTITUTE FOR REHABILITATION TRAINING AND RESEARCH, CUTTACK: This was originally started as an adjunct Unit of ALIMCO, Kanpur. The aims and objectives of the institution are human resource development, implementation of services delivery programme, research and outreach programme. It undertakes sponsors or coordinates training for rehabilitation personnel and conducts research on bio-medical engineering and surgical or medical subjects for orthopaedically handicapped. The institute produces and distributes aid/appliances. It develops models of services delivery programmes for rehabilitation. It also undertakes vocational training, placement and rehabilitation of the physically handicapped.

II.I.II.G NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSON WITH MULTIPLE DISABILITIES, CHENNAI: The government has set up this new institute at the total project cost of Rs. 61.90 crores comprising of land cost of Rs.39.20 crores (national), non-recurring cost of Rs. 18.10 crores and a recurring cost of Rs. 4.60 crores. Government of Tamil Nadu has provided the land for this institute. Government of India is providing the financial support for construction of the building of the institute and other activities. The institute has started clinical services and short- term training programmes for caregivers from July, 2005.

II.I.II.H PUBLIC SECTORS UNDERTAKING: ARTIFICIAL LIMBS MANUFACTURING CORPORATION OF INDIA: Artificial Limbs Manufacturing Corporation of India, Kanpur, Uttar Pradesh, manufactures artificial limbs accessories and constituents thereof and also promotes their availability, supply and distribution at reasonable cost to the disabled persons, hospitals and other rehabilitation institutions. This is premier organization and the largest manufacturer of Artificial Limbs, Components and Rehabilitation Aids for Disabled in India.

II.I.II.I NATIONAL HANDICAPPED FINANCE AND DEVELOPMENT CORPORATION, FARIDABAD : This organization is working with some important objectives as follows: To promote economic development activities and self-employment ventures for the benefit of person with disabilities ; To extend loan to Person with Disabilities for up gradation of their entrepreneurial skill for proper and efficient management of self-employment ventures; To extend loans to person with disabilities for

pursuing professional/ technical education leading to vocational rehabilitation/ self-employment; To assist self-employed individual with disabilities in marketing their finished goods. This organization operates through State Channelising Agencies nominated by the respective State Governments and Union Territory Administrations.

II.I.I.J COMPOSITE REGIONAL CENTRES FOR PERSON WITH DISABILITIES (CRCS): Due to lack of adequate facilities for rehabilitation of Person with Disabilities , the Ministry has set up five Composite Regional Centers for Person with Disabilities at Srinagar, Sundernagar (H.P), Lucknow, Bhopal and Guwahati to provide both preventive and promotional aspects of rehabilitation like education , health , employment and vocational training, research and manpower development , rehabilitation for person with disabilities etc.

II.I.I.K PUBLIC PRIVATE PARTNERSHIP: INDIAN SPINAL INJURY CENTRE: The centre provides comprehensive rehabilitation management services to patients with spinal cord injuries and related ailments. These include intervention in the form of reconstructive surgery, stabilization operations, physical rehabilitation, psycho-social rehabilitation and vocational rehabilitation services. There has been an increase in the number of free OPD and paid OPD patients, besides patients from India, the centre also attracts patient from foreign countries. The institute is able to perform very complicated surgeries with good results. The center has 132 beds functional and plans to increase the bed strength to 146. In its Endeavour to promote research facilities at the centre it has entered into collaboration on research with the National Institute on Disability Rehabilitation and Research, Ministry of Education, USA. This centre has a building which is barrier free for person with Disabilities.

II.I.I.L. THE NATIONAL SAMPLE SURVEY ORGANIZATION: This is national organization which conducts survey at national level in NSSO regions across the country for persons with Disabilities. This was conducted in 1981, 1991, and 2002 onwards. It defines disability as “Any restriction or lack of abilities to perform activities in the manner or within range considered normal for human being.” It excludes illness/ injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move across boundary.”

II.7 ORGANIZATION DEDICATED TO EMPOWERMENT OF DISABLED IN INTERNATIONAL⁹ ARENA

II.7.A UNITED NATIONS CHILDREN'S FUND¹⁰: U.N.I.C.E.F. is an international agency which is working on children with disability issues related to the educational activities of children. It projected universally that almost 70 Percent of children with disabilities, including those with mild mentally retardation, can attend regular schools provided the environment is designed to be accessible and the institution is eager to accommodate them.

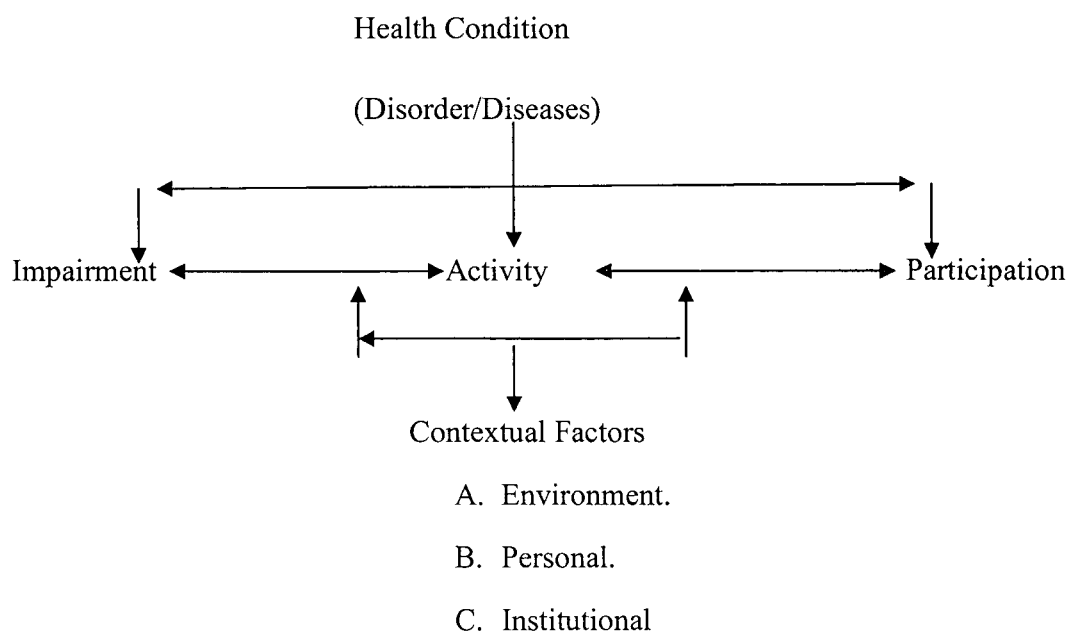
II.7.B UNITED NATIONS: STANDARD RULES ON THE EQUALIZATION OF OPPORTUNITIES FOR PERSON WITH DISABILITIES, 1994¹¹: According to United Nations disability refers the number of different functional limitations occurring in any population in any country of the Globe. People may be disabled by Physical, Medical conditions/ Mental illness, Sensory / intellectual impairment etc. And the Term 'Handicapped' means the loss or limitation of opportunities to take part in the life of the community on a equal level with others. It describes the encounter between the persons with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, e.g., information, communication and education, which prevent persons with disabilities from participating on equal terms.

¹⁰ UNICEF; (2003), "Example of Inclusive Education –India" Lekhnath Margkathmandu , Nepal.

¹¹ United Nations (1994), "Standard Rules on the Equalisation of Opportunities for Person with Disabilities, United Nations".

II.7.C WORLD HEALTH ORGANIZATION: INTERNATIONAL CLASSIFICATION OF IMPAIRMENTS, DISABILITIES AND HANDICAPS (ICIDH) IN 2001

ICIDH-2. Conceptual Framework to Understand Disability



Source: World Health Organization.

The ICIDH-2 was followed by the International Classification of Functioning, which skips the linkage between health conditions and functioning, and classifies functioning directly, using the same domains as ICDH-2, body functions, activities and participation the ICF has developed more detailed classification of functioning with respect to products and technology, natural and man-made environments, support and relationships, attitudes, and services, systems and policies.¹²

¹² www.who.com

II.7.D INTERNATIONAL LABOR ORGANIZATION¹³; According to International Labor Organization, Vocational rehabilitation and employment for person with disabilities convention refers/defines a person with disability as an individual whose prospects of securing, retaining and advancing a suitable employment are substantially reduced as a result of duly recognized physical or mental impairment. The declaration on the Rights of Disabled persons, the term “Disabled Persons”, Means “Any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and /or social life as a result of deficiency, either congenital or not, in his or her physical or mental capabilities”

II.7.E THE UNITED NATIONS AND PERSONS WITH DISABILITIES: A CHRONOLOGICAL INITIATIVE AT INTERNATIONAL LEVEL FROM 1980'S TO 2011¹⁴

United Nation is the giant of organizations which tried to identify issues of vulnerable section of the society to meet their stigma of vulnerability and also dedicated to provide equal opportunities to them in society, and developmental activities. United Nation took various steps from 1980s to 2011 to protect the rights of disabled and to integrate their development with the mainstream of development.

During 1980s numerous efforts, both substantive and promotional, were taken nationally and internationally to improve the situation of persons with disabilities with the goal of increased integration in society and improvements in physical and psychological adjustment of persons with disabilities within their communities. Programmes were launched focusing on rehabilitation and disability prevention. National committees were obliged to establish and improve the following areas: social and economic condition of persons with disabilities, development and implementation of programmes, research, policy and decision-making, legislation, decentralization from the national to local levels.

¹³ Karna, G.N. (1999). “United Nations and Rights of Disabled Persons- A study in Indian Perspective” APH publishing corporation, Page. 91.

¹⁴ <http://www.un.org/disabilities/default.asp?id=125>.

In 1981 following conferences were organized for Experts in the field of disability, policy makers, and academicians to discuss on the disability aspects. These are: International Symposium on Disabled Persons, 27 September - 4 October in Tripoli, Libyan Arab Jamahiriya; World Symposium of Experts on Technical Cooperation Among Developing Countries and Technical Assistance in Disability Prevention and Rehabilitation of Disabled Persons, 12 - 23 October in Vienna, Austria; World Conference on Actions and Strategies on Education, Disability Prevention, and Integration of Disabled Persons, Toremolinos, Spain (held in cooperation with UNESCO).

efforts were made for the improvement of accessibility for persons with disabilities at the United Nations Headquarters in New York and the United Nations Offices in Geneva and Vienna. The United Nations Public Information units prepare photo display material, film, and television and radio productions on the subject. UNICEF expands immunization to over 5 million children to decrease the potential for disability-causing disease.

1981 - In May, the Commission on Human Settlements endorsed a policy encouraging the United Nations and Member States to eliminate barriers in human settlement areas that would hinder or impede "full participation".

1981 – From 30 November to 6 December international non-governmental organizations participated in the International Year by attending the First Founding Congress of Disabled Peoples International (DPI), in Singapore.

1982 - The General Assembly adopted the world programme of action concerning Disabled Persons. Disability policy was now structured in three main areas: prevention, rehabilitation, and equalization of opportunities.

1982 - On 3 December the General Assembly makes recommendations on the implementation of the World Programme, incorporating the recommendations of the Advisory Committee for the International Year. In the same resolution it also *proclaims 1983-1992, the United Nations Decade of Disabled Persons.*

1983 - 1992 - With the proclamation of the United Nations Decade of Disabled Persons, 1983-1992, the General Assembly encouraged Member States to use the Decade to implement the World Programme of Action.

1983 - The Secretary-General announced publication of a report on activities concerning disability prevention. It indicated that many disabilities could be prevented by identifying measures to combat malnutrition, environmental pollution, poor hygiene, inadequate prenatal and post-natal care, water-borne diseases and accidents. UNDP, UNICEF and WHO established an international programme with the goal of applying proven techniques to prevent and treat disabilities within general health programmes in New Delhi. •

1984 - The Secretary-General reported that an average of 20 - 25 % of the population of developing countries was affected by disability and approximately 350 - 500 million persons with disabilities lived in areas with insufficient services. The report cited a growing tendency to replace institutional care with programmes that help families and communities.

29 August 1984 - - Mr. Leandro Despouy from Argentina was appointed Special Rapporteur by the Sub-Commission on Human Rights, tasked with studying the causal connection between human rights violations, violations of fundamental freedoms, and disability.

1985 - An international initiative was established to promote disability prevention and effective rehabilitation at the national and regional levels. The United Nations Trust Fund for the International Year of Disabled Persons was renamed the Voluntary Fund for the United Nations Decade of Disabled Persons.

1987 - The Secretary-General issued a report stating that much progress had been made in increasing awareness on the significance of disability and its human consequences, though much more needed to be done.

1987 - In August the Secretary-General convened a global meeting of experts to review implementation of the World Programme of Action. Recommendations included

developing an international convention on the elimination of discrimination against persons with disabilities, launching a public information campaign, and providing United Nations materials in formats accessible to persons with disabilities.

1988 - The General Assembly called upon Member States to place special emphasis on the equalization of opportunities for persons with disabilities.

1989 - The Secretary-General was requested by the General Assembly to bring to the attention of Member States the Tallinn Guidelines for Action on Human Resources Development in the Field of Disability. The Guidelines recognized persons with disabilities as agents of their own destiny rather than as dependent objects of governments and sought to realize the full potential and capabilities of each individual. Employment was seen as a means for persons with disabilities to effectively exercise their full rights as citizens. The Guidelines stated that persons with disabilities should be trained and employed in the work force on an equal basis with other members of society.

1990- Five United Nations world conferences were held during the 1990s which emphasized the need for a "society for all", advocating the participation of all citizens, including persons with disabilities, in every sphere of society.

1991 - The Rapporteur reported to the Sub-Commission biannually on the human rights situation of persons with disabilities, submitting his last report in 1991. He recommended the establishment of an international ombudsman.

1991 - The General Assembly adopted the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care. Twenty-five principles defined the fundamental freedoms and basic rights of persons with intellectual disabilities.

1992 - The end of the Decade of Disabled Persons was marked by the General Assembly with the establishment of the International Day of Disabled Persons on 3 December. The General Assembly also summarized the United Nations' goals in the field of disability, again emphasizing the importance of the full integration of persons with disabilities into society and encouraging future United Nations conferences to include discussion of

disability issues. The Economic and Social Council welcomed the proclamation by the Economic and Social Commission for Asia and the Pacific of the 'Asian and Pacific Decade of Disabled Persons, 1993-2002'.

1992 - The United Nations Conference on Environment and Development mentioned the interdependence of sustainable social and environmental development, emphasizing the integration of all groups of society including persons with disabilities, in an overall development scheme.

1993 - The Standard Rules on the Equalization of Opportunities for Persons with Disabilities were adopted by the General Assembly. The Rules summarized the message of the World Programme of Action and state preconditions for equal opportunity. They also targeted areas of equal participation and promote implementation measures and monitoring mechanisms.

1993 - The World Conference on Human Rights reconsidered universally recognized human rights instruments in light of contemporary issues and adopted the Vienna Declaration and Programme of Action. The Conference recognized that all human rights and fundamental freedoms are universal, and thus should unreservedly include persons with disabilities.

1994 - The International Conference on Population and Development was held in Cairo. It recognized the importance of equalizing opportunities for persons with disabilities.

1995 - The World Summit for Social Development was held in Copenhagen in March. It adopted the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development.

1995 - From 4 - 15 September, the Fourth World Conference on Women, held in Beijing, focused on gender-related issues in the overall development scheme. Concerns relating to disability were raised in the Beijing Declaration and The Platform for Action, which recognized that women face barriers to full equality and advancement due to factors such as their disability. As part of the programme for the International Day of Disabled Persons, a United Nations inter-agency meeting was held on 7 December 1995. during

which various agencies working with persons with disabilities presented their current projects. The meeting was held by the Department for Policy Coordination and Sustainable Development in collaboration with the Department for Public Information of the United Nations Secretariat.

1996 - The Preparatory Committee for the United Nations Conference on Human Settlements, held in Istanbul, Turkey, in June 1996, issued a draft statement of principles and commitments and a global plan of action, which paid particular attention to persons with disabilities who might benefit from affirmative governmental action.

The first Millennium decade - The negotiation and adoption of the Convention on the Rights of Persons with Disabilities

2001 - In December, Mexico proposes in the General Assembly to establish an Ad Hoc Committee to consider proposals for a comprehensive and integral international convention to protect and protect the rights and dignity of persons with disabilities.

August 2002 - December 2006 – the Ad Hoc Committee meets eight times to draft the Convention on the Rights of Persons with Disabilities and its Optional Protocol.

2006 – On 13 December the Convention on the Rights of Persons with Disabilities is adopted by the General Assembly.

2007 – On 30 March the Convention and Optional Protocol opened for signature at UN Headquarters in New York. States or regional integration organizations may now sign the Convention and Optional Protocol at any time at UN Headquarters in New York.

2008: The Convention on the Rights of Persons with Disabilities and its Optional Protocol entered into force on 3 May 2008, one month after the required 20th country ratified the treaty. The first Conference of States Parties to the Convention is held at UNHQ in New York from 31 October to 3 November.

2009: The second session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities was held from 2-4 September at UNHQ in New York.

Singer-songwriter Stevie Wonder is designated UN Messenger of Peace on the International Day of Persons with Disabilities, 3 December.

2010: The third session of the Committee on the Rights of Persons with Disabilities was held from 22-26 February. The third Conference of States Parties to the Convention was held from 1- 3 September 2010 at UN Headquarters in New York. On 23 December, the European Union (EU) ratified the CRPD, becoming the first intergovernmental organization to join a United Nations human rights treaty.

2011: The fifth session of the Committee on the Rights of Persons with Disabilities took place from 11 to 15 April 2011. The Committee adopted its first concluding observations in relation to Tunisia and also a list of issues relating to its dialogue with Spain. The first ever World Report on Disability, produced jointly by the World Health Organization and the World Bank, reviews evidence about the global situation of persons with disabilities, and offers directions for policy and practice to address exclusion. The report will be launched at UN Headquarters on 9 June.

II.8 CONCLUSIONS

It can be concluded that various national and international civil society organization have taken various steps. All of them have defined disability extensively covering each aspect of the disability. Census of India and NSSO differ in their definition of disability because they of the adoption of the different procedure of enumeration. Census only identifies five types of disability while NSSO categories disability into six types. Other organizations more or less agree with the definitions of disability given by government of India. A very simple definition is given by planning commission of India. Many seminars and conferences have been organized by various national and international organizations and civil societies to discuss the issue of disability in its holistic perspective which resulted in many important guidelines and models to pave the way of an integrated development of the people with disability.

CHAPTER III

DISABILITY IN INDIA: PREVALENCE AND INCIDENCE

III.1 INTRODUCTION

The present chapter attempts to study the region wise analysis of NSSO enumerated Prevalence and Incidence of disability in India. This would help to formulate the required policies to control disability at the ground level. Disability has often been defined as a physical, mental, or psychological condition that limits a person's activities. Earlier it was interpreted with the help of medical approach and was viewed as a problem residing solely in the affected individual. Disability was seen solely as the result of individual's inability to function. Interventions usually include medical rehabilitation and the provision of social assistance(Daniel, mont, 2007¹).

According to the National Sample Survey Organization, ' A person with restrictions or lack of abilities to perform an activity in the manner or within the range considered normal for a human being considered as disabled'(NSSO-2002²). The estimates of prevalence rate (Number of disabled persons per 100000 persons) of disability indicate the level of disability in country.The total disabled in India per lakh population stands 1755 in which 1499 and 1846 disabled are found in Urban and Rural India respectively. While in terms of total percentage of prevalence rate, Rural disabled residents comprises 1.85 percent compared to 1.50 percent in the urban population. As far as gender dimension is concerned prevalence is found marginally higher among males rather than females with 2.12 percent and 1.67 percent respectively.

However, the spatial and comparative analysis of prevalence rate and incidence rate is essential to capture the larger picture of the incidence of disabilities across the country in order to have a clear policy perspective because policy formulation for persons with

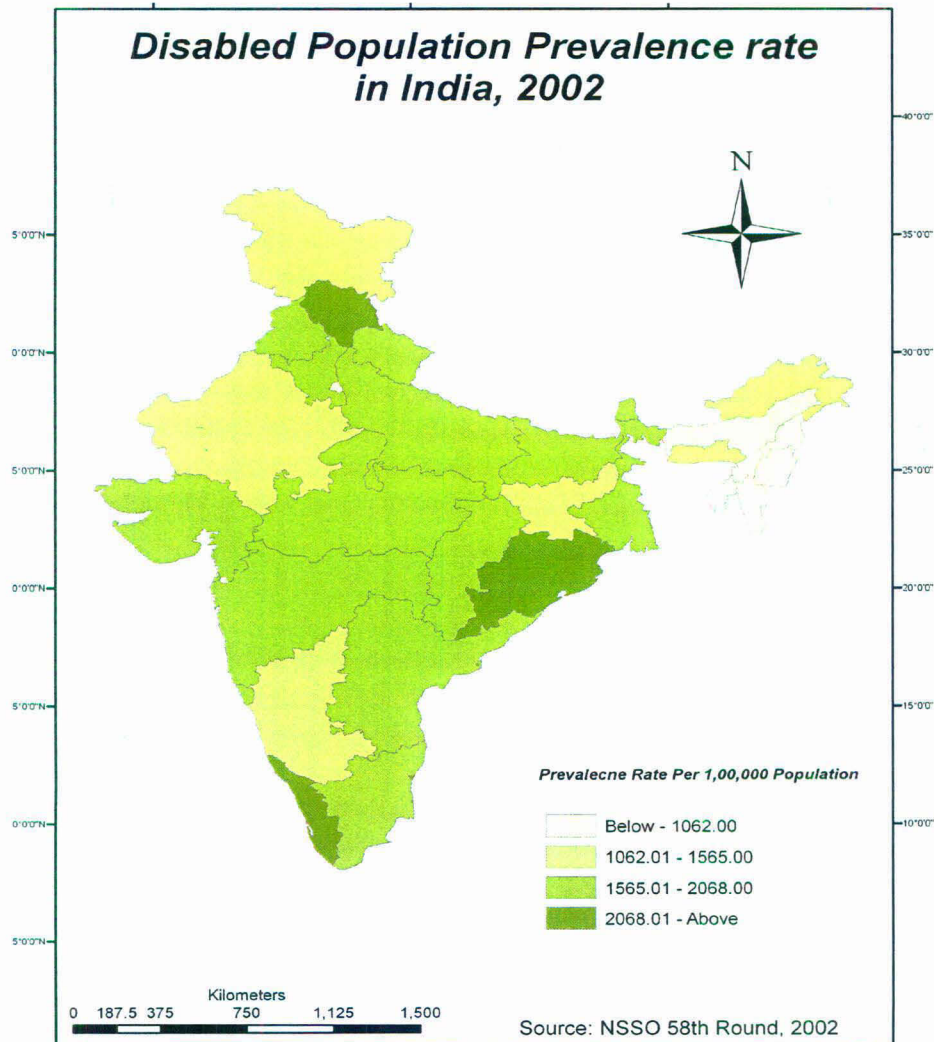
¹ Daniel Mont ; (2007), " Measuring Disability Prevalence" disability & Development Team, HDNSP, The World Bank, March.

² National Sample Survey; (2002), Report Number 485: Disabled Person in India, July-December.

disability is important to employ various measure to control the prevalence and incidence rates of various types of disabilities in different regions of the country.

III.2 PREVALENCE RATES OF DISABILITIES IN INDIA:

MAP III.1 Disabled population prevalence rate in India-2002



There are variations in the institutional set up across the country to provide effective measures for controlling disability. Map 3.1 shows the intrastate spatial pattern of total prevalence of disability. Large variations are found across the states. The lowest

proportion of prevalence rate of this section is found in North-Eastern states and union territories of country. These are ; Assam, Manipur, Mizoram, Nagaland and Tripura while union territories include Delhi, Chandigarh, and Dadra & Nagar Haveli. It is observed that proportion of the disability is linked to the proportion of the total population of a state. This link is observed in the states of Andhra Pradesh, Bihar, Gujarat, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Tamil Nadu, Uttar Pradesh, and West Bengal. Exceptions include Himachal Pradesh, Kerala, Lakshadweep, Orissa, and Pondicherry where a population is relatively low and even though the prevalence of various types of disabilities is very high. It can be attributed to the loop holes in the institutional set up to control the expansion and magnitude of disability. This is also presented in the following table III.1.

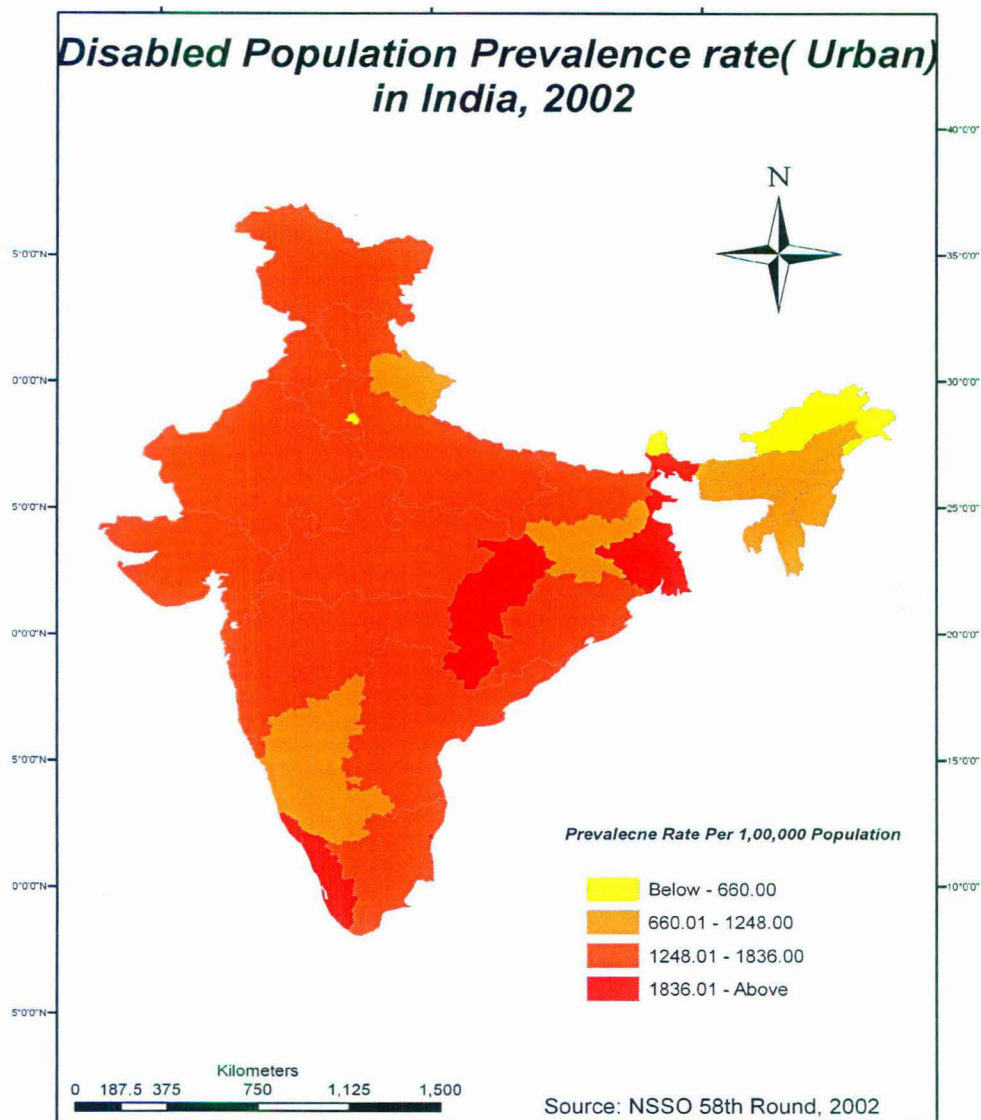
Table III.1 Prevalence rate of disabilities in India

<i>Ranges</i>	<i>States</i>
559-1062	Assam, Chandigarh, Dadra & Nagar Haveli, Delhi, Manipur, Mizoram, Nagaland, Tripura
1062.01-1565	Andaman & Nicobar Island, Arunachal Pradesh, Daman & Diu, Jharkhand, Karnataka, Meghalaya, Rajasthan
1565.01-2068	Andhra Pradesh, Bihar, Chattishgarh, Goa, Gujarat, Haryana, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Punjab, Sikkim, Tamil Nadu, Uttar Pradesh, Uttranchal, West Bengal
2068.01-2571	Himachal Pradesh, Kerala, Lakshadweep, Orissa, Pondicherry

Source: National Sample survey organisation , Round -58th, 2002

III.2.b Prevalence rate of Disabilities in Urban places in India:

Map III.2 Disabled population prevalence rate (Urban) in India-2002



Demography and Development are two distinctive matters at urban places where demographies refers to sections of population in urban area and development is essential for “ an innovative process leading to the structural transformation of social systems” (Friedman , 1973). That means in urban places society is much more aware economically, socially, and demographically in comparison to the rural society. so it is necessary to

analyze the distributional pattern of person with disabilities in urban places of the states. Lowest prevalence rate is found in Arunachal Pradesh, Chandigarh, Delhi and Sikkim while highest proportions are found in Chattishgarh, Kerala, Lakshadweep, Pondicherry, and West Bengal. The states falling in the category of 1248.01-1836 prevalence rate are Andhra Pradesh, Bihar, Daman & Diu, Goa, Gujarat, Himachal Pradesh, Haryana, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, and Uttar Pradesh. Urban areas in these states should not show such a high level of prevalence rate of disability as there are so many type of facilities available for the persons with disability. In urban places Dr. Zutshi(2004)³ finds that majority of the vocational trained people with disabilities received low profile non-engineering training and He argues that only 1.8 percent urban people with disabled are in regular paid employment. (See map III.2 and table III.2)

Table III.2 Prevalence rate of disabilities Urban in India

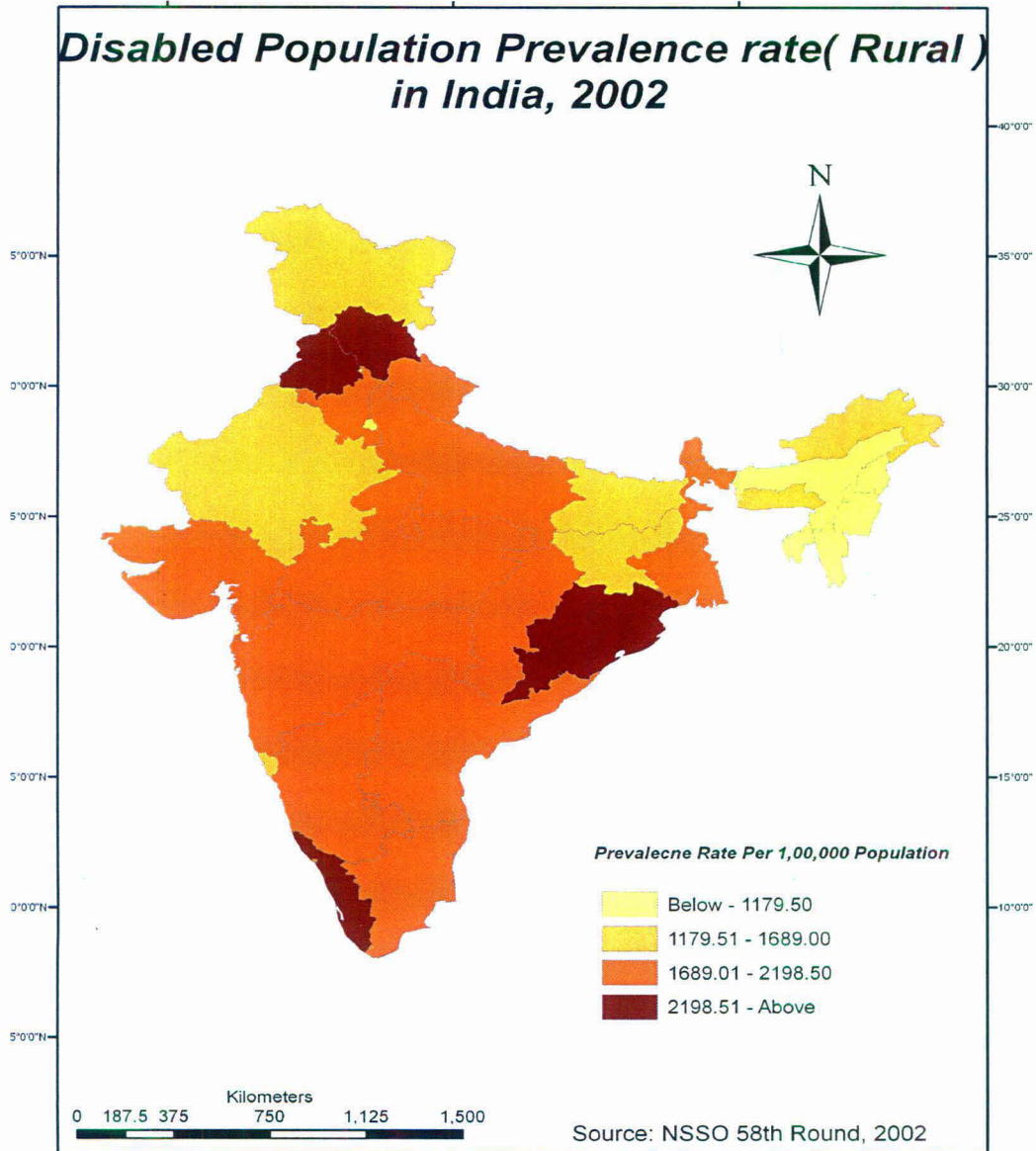
<i>Ranges</i>	<i>States</i>
72-660	Arunachal Pradesh, Chandigarh, Delhi, Sikkim
660.01-1248	Andaman & Nicobar Island, Assam, Dadra & Nagar Haveli, Jharkhand, Karnataka, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Uttaranchal
1248.01-1836	Andhra Pradesh, Bihar, Daman & Diu, Goa, Gujarat, Himachal Pradesh, Haryana, Jammu & Kashmir, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh
1836.01-2424	Chhattisgarh, Kerala, Lakshadweep, Pondicherry, West Bengal

Source: National Sample survey organisation , Round -58th,2002

³ Zutshi, B. (2004), Disability status in India: Case study of Delhi Metropolitan Region , Report of a study funded by Ford Foundation. Retrieved from <http://disabilityindia.org/statusBookFrame.cfm>.

III.2.c Prevalence rate of Disabilities in Rural places of States in India:

Map III.3 Disabled population prevalence rate (Rural) in India-2002



People living with disabilities in Rural area often remain the most marginalized, discounted, invisible and abused sector of society throughout the world⁴. It is observed that rural people with disabilities live in poor conditions, facing barriers that prevent their

⁴ FAO; (2010), "Gender, Equity and Rural Employment", Food and Agriculture Organization of the United Nations.

integration and equal participation in development efforts and are usually ignored their basic human rights, freedom of movement and access to adequate food, services and economic opportunities. Awareness and support for people with disabilities can strengthen and enrich their efforts for sustainable development and more equitable social practices. So it becomes necessary to look into the spatial pattern of rural prevalence of disability in India.

Prevalence of disability in Rural society is very low in North-Eastern States and Union territories namely Assam, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Delhi, Manipur, Mizoram, Nagaland and Tripura while highest prevalence of people with disabilities is found in Himachal Pradesh, Lakshadweep, Orissa and Punjab. It is note worthy that a majority of rural people with disabilities are living in populous states of the country. (see map III.3 and table III.3)

Table III.3 Prevalence rate of disabilities Rural in India

Range	States
670-1179.5	Assam, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Delhi, Manipur, Mizoram, Nagaland, Tripura
1179.51-1589	Andaman & Nicobar Island, Arunachal Pradesh, Bihar, Goa, Jammu & Kashmir, Jharkhand, Meghalaya, Rajasthan
1689.01-2198.5	Andhra Pradesh, Chattishgarh, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Pondicherry, Sikkim, Tamil Nadu, Uttar Pradesh, Uttranchal , West Bengal
2198.51-2708	Himachal Pradesh, Kerala, Lakshadweep, Orissa, Punjab

Source: National Sample survey organisation , Round -58th,2002

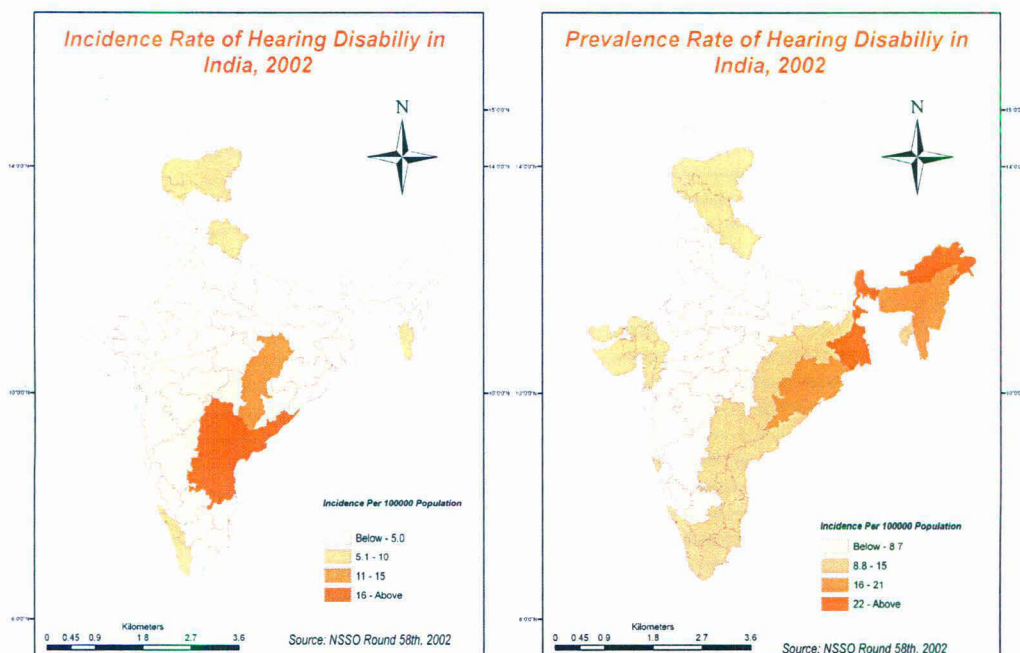
III.3 COMPARATIVE ANALYSIS OF PREVALENCE AND INCIDENCE OF DISABILITY PATTERN IN INDIA

There are so many socio-economic and demographic aspects which influence disable population in India and it is required to look into the comparative analysis of prevalence and incidence rate of disabilities in regions defined by NSSO which is necessary to formulate, monitor and implement any policies and programmes because prevalence is distinct from incidence. Prevalence is a measurement of all individuals affected by the disabilities/diseases within a particular period of time, where as incidence is a measurement of the number of new individuals who contact a disabilities/ diseases during a particular period of time.

III.3.a Comparative Picture of Incidence And Prevalence Rate of Hearing Disability

Map III.4 Incidence rate

Map III.5 Prevalence rate



According to NSSO hearing disability refers to person's inability to hear properly. It is to be judged taking into consideration the disability of better ear. On other hand , if one ear of a person is normal and other ear has total hearing loss, then the person is to be judged as normal hearing in the survey, and hearing disability will be judged without taking into consideration the use of hearing aids (i.e. the position for the person when hearing aids is

not used) he/she may have different level of degree of disability as severe is treated when he/she could not hear at all or hear loud sound or moderate hearing disability treated as having profound disability. So taking into consideration of survey definitions comparative study of hearing disability prevalence and incidence is essential to know which regions are similar in terms of both the aspect to take better initiatives for special policy formulation for them. Study finds that the incidence rate of disability more than 16 percent is found only in Andhra pradesh coastal regions and other 29 regions have been identified as regions having incidence rate below 1 percent while prevalence rates for the same regions have different findings compared to the incidence rates . As it is found that Chandigarh is the only regions showing below 3% prevalence rate in country on other hand the highest prevalence rate, more than 22 percent is found in north and north eastern regions namely Sikkim, Arunachal pradesh, Manipur hills, and West bengal himalayan. As per the map 3.4 and 3.5 a mixed picture of incidence and prevalence rate emerges. It needs the attention towards the causes of hearing disability .Banarjee (1957) documents these causes of hearing disability which are acute infection diseases, chronic rhinitis, small pox, malaria, septic tonsil, adenoids, and cerebrospinal meningitis(Banarjee, 1957⁵) (see map III.4, III.5 and table III.4)

⁵ Banarjee; S.N, (1957) “ Employment for deaf, social welfare”, volume . 3 Number, 12 page number-5.

Table III.4 Prevalence and Incidence of Hearing Disability

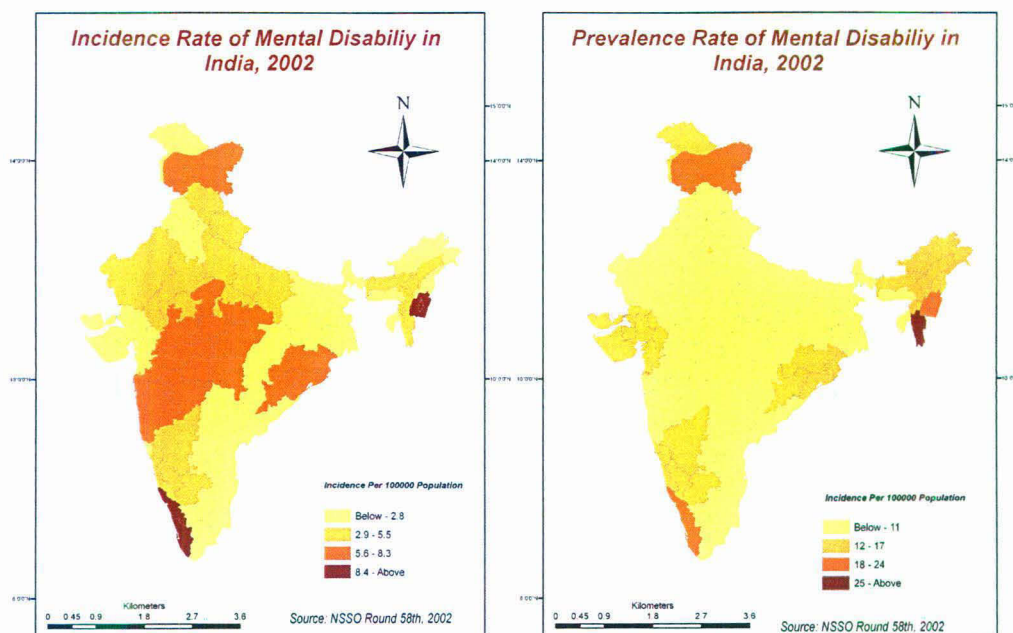
<i>Incidence</i>		<i>Prevalence</i>	
<i>Lowest Below-1</i>	<i>Highest Above-16</i>	<i>Lowest Below- 3 %</i>	<i>Highest Above-22 %</i>
J & K Jhelum valley, Punjab South, Delhi, South-South east Rajasthan, Northern Bihar, Nagaland, Manipur Hills, Tripura, Meghalaya, Assam plains western, Assam hills, West bengal himalayans, Jharkhand, Vindhya-Central-Southwest-Northern Madhya Pradesh, Gujarat east, Gujarat dry area, Daman & Diu, Dadra & Nagar Haveli, Maharashtra east, Andhra inland South, Karnataka Coastal & Ghats, Karnataka inland South, Goa, Lakshadweep , Andaman & Nicobar Islands	Andhra Pradesh Coastal	Chandigarh	Sikkim, Arunachal Pradesh, Manipur Hills, West Bengal Himalayan

Source: National Sample survey organisation , Round -58th,2002

III.3.b Comparative Picture of Incidence And Prevalence Rate of Mental Disability;

Map III.6 Incidence rate

Map III.7 Prevalence rate



Mental health is an universal goal, specially people with mental retardation. Mental health is an essential ingredient in the quality of life. The main aspects of mental health are emotional well-being and rewarding social interpersonal relationship. Emotional well-being is an important part of the gift of human life. Good social and interpersonal relationship are important for a rich and fulfilling life. People who have mental retardation are not in any way handicapped with regards to these human qualities—people with mental retardation are capable of a rewarding emotional life⁶. On the other hand “mental handicap as a significantly sub average general intellectual functioning, existing concurrently with deficit in adaptive behaviour and manifested during the developmental period” (Gleeson, Bredon,2007)⁷. Various scholars define mental retardation as a state of arrested or incomplete development of mind, so severe that the patient is incapable of leading an independent life or guarding himself against serious

⁶ Steven, Reiss, “Mental illness in Person with mental retardation”, Ph.D, Director , Nisonger Center UAP, Ohio state university.

⁷ Gleeson, Bredan (1997) “Community care and disability: the limits to justice” progress in Human Geography, 21(2) June, pp. 199-224.

exploitation especially in the case of a child, that he will be so incapable than adult” (Terman , Merrill,1970⁸). Therefore, it becomes necessary to provide equal opportunities to mentally impaired population in country. Map 3.6 presents the distributional pattern of the incidence of person mentally impaired. It is found that 34 regions have incidence cases below 1. While highest incidence cases more than 8 are in 8 regions namely Jammu & Kashmir Mountainous , Manipur Plains, West bengal western plains, and central plains, lakshadweep, Northern and southern Kerarla. Map 3.7 presents the picture of the prevalence rate below 5 %. Areas under this category include orissa souther and pondicherry. Highest prevalence rate above 20% are found in Northern Kerala, West Bengal western plains, and Mizoram. So it can be concluded that it is required to pay proper attention on the early age policies to reduce incidence rate and also efficacy measure with objectives of implement policies at grass root level to control prevalence rate in all regions showing higher proportion of prevalence rate of disability. (see III.6 , III.7 and table III.5)

Table III.5 Prevalence and Incidence of Mental Disability

<i>Incidence</i>		<i>Prevalence</i>	
<i>Lowest Below- 1</i>	<i>Highest Above- 8</i>	<i>Lowest Below- 5%</i>	<i>Highest Above- 20%</i>
Jammu & Kashmir Hills and Jhelum Valley, Punjab Northern, Chandigarh, Delhi, Rajasthan South, Bihar Central and Northern, Nagaland, Tripura, Meghalaya, Assam Hills, West Bengal himalayan, Chattishgarh, Madhya Pradesh Southwest-Northern, Gujarat east and Dry area, Daman & Diu, Maharashtra inland Northern-East and inland east, Andhra South-West, Karnataka inland east-South-North, Goa, Tamila Nadu Coastal and Inland, Andaman & Nicobar Island	Jammu & Kashmir Mountainous, Manipur Plains, West Bengal Western Plains – Central Plains, Lakshadweep, Kerala Northern and Southern	Orissa Southern and Pondicherry	Kerala Northern, West Bengal western Planins, Mizoram

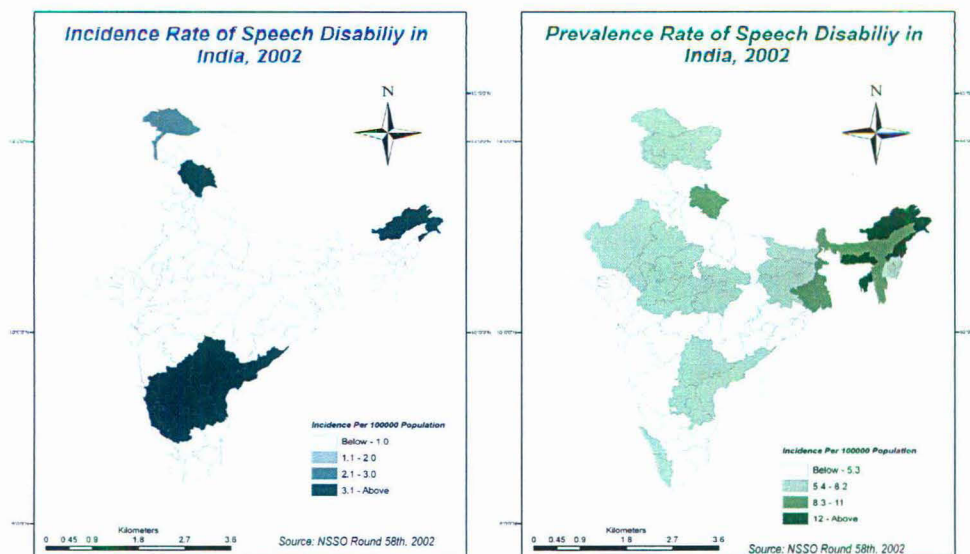
Source: National Sample survey organisation , Round -58th,2002

⁸ Terman, Merrill (1970) “ quoted in shanker V. exceptional children , sterling publications pvt. Pp.14.

III.3.c Comparative Picture Of Incidence and Prevalence Rate of Speech Disability;

Map III.8 Incidence rate

Map III.9 Prevalence rate



Society behaviour towards the people with speech disability is very casual as it is found in various studies that “children with specific language impairment have been reported to experience concurrent difficulties in the area of social and behavioural development”⁹ “studies have shown that substantial proportions of children with specific language impairment experience social and behavioural problems as they reach high school age and that these problem increase over time¹⁰). Such persons with speech impairment require appropriate intervention to preserve their freedom and equality in all economic sphere. Therefore distributional pattern of the people with speech disability is to be explored thoroughly. Map 3.8 and table 3.6 identify 49 regions which reported none or 1 person with speech impairment while the number of regions showing speech disabled cases 3 or more than 3 is 11 .

⁹ Redmond & Rice, 1998.

¹⁰ Remond & Rice , 2002.

The prevalence rate of speech impairment case below 3 percent are notified in 13 regions while highest is 12 % in north eastern states namely Arunachal Pradesh, Nagaland, Tripura, Meghalaya, Assam hills, Daman & Diu. (see Map III.7, III.9 and table III.6).

Table III.6 Prevalence and Incidence of Speech Disability

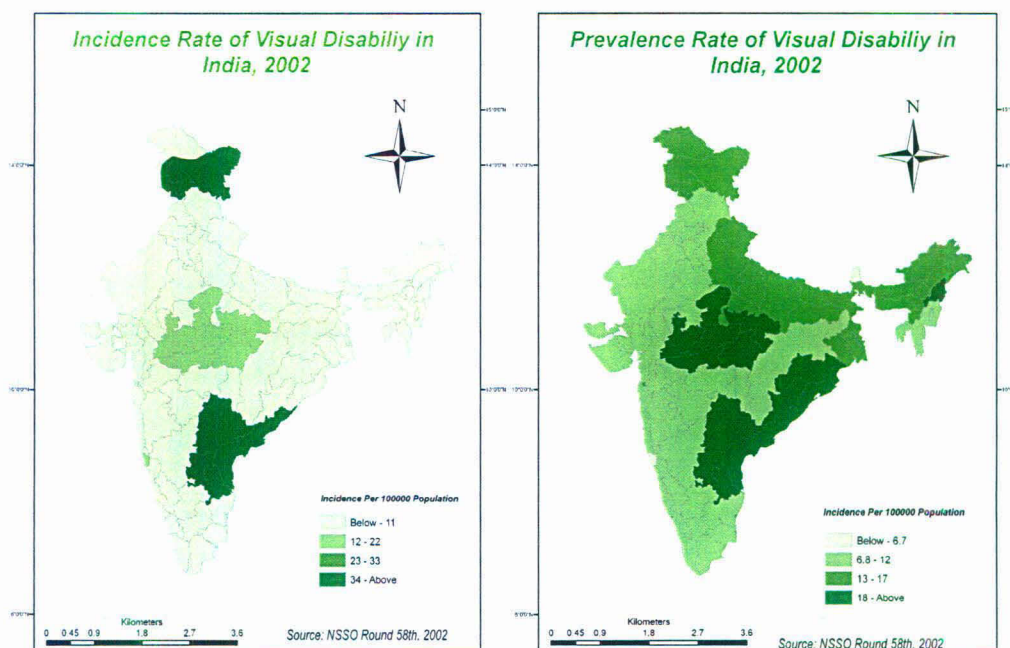
Incidence		Prevalence	
Lowest Below- 0 and 1	Highest Above- 3	Lowest Below- 3 %	Highest Above- 12 %
49 Region have identified 0 incidence, and 1 in namely Punjab Northern, Manipur hills, Mizoram, Tripura, West bengal Central Plains and Western Plains, Jharkhand, Maharashtra Inland Central East, Andhra inland North, Karnataka inland South, Kerala Southern, Tamil nadu coastal	Jammu & Kashmer Jhelum Valley, Himachal Pradesh, Arunachal pradesh, Orissa Northern, Madhya Pradesh malwa, Maharashtra inland western & northern, Andhra coastal, Karnataka coastal & ghats, inland east Karnataka.	Chandigarh, Rajasthan south east, Uttar pradesh South, Orissa Coastal and South, Madhya Pradesh Central and Northern, Gujarat Sourashtra, Maharashtra East, Karnataka Coastal & Ghats	Arunachal Pradesh, Nagaland, Tripura, Meghalaya, Assam hills, Daman & Diu

Source: National Sample survey organisation , Round -58th,2002

III.3.d Comparative Picture Of Incidence And Prevalence Rate of Visual Disability;

Map III.10 Incidence rate

Map III.11 Prevalence rate



Education is the key tool for promoting equality for people with visual impairment, but it is stated that students with visual impaired may need additional help with special equipment and modifications in the regular curriculum to emphasize listening skills, communication, orientation and mobility, vocation/career options, and daily living skills. Students who have visual impairments combined with other types of disabilities have a greater need for an interdisciplinary approach and may require greater emphasis on self care and daily living skills¹¹. To provide all these needs a comprehensive enumeration of incidence and prevalence of people with visual impairment is needed. Map 3.10 concludes that 34 regions witness incidence of the visual impairment cases below 2 persons. Compare to the highest number of visual impairment cases above 34 notified in Jammu & Kashmir mountainous, Uttar Pradesh Southern, Andhra Pradesh coastal regions. The prevalence rate of visual impaired below 5% is found in Sikkim, Daman & Diu, Goa and Tamil Nadu Coastal while highest cases above 18% of visual impaired prevalence

¹¹ <http://nichcy.org/disability/specific/visualimpairment>.

rate have been identified Nagaland, Orissa southern, Madhya pradesh vindhya, Andhrapradesh coastal karnataka inland east and south regions. (See Map III.10, III.11 and table III.7).

Table III.7 Prevalence and Incidence of Visual Disability

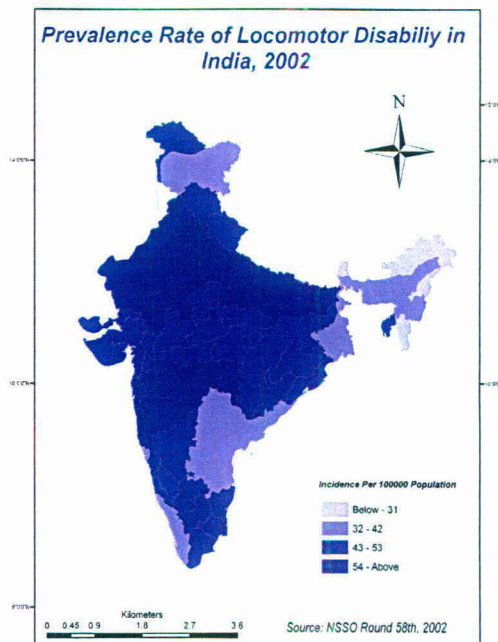
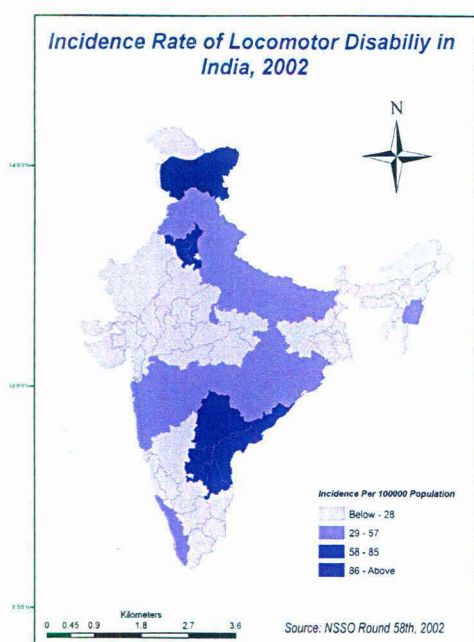
Incidence		Prevalence	
Lowest Below-2	Highest Above-34	Lowest Below- 5 %	Highest Above-18 %
Jammu & Kashmir outer hills and Jhelum valley, Chandigarh, Delhi, Rajasthan west, Bihar central, Nagaland, Manipur hills, Mizoram , Tripura, Meghalaya, Assam plains east, Assam hills, West bengal Himalayan, Jharkhand, Madhya Pradesh North, Gujarat east- Plain north- plain south and sourashtra, Daman & Dadra and Nagar Haveli, Maharashtra coastal Karnataka coastal and ghats, Lakshadweep , Tamil nadu inland , Andaman & Nicobar island	Jammu & Kashmir Mountainous , Uttar Pradesh Southern, Andhra Pradesh, Coastal	Sikkim, Daman & Diu, Goa, Tamil nadu Coastal	Nagaland , Orissa southern, Madhya Pradehs Vindhya, Andhra pradesh coastal, Karnataka inland east and south

Source: National Sample survey organisation , Round -58th,2002

III.3.e Comparative Picture Of Incidence And Prevalence Rate Of Locomotor Disability;

Map III.12 Incidence rate

Map III.13 Prevalence rate



Prevalence rate of Locomotor disabled is found more than other types of disabilities. Because many causes are responsible for the occurrence of accident, injuries, diseases which ultimately results into the locomotor disability. Whether the distribution pattern of prevalence and incidence rate of locomotor disability varies across the regions of national sample survey, is to be examined thoroughly. It is observed that the prevalence and incidence rate surveyed are higher than other types of disabilities. Map 3.12 shows that the lowest incidence is registered in Jammu & Kashmir outer hills, Jhelum valley followed by Chandigarh and other 9 regions of national sample. Highest incidence rate is reported in Jammu & Kashmir Mountainous, Maharashtra eastern, Gujarat plains northern

The prevalence rates lower than 20% are found in Sikkim while the highest prevalence rate that is more than 54 % in Punjab Northern and Southern followed by 22 regions. (see map III.13, III.13 and table III.8).

Table III.8 Prevalence and Incidence of Locomotor Disability

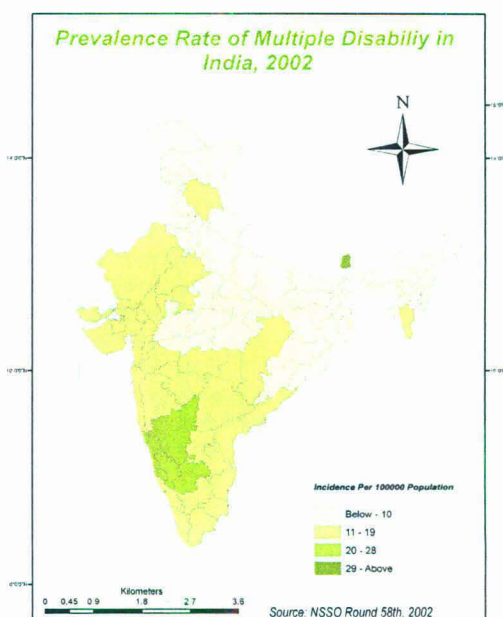
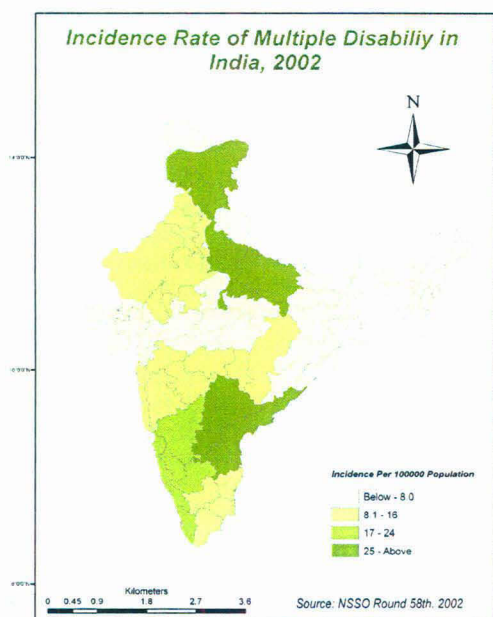
Incidence		Prevalence	
Lowest Below-10	Highest Above-86	Lowest Below-20 %	Highest Above- 54 %
Jammu & Kashmir outer hill and Jhelum valley, Chandigarh, Sikkim, Arunachal Pradesh, Nagaland, Manipur Hills, Mizoram , Assam east-west plains and hills, West Bengal himalayan, Dadra & Nagar haveli	Jammu & Kashmir Mountainous, Maharashtra eastern, Gujarat plains northern	Sikkim	Punjab Northern and Southern, Chandigarh, Haryana east, Delhi, Rajasthan northern east-southern, South east, Uttar Pradesh west-east, Bihar north-central, Madhya Pradehs central-malwa-south-north, Gujarat plains south-dry area-sourashtra, Daman & Diu, Maharashtra coastal, Andhra inland north

Source: National Sample survey organisation , Round -58th,2002

II.3.f Incidence And Prevalence Rate Comparative Picture Of Multiple Disability

Map III.14 Incidence rate

Map III.15 Prevalence rate



Multiple disability is not considered in the Census of India but National Sample Survey includes it with broader definition i.e. “a person suffering from any of the condition related to autism, cerebral palsy, mental retardation or a combination of any two or more of such condition and includes a person suffering from severe multiple disability” and it is found that severe and multiple disabilities have some characteristics as intellectual task, adaptive skill in relation to self or social care, sensory impairment. Map 3.14 depicts pattern of incidence of multiple disability. 24 regions registered the incidence of multiple disability below 3 percent while incidence rate more than 22 is reported in 18 regions. Map 3.15 presents the picture of prevalence rates of multiple disabilities in India. The proportion of the people with multiple disability is lowest (below 6%) in 10 regions compared to highest prevalence rate (above-29 %) of multiple disabilities which is found in Sikkim only (see map III.14 , III.15 and table III.9).

Table III.9 Prevalence and Incidence of Multiple Disability

Incidence		Prevalence	
Lowest Below-3	Highest Above-22	Lowest Below-6%	Highest Above-29%
Jammu & Kashmir outer hills and Jhelum valley, Chandigarh, Uttranchal, Rajasthan South-South east, Bihar north-central, Sikkim, Arunachal pradesh, Nagaland, Manipur plains and hills, Mizoram, Tripura, Assam plains east-west and hills, Jharkhand, Orissa coastal, Gujarat east, Maharashtra inland north, Karnataka inland east, andaman & Nicobar island	Jammu & Kashmir, Himachal pradesh, Uttar pradesh west-south, Orissa south, Madhya pradesh Vindhya-southwest, Daman & Diu, Dadra & Nagar Haveli, Maharashtra inland east, Andhra pradesh coastal-southwest-inland south, Lakshadweep, Kerala south, Tamil nadu south-inland and Pondicherry	Jammu & Kashmir Jhelum valley, Nagaland, Manipur hills, Assam hills-plains west-est, Madhya pradesh vindhya, West Bengal Himalayan, Tripura	Sikkim

Source: National Sample survey organisation , Round -58th,2002

III.4 COMPARATIVE OVERVIEW OF FACTS IN CENSUS AND NSSO

For better understanding of disability a comparative picture presenting some important facts as recorded in the Census of India as well as NSSO 58th round is as follows :

Table III.10 Comparative facts of NSSO and Census

2002 NATIONAL SAMPLE SURVEY 58 TH ROUND DISABILITY DATA	2001 CENSUS OF INDIA , DATA ON DISABILITY
<ul style="list-style-type: none"> • National sample survey organization have been collected data with 45571 and 24731 household in which having at least one disabled in 4637 villages and 3354 urban block respectively. At India level total disabled person enumerated with rural 49300 and Urban 26,679. • The average size of these household was estimated household to be 5.7 in both the sectors which was significantly higher than the average household size in 	<ul style="list-style-type: none"> • Census of India estimated data on disability highest proportion by seeing 48.5 followed by movement 27.9 percent where lowest were in hearing category with 5.8 percent. Rural also having respective estimation with seeing 48 percent, movement 28.4 percent and hearing 6.2 percent respectively and Urban seeing 50 percent , movement 26.3 percent and hearing 4.3 percent respectively. • Total population of Disabled population by the sex it is estimated that total seeing population is 48.5, Male – 45.5, Female-52.7 , followed by Movement Total – 27.9, Male-31.0, Female-23.7 percent and Lowest is Hearing Total- 5.8, Male-5.3, Female-6.3 percentage respectively. • Rural Seeing Total- 48 , Male-44.9, Female-52.3 Percent followed by Movement with total- 27.9, Male – 31, Female- 23.7 percent and lowest is Hearing Total-6.2 , Male-5.8, Female-6.8 percent respectively. • Urban Seeing total- 50, Male-47.2, Female-

<p>general.</p> <ul style="list-style-type: none"> • The number of disabled persons in the country was estimated to be 18.49 million during July to December 2002. These constituted almost 1.8 percent of the total population of India. • Total household in rural was estimated almost 8.4 percent and urban 6.1 percent in India respectively at least those family which have one disabled persons. • Almost 10.64 percent of the disabled persons according to NSSO suffered with more than one type of disabilities. • In Rural India prevalence rate of disability 1.85 percent than 1.50 in Urban male is 2.13 and 1.66 percent and female 	<p>53.9 percent followed by Movement total – 26.9 , Male-29, Female-22.5 percent and Hearing total- 4.3, Male-3.9, Female-4.9 percent Respectively.</p> <ul style="list-style-type: none"> • In terms of marital status according to the census data it is found that Never Married were 49.8 percent, Married – 45.6 percent, widow-4.3 percent and divorce/saperated only .3 percent , In rural never married-49.9 , married-45.4, widow-4.4, divorce/saperated-3.4 percentage and Urban never married-49.7, married-46 , widow-4, divorce/saperated - .3 percentage respectively. • In Schedule Caste disabled population having also highest proportion by seeing – 48.6 percent , followed by movement- 29.3 percent , Hearing were at lowest level with 5.8 percentage and in Schedule Tribes also have same scenario with seeing- 48.4 percent , here also followed by movement-27.9 , and hearing with lowest -7.7 percentage respectively. • Workforce participation of disabled population in 2001 census was main worker -26.7 , marginal – 7.8, and Non-worker -65.5 percent in Rural main-26.8, marginal-9.3, non-worker-63.8 percentage, Urban with Main worker-26.4, marginal-3.1, Non-Worker-70.4 percentage respectively. • In terms of Non-Workers in disabled population proportion saperately – student-
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<p>1.56 and 1.31 percent respectively in rural and urban.</p> <ul style="list-style-type: none"> • Almost 13 percent of the disabled were observed to be severely as they were not in position to take self-care even with aid/appliance. • In case of marital status of disabled it is found that almost 47 percent were never married in all categories mentally retarded are in most horrible condition. • Only 9 percent disabled were completed education secondary and above and 55 percent were illiterate. 	<p>48.7, household duties-1.8, dependent-41.8, pensioner-1.7 beggar,vagrants-0.1 percent, others- 6.2 percentage.</p> <ul style="list-style-type: none"> • In Rural Student-47 , Household duties-1.9, Dependent-45.3, Pensioner-.9, Beggar, Vagrants-.1, Others-4.7 percentage. • Urban Students- 52.8 , Household Duties-1.4, Dependent- 32.4, Pensioner -3.5, Beggar, Vagrants- .2, Others- 9.7 percentage respectively.
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Source: NSSO 58th round and Census of India-2001

III.5 CONCLUSION

The present chapter depicts the incidence and prevalence rates of all types of disabilities in regions defined by NSSO 58th round across the country. It also incorporates the comparative analysis of these two rates. Important findings can be concluded in the following way:

- The prevalence rates of all types of disabilities are higher in rural areas as compare to urban areas.
- The north eastern region of the country shows the lowest rates of prevalence of disability while the rest of the country presents a mixed picture.
- Among all the types of disabilities, locomotor disability is prevalent almost all over the country but the incidence rates for this type of disability vary highly in shiwalik regions and coastal region of Andhra.
- The incidence rate for visual disability is higher in comparison to its prevalence rate.

Thus it can be concluded that still there is a great challenge to bring this population of the society under the purview of effective policy measures. An effort should be directed towards the universalisation of the definitional variations contained in Census of India and NSSO so that way can be paved for a single window solution.

CHAPTER-IV

IMPLEMENTATION STATUS OF THE PERSONS WITH DISABILITY ACTS IN INDIA.

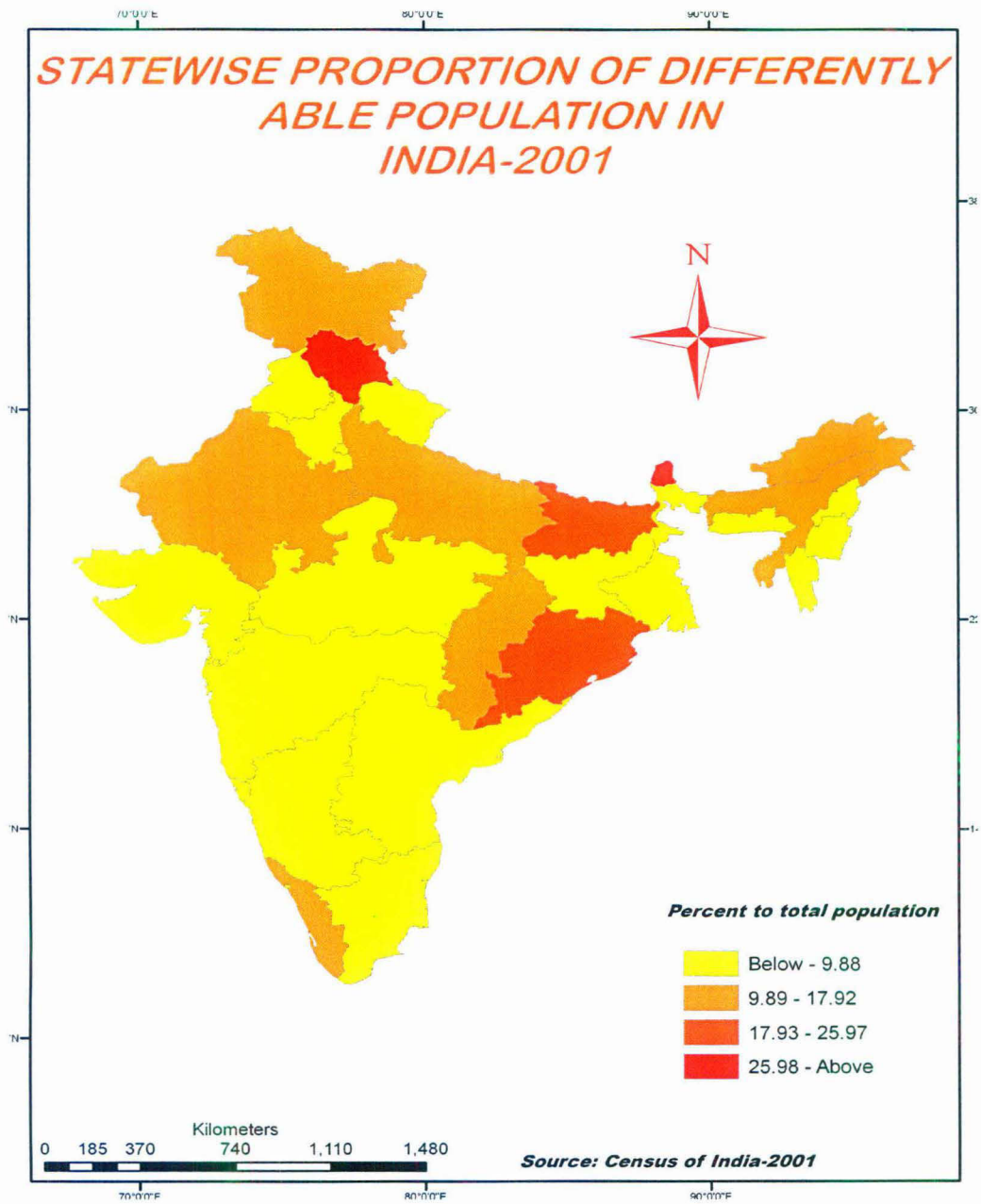
IV.1. INTRODUCTION

This chapter deals with the implementation status of person with disability act in India , state wise analysis , there were various provisions in this act to empowerment and provide equal opportunity , protection of right, and full participation in all public as well as private sectors in country. So it is necessary to examine how far this act is empowering person with disability. According to office of the chief commissioner for person with disabilities, have formulated various action and plans for proper implementation of the act, It is imperative in provision to made strategy for some major issues like awareness and convergence of the seminar. Liason with media will be maintained for telecasting /publishing programmes on disability issues. Compilation and publication of the Judgments and Orders of Chief Commissioner for Person with disabilities¹. Design and Development suitable MIS & a website based information system for displaying the status of cases /queries and also to look into the issues of Prevention and Early Detection so the Ministry of Health is responsible asked to undertake immunization against rubella , Ministry of Human Resource Development and State Education Departments will be asked to include simple methods of early detection of disabilities in the school text books. For fulfillment of educational activities Ministry of Human Resource Development and State Education Departments is obliged asked to provide at least one Special Educator in every school in a time bound manner , All the State Education Departments asked to modify curriculum as per the needs of children with disabilities, Ministry of Human Resource Development will be asked to provide for flexibility in the education system to promote inclusion of children with disabilities in the mainstream schools. Ministry of Human Resource Development /University Grant Commission is indebted asked to

¹ The Chief Commissioner of Disability, on the status of the implementation of person with disability act. 2007-08.

expedite development and circulation of guidelines for provision of various facilities such as scribe to students with disabilities in examinations and Chief Commissioner of Disabled is continue to take up suo-motu cases for reservation of seats for person with disabilities in educational institutions and after the education it is necessary to provide employment so State Government Will be asked to adopt the instructions of Department of Personnel & Training for implementation of 3% reservation to ensure uniformity, Central Govt. Departments , Public Sector Units and State Government will be asked to calculate backlog since 1996 and conduct special recruitment drive to fill the backlog. It was identified in the section no 45 and 46 to provide barrier free environment for disabled in public places like building, offices, places so the Ministry of Urban Development will be asked to update the guidelines on creating barrier free environment and ensure accessibility to Central Government Offices and A Guide book on Creating Sporting & Recreational Activities for Person with Disabilities in the National Institutes and other such Institutes will be prepared and the concerned institutes will be asked to develop the facilities to promote sports activities amongst Person with Disabilities. Therefore the implementation of person with disability is required to allocate and utilize proper funds so the monitoring teams as proposed in the scheme for 11th Five Year Plan will be formed and monitoring the utilization of funds this team carried out in 10 to 12 States during the year. All type of grievance on the issue of disability to provide better facilities in all sphere the Chief Commissioner of Disability constitute 10 to 12 Mobile Courts and review meetings to review implementation of various provisions of the Act will be organized, 50% pending cases will be disposed of, Workshop of the State Commissioners with legal experts for discussing/sharing experiences, problems & other issues related to implementation of quasi-judicial ones of CCD/Commissioners.

Map IV.1 State wise proportion of Differently able population in India- 2001



IV.2. THE IMPLEMENTATION STATUS OF THE SECTIONS OF PWD-ACT 1995 IS AS FOLLOWS

Provision To Define Disability Separately For Each Category; Though the Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 identifies disability in seven categories and defines 'Disability' to mean the following :- A.- Blindness, B.- Low vision, C.- Leprosy-cured, D.- Hearing impairment, E.- Locomotor Disability, F.- Mental Retardation, G.- Mental Illness. These are categories which are categorized on the basis of problem facing by person with disability. While the census of India identify only five category of disability on the basis of their abnormalities of health. Data has been also collected on the basis of these categories. Different organizations and institutes have categorized disability on different basis and perspectives. While in India the person with disabilities is broadly categorized by chief disability commissioner office, Census of India and NSSO separately. Census collects data on the basis of these five defined categories i.e. Seeing, Movement, Hearing, Speech and Mental and the categories for data collection for NSSO is visual, speech, hearing, locomotor, mental, and multiple. So it is apparent that the definition , categories, basis for defining disability varies. Under such circumstances need for cogent and tenable definition is inevitable and necessary. it will provide appropriate benchmark and platform for researchers, scholars, policy maker to make a sound and pragmatic policies which will cater to the actual and genuine need of the disabled in country. Now the implementation progress of the act are discussed and explained exhaustively here under.

SECTION 3-12 - CONSTITUTION OF CENTRAL COORDINATION COMMITTEE AND CENTRAL EXECUTIVE COMMITTEE

Central Coordination Committee was constituted under section 3 of the act, on 15th September 1997. Central Executive committee was constituted under section 9 of the act, on 15-9-1997.

SECTION 13 -18 -CONSTITUTION OF STATE COORDINATION AND STATE EXECUTIVE COMMITTEE

State Coordination Committee has been constituted under section 13 of the act in all states of country excluding the union territories till 2007 namely Andaman and Nicobar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep, Pondicherry. State Executive Committee is also constituted under section 19 of the act in the states and union territories except union territories Andaman and Nicobar, Dandra & Nagar Haveli, Daman & Diu, till 2007.

SECTION 25 OF PERSON WITH DISABILITIES ACT, 1995, PREVENTION AND EARLY DETECTION OF DISABILITIES

Under this section are taken by the central and state government and the local authorities for the prevention of occurrence of disabilities. *Performance of prevention measures of disabilities*² are stringent Prevention , Early Detection and prompt Intervention: In order to synchronized and ensured prevention and early detection of disabilities , the following action has been taken: I. National , Regional and Local programme of immunization (for children as well as expectant mother), public health and sanitation has been expanded. II. Medical and para-medical personnel has been adequately training and equipping for early detection of disability amongst children. III Training module and facilities for disability prevention , early detection and intervention is develop for medical and para medical health functionaries and anganwadi workers. IV Training programme of postgraduate, undergraduate degree and diploma in medical education is include modules on disability prevention , early detection and interventions. V Disability specific manual for families having persons with disabilities is also developed and provided free of cost. VI Human resource development institutions will ensure that the personnel needed to provide support services such as special education, clinical psychology, physiotherapy, occupational therapy, audiology, speech pathology, vocational counseling & training and

² National Policy for Perosn with Disabilities, ministry of social justice and empowerment, Government of India. No.3-1/1993-DD.III, Disability India Network.

social work are available in adequate numbers. VII The latest research findings in the field of genetic is utilize appropriately to minimize congenital disability including mental illness. VIII Appropriate plan of action for limiting effects of disability and prevention of secondary disabilities within the existing health delivery system will be evolved. IX Attention will be paid towards improving awareness of nutrition, health care and sanitation amongst adolescent girls, expectant mothers and women in the reproductive period. Built in awareness programmes for prevention will be at the school level and in teachers training courses. X Programmes will be undertaken for screening of children to identify at risk cases. Circumspection of the above initiatives and steps emanates the conclusion that prevention , detection and have been cogently delve into and addressed.

SECTION 26A OF PERSON WITH DISABILITIES ACT, 1995 FREE AND APPROPRIATE EDUCATION

There are various well laid provision education in from section 26 to 30 of person with disabilities here are these; Free Education for Children with Disabilities in Section 26, Schemes for non-formal education Section-27; Research for the Design and Development of New Assistive Devices and Teaching Aid – Section 28; Teacher Training Institutes and Manpower for Schools for Children with Disabilities Section 29; Comprehensive Education Scheme Section 30.

Disabled being more vulnerable and stigmatized in society needs empowerment which to an extent can be realized by imparting education into this section. In status of implementation of educational activities stark variation are found among states in the study zone wise analysis of the performance status of the act is done. Six major zones are being identified. These zones are made to bring out a broader, comprehensive and clear perspective of educational implementation status in India. North Zone included Jammu & Kashmir, Uttar Pradesh, Punjab, and Himachal Pradesh, West Zone included with Maharashtra, Rajasthan, Gujarat, and Haryana. South Zone is Tamil Nadu, Karnataka, Andhra Pradesh, Goa, Kerala, Central and East Zone is Madhya Pradesh, Chattishgarh,

Bihar, West Bengal North East Zone of India include Assam, Nagaland, Manipur, Mizoram , Tripura.

In North India, the status of implementation of educational activities in states indicates that Jammu & Kashmir is the only states providing free education and non formal education. Uttrakhand government on the other hand provides scholarship form class first to post matric and state award of Rs. 1000 to skilled disabled workers and Rs. 5000 to the Organization doing commendable job in this field. Though there is no provision for free education for children with disabilities in the state. Uttar Pradesh is providing free education up to 18 years. The much need non formal education is still pending in education department. Punjab is the only state in north zone which have done much more as compare to other states for in this regards. The government is taking initiative to provide free education up to 12th standard and 30,000 disabled children are studying in the schools in 17 districts, free boarding, lodging , medical facility and education up to matric level is providing to blind students only, Sarva Shiksha Abhiyan has been launched for the purpose , Survey of drop outs being conducted, functional literacy provided , non formal education for 15-35 age group provided by volunteers, open school is also exist to provide education to children with disabilities. Provision of free education is given up to 15 years for boys and up to post graduate level for girls in Himachal Pradesh also non formal education is given through zila shaksharta samiti providing free of cost books and equipments.

Among west zone of Indian States, Maharashtra is providing free education up to 18 years or class 10th standard , 1158 children with disabilities are studying in special schools. The government of state has also set up 21 state run institutions for education and physical rehabilitation of disabled children in the age group of 6 to 18 years and for children above 18 years, vocational training centres , free facilities of food, clothing and education are provided in these institution are provided in these institutions. There are 1071 beneficiaries availing the said benefit in 21 government institutions. The Prathmik Shikshan Parishad in Mumbai implements the Scheme of Integrated Education in Maharashtra state. Prathmik shikshan parishad, Mumbai has also initiated 318 integrated units till 2006-07 in the year 2006-07. A total of new 57 integrated units have started in

other parts of Maharashtra. Rajasthan is the only state of west zone to provide free education up to 12th standards. On the other hand Gujarat government is providing free primary education for disabled and other children, under this initiative 43,000 children with disabilities have been included in regular schools. The rates of scholarship, aids & appliance , free hostel have been raised during 2006-07. 12,000 children received their education in the special schools for the disabled, Six Braille libraries for preparing Braille Books , large print books and purchase of audio devices. In Haryana government free education is imparted up to 12th standard , special social education centers has been set up in two districts for formal education, open school system is being implemented through Board of School Education, interestingly fact is that 124 IED centers are dealing with functional literacy for children in the age of 16 and above.

South Zone of India state implementation of educational activities for disabled persons. Tamil Nadu government formulated policy on free education up to class 12th. In collaboration with non government organization is promoting inclusive education in all the 29 districts of state, Scholarships, free books, equipments & TV , Radio and providing, Open / night schools available. On other hand Karnataka is providing free education to disabled up to the age of 18 years. Eight government special schools, (4 for deaf & 4 for blind) in the non-government organization sector 130 special schools for the different categories of disabilities are functioning. Also 50 VTCs are functioning for disabled. Department of education is providing free and compulsory education for disabled children up to the age 14 years under sarva shiksha abhiyan in the normal schools , and providing grant to non-government organization to train teachers in integrated education. Similarly the department of welfare of disabled is also conducting IED training to school teacher through DIET. At present there are 74 non government organization implementing IED schemes in state. These organizations are integrating about 5705 disabled children in 835 normal schools under the supervision of 334 special trained teachers. DIETS are integrating 11275 disabled children in 2266 schools under the supervision of 902 special resource teachers. Many special schools is being runned by vocational training facilities especially those for mentally retarded children. Education department is conducting special classes for dropout children in 202 blocks to bring

disabled children into non formal education and also providing free books to the students also all visually impaired students are supplied with Braille books free of cost and also educational aids, teaching learning materials are supplied by the department during the year Braille press in Karnataka has supplied nearly 20000 books to visually impaired students. Through the department of disabled welfare , blind students are provided with sound and modern library facilities well equipped with tape recorders and audio text books. Two teachers training institutes – one for hearing impaired and another one for visually impaired are already established in Mysore and are functioning from 2001-02. There are many teachers training institutes run by non government organization conducting correspondence course affiliated to other states likely Madhya Pradesh Bhoj University. Education department has prepared a draft comprehensive policy this year including all the subject matters under section 30 A to G of the act, Financial allowance for transport facilities has been provided under the Sarva Shiksha Abhiyan Scheme, 18048 schools are made barrier free by constructing ramps and handrails, the education department has issued necessary circulars regarding providing extra time for writing examinations, relaxed the educational qualification of the subscribe , provided language exemption. Commissioner office had already requested the education department to include disability subject in their curriculum, restructuring the curriculum for hearing impaired to take only one language at a time to be implemented. In Andhra Pradesh government is providing free education up to 18 years and 46 integrated schools run by education department are functioning for hearing and visually impaired, Providing free of cost text books to the students up to class 10th standards. In Goa free and appropriate education is provided up to 12th class, there are 12 special schools in the state. Financial assistance in the form of allowance , stipend and scholarship etc. is given to students with disabilities. Non formal education is provided as per their need. Kerala government has brought major changes for the welfare of disabled. Schemes and programmes for supporting disabled education in the form of books allowance, boarding and lodging etc. are given according to family income for visually and orthopaedically impaired. Students with disabilities are provided with free noon meal, free travel (except mentally retarded) in Buses, free books and dress allowance, government vocational training schools to the

disabled 5, schools under IED scheme – 10715.

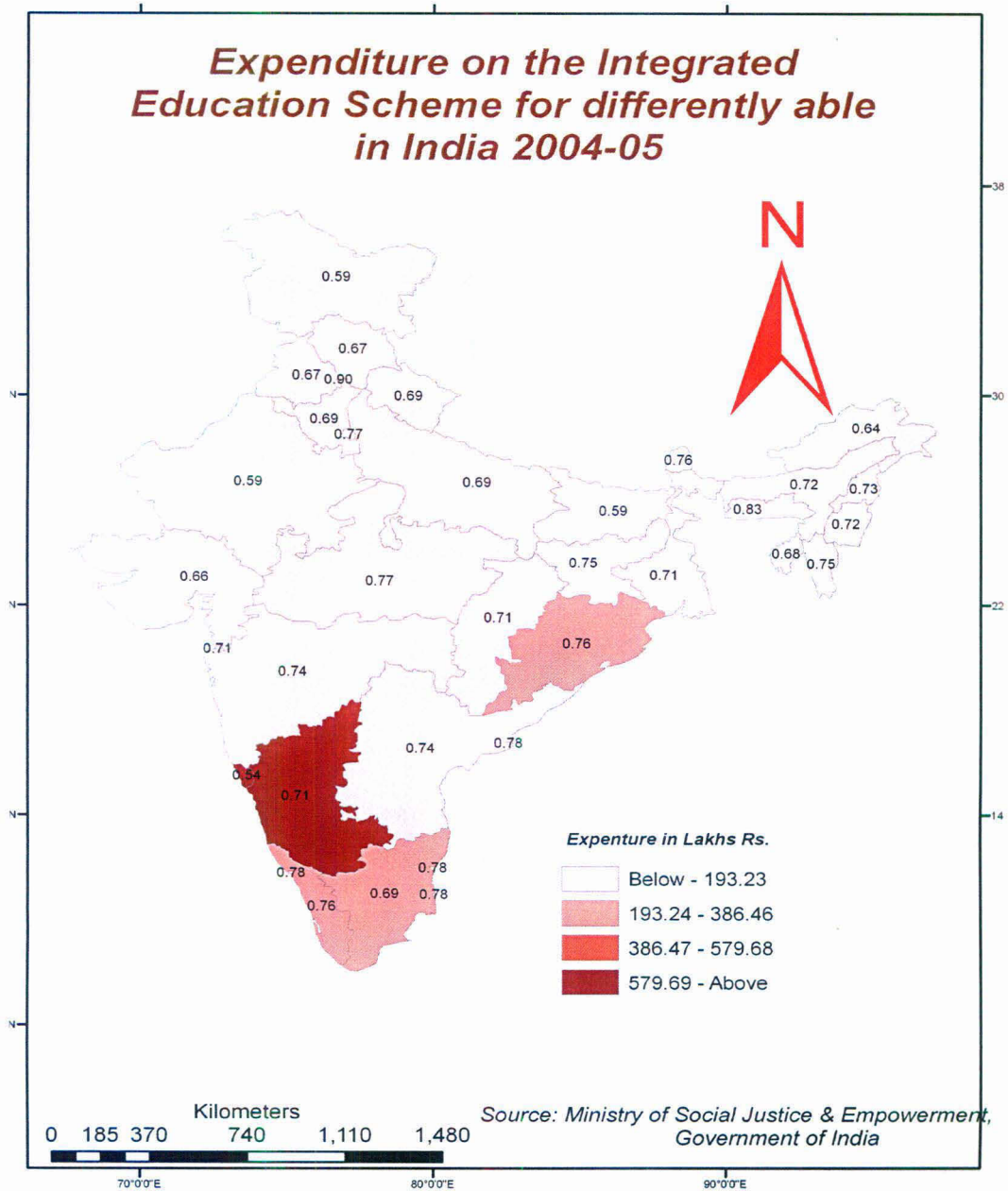
In Central Zone, Madhya Pradesh is providing free education to disabled for boys up to 8th class and for girls it is 12th standard, 98265 disabled students are enrolled in 44317 schools spread in 45 districts. Free books are distributed to students with disabilities, non formal education programme is under process till now. In central zone the condition is not up to the expected level. Chattisgarh Government is only providing free education for all disabled but it is not clarify up to which level. The Bihar government established 6 schools for blind and 10 for deaf and dumb where free education lodging , boarding is given.

North Eastern states of country is Assam government running 3 special schools for children with disability, they are also providing scholarship to them. Arunachal Pradesh government has also provision to provide free education for disabled children. Through IEDC scheme, free books, equipment and scholarship of Rs. 75/- per head is made available. Manipur government is providing free and appropriate education for Visually and hearing impaired students in 2 special schools, hostel facilities with diet allowance , Braille books , free of cost, 6 special schools , 4 of them for mentally retarded, 1 for physically challenged student and 1 for hearing impaired run by non government organizations. State education department is also implementing the scheme for non formal education. Mizoram government gives stipend and SCERT implements IEDC and facilities provided to 3753 disabled students in the form of books and stationery allowance , uniform allowance, reader's allowance, escort allowance, to blind hostellers. Social welfare department gave stipend to 885 students and SCERT to 4785 students. The government of Meghalaya is in the process of providing free education up to 18 year of age for person with disabilities , support for education in the form of books allowance, scholarship, awards, stipends, uniform grant, conveyance allowance etc are given, non formal education programme is under consideration of education department. But in Nagaland government is providing free education for students with disability whose families are living below poverty line.

Integrated education for disabled children under education scheme this scheme is implemented through the State governments, autonomous bodies and voluntary

organizations provides hundred percent financial assistance for various facilities like special teachers, books and stationery, uniform , transport, readers allowance for the visually handicapped , hostel allowance , equipment cost, removal/modification of architectural barriers, financial assistance for purchase/production of in structural material , training of general teachers and equipment for resource rooms. There will be consolidated effort on the part of the Government to Improve identification of children with disabilities through regular surveys, their enrollment in appropriate schools and their continuation till they successfully complete their education . The government will endeavor to provide appropriate learning material and books to the children with disabilities, suitably trained and sensitized teachers and schools which are accessible and disabled friendly. Government of India is providing scholarships to students with disabilities for pursuing studies at post school level. Government will continue to support the scholarships and expand its coverage, facilities for technical and vocational education designed to inculcate and bolster skill development suited to various types of productive activities by adaption of the existing institutes or accelerated setting up of institutes in un-served /underserved areas will be encouraged. Non Governmental Organization will also be encouraged to provide vocational training. Person with disabilities will be provided access to the Universities, technical institutions and other institutions of higher learning to pursue higher and professional courses.

Map IV.2 Expenditure on the integrated education scheme for differently able in India
2004-05



Expenditure on the scheme of integrated education for disabled children is discussed here under. This above map clearly shows availability of resources in 2004-05. It is apparent that Goa, Kerala are only states which have highest expenditure on this scheme with 765.87, 772.91 lakhs respectively. While comparing the states it is found that east, west

and north zone lag far behind the southern states in terms of southern states. So it is clear that much more need to be done for enhancing education expenditure on disabled.

Integrated education scheme is being already implemented in Andhra Pradesh, Arunachal Pradesh, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Nagaland, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttar Pradesh, West Bengal and Jammu Kashmir, and Andaman & Nicobar, Chandigarh, Dadra & Nagar Haveli, Lakshadweep, Pondicherry, UTs and action pending in 6 states and 1 Union Territory of India.

SECTION 27 A-E OF PERSON WITH DISABILITY ACT, 1995, NON-FORMAL EDUCATION

Non-Formal education has been implemented in Goa, Himachal Pradesh, Madhya Pradesh, Meghalaya, Uttar Pradesh and Jammu & Kashmir and union territory of Pondicherry and Dadra & Nagar Haveli. While Action/ initiation are impending in 22 states and 5 UTs. In North Eastern Meghalaya is the only state to take such initiative to implement while other states have expressed inability to adopt it either due small disabled population or due to paucity of funds etc.

SECTION 32 OF PERSON WITH DISABILITY ACT. 1995, IDENTIFICATION OF JOBS

Central and State governments have tried to identify the posts in their implementation and planning structure that can be reserved for the person with disabilities. The Identified posts are to be reviewed and updated at least once in three years. Under this programme all four categories of A, B, C, D, Groups in Arunachal Pradesh, Bihar, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Meghalaya, Nagaland, Orissa, Punjab, Sikkim, Tamil Nadu, Uttar Pradesh, West Bengal, Kerala, Chandigarh, Lakshadweep, Pondicherry are identified. The states like Andhra Pradesh, Assam, Maharashtra, Manipur have identified in C and D groups only. Similarly identification of post is under process in Andhra Pradesh grade A & B. on the other hand in Delhi, Madhya Pradesh, Manipur grade A & B are under process. While in Mizoram, Tripura the identification of post is under process in grade C & D, similarly in union territories like Andaman & Nicobar. In

the process of identification Central list have been adopted by in Goa, Gujarat, Rajasthan. while there is no Identification yet in state Chhattisgarh and the union territory Daman & Diu. Some important statistics related to are being identified and fulfilled jobs in group A and B , 20 posts and in class C and D , 297 posts have been identified for Person with disabilities. In Orissa number of posts identified is 603 covering 12 posts in group A, 54 post in group B, 422 in grade C, 115 in Grade D, Dadra and Nagar Haveli 15 vacancy identified and filled up, Jammu & Kashmir 97 Gazetted and 715 Non-Gazetted posts identified.

SECTION 33 OF PERSON WITH DISABILITIES ACT. 1995, RESERVATION OF THE POSTS; There is a provision of 3% reservation in Central and States all identified posts in their establishments for person with disabilities. Among these reservation 1 % for persons with blindness or low vision, 1 % for persons with hearing impairment, 1 % for persons with locomotor disability or cerebral palsy. The PWD Act, 1995 obliged for 3 % reservation in employment in the establishment of Government of India and public sector Undertaking (PSUs) against identified posts. The status of reservation for Government in various Ministries/Departments against identified posts in Group A, B, C & D is 3.07%, 4.41%, 3.76%, and 3.18% respectively. In Public Sector Units the reservation status in Group A, B, C & D is 2.78%, 8.54%, 5.04% and 6.75% respectively. Government will ensure reservation in identified posts in the government sector including public sector undertakings in accordance with the provisions of the Person with Disabilities Act, 1995.

SECTION 39 OF PERSON WITH DISABILITIES ACT. 1995; 3 % RESERVATION IN GOVERNMENT AND GOVERNMENT AIDED EDUCATIONAL INSTITUTIONS

Under this section 3 % Reservation is being implemented properly in Andhra Pradesh , Arunachal Pradesh in all educational institutions. In Goa all professional degree and diploma courses and In Gujarat , Kerala 3 % seats are reserved to students with disabilities up to degree level (except B.Sc Geology) in the university of kerala – 1% each for visually, hearing, orthopaedically impaired with a provision to interchange of seats, if candidates are not available in a particular category in a year. In technical

education 3% seats are reserved for physically handicapped students for all courses in government and aided engineering colleges and polytechnic college of Kerala. In technical high schools, 5% seats are reserved for orthopaedically students Madhya Pradesh in all state institutions. While in Maharashtra and Manipur education institutions includes professional courses. In Nagaland and Orissa reservation in normal as well as technical educational institutions, Punjab providing reservation in all educational institutions, Rajasthan Engineering/Medical/General education programmes, Tamil Nadu, Uttrakhand, Jammu & Kashmir, Andaman & Nicobar, Chandigarh, Daman & Diu, Pondicherry. There are instruction for implementation of 3% reservation in states of Assam, Bihar education department has been asked to ensure the reservation of not less than 3% in educational institutions, Delhi, Haryana, Jharkhand, Karnataka, Mizoram in schools and colleges including polytechnic receiving grant in aid from the government, Meghalaya, Sikkim, Tripura, Uttar Pradesh. Lakshadweep and Chhattisgarh are exceptional case, which have not taken any steps.

SECTION 40 OF PERSON WITH DISABILITY ACT. 1995; 3 % RESERVATION IN POVERTY ALLEVIATION PROGRAMMES

The disabled section have also benefited through the reservation among the poor section as there is provision of 3 % reservation in all of the Poverty alleviation programme in the states. This has been implemented in Andhra Pradesh, Arunachal Pradesh, Bihar, Goa, Gujarat, Jharkhand, Karnataka, Maharashtra, Meghalaya, Orissa, Rajasthan, Sikkim, Mizoram, Uttar Pradesh, West Bengal, and in Union Territories namely Chandigarh, Pondicherry. Instruction issued in Haryana, Kerala, Manipur, Punjab instructions issued to all deputy commissioner of Poverty alleviation programmes and department of rural development, Tamil Nadu Rural development department has been instructed to reserved 3% in all poverty alleviation schemes, Tripur, Jammu & Kashmir, Daman & Diu, Lakshadweep DRDA and industries department has been directed to take action.

While the reservation is Pending and under consideration in Assam in Panchayati Raj and Rural Development Department, Chhattisgarh, Delhi, Uttrakhand. The action have been

taken but in different-different mode to fulfilled 3% reservation in poverty alleviation programme ,Himachal Pradesh 3% reservation in IRDP(Integrated Rural Development Programme) SJY(Swarna Jayanti Programme), IAY(Indira Awas Yojana), sulab, Madhya Pradesh Under IAY schemes, Andaman & Nicobar financial assistance is given , Dadra & Nagar Haveli loans are granted. Poverty alleviation scheme being implemented but less than 3 % disabled benefited in Nagaland.

SECTION 41 OF PERSON WITH DISABILITY ACT 1995, INCENTIVES TO EMPLOYERS ; Many new incentive and schemes are being implemented in various states for benefiting employer for promoting disabled sections . Andhra Pradesh award are being given to employers who employ maximum disabled persons. Goa government is providing incentives to the employees in private sector who employs disabled persons in their organization. Haryana state award scheme is existed. Jharkhand state government provision has been made to provide citation and cash award to employers for employing at least 5% person with disabilities in their work force. Kerala introduced state award for the efficient disabled employees, employers and institutions who have provided employment to a large number of disabled. Maharashtra, Tamil Nadu award for private employers exists. Tripura and West Bengal government providing state award scheme for best employers, and Pondicherry.

This schemes is under consideration or under process to implement incentive scheme in Assam under consideration of industries department, Delhi, Karnataka, Mizoram, Punjab instructions issued but the matter subjudice, Rajasthan, Sikkim, Uttar Pradesh, Chandigarh. While in the states Arunachal Pradesh , Bihar, Gujarat, Himachal Pradesh, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Orissa, Uttarakhand , Jammu & Kashmir, Andaman & Nicobar Scheme is not yet to be reported. The scheme is under formulation in Daman & Diu. Lakshadweep is the only union territories which have reported that this incentive scheme is not feasible.

SECTION 43 OF PERSON WITH DISABILITY ACT 1995, PREFERENTIAL ALLOTMENT OF LAND

Land being a valuable asset set a precedent for the social well being and plays vital role for long term empowerment of the vulnerable and needy. Therefore preferential land allotment scheme for person with disabilities has been implemented for all purposes in states and union territories namely Goa , Chandigarh. 3% reservation under “ the Chandigarh allotment of land to the person with disabilities scheme-2001” is running. Few states have implemented in housing schemes. Andhra Pradesh has made a provision for 2% quota in Andhra Pradesh housing board allotment of land free of cost. In Gujarat preferential allotment & financial assistance is given while in Himachal Pradesh is 3% in housing only. There is provision of 1% in Kerala and 2% in Punjab by their respective urban development authority 3% in houses/plots/flats by department of local government through PUDA land available at concessional rate. Due to paucity of land area in Pondicherry have allotted in flats/ plots.

In some states preferential land allotment scheme existed but not reported how far they are implemented in states and union territories namely Chhattishgarh, Delhi, Haryana, Jharkhand, Karnataka, Madhya Pradesh , Maharashtra, Orissa, Rajasthan, Sikkim , Mizoram, Tamil Nadu, Dadra & Nagar Haveli. While the scheme is under process/ consideration in states / union territories namely Arunachal Pradesh, Assam, Bihar, Meghalaya matter taken up with district council authorities, Tripura, Daman & Diu, Lakhadweep reported land area is small so it cannot implement properly. No action has been taken by Manipur, Nagaland, Uttrakhand, West Bengal, Jammu & Kashmir, Andaman & Nicobar islands.

SECTION 45-46 OF PERSON WITH DISABILITY ACT. 1995, BARRIER FREE ENVIRONMENT

In the era of rapid urbanization the development process is skewed and not been disabled friendly. The modern infrastructure and facilities coming up in urban spaces needs to be much more disabled inclusive and cater to the legitimate and just need of disabled person. Under this regards creation of barrier free environment schemes for person with disabilities have been implemented in 23 collectorates, 23 zila parishads, secretariat and other 23 offices in Andhra Pradesh have been made barrier free and a national exhibition on accessibility has been organized by state government “ ACCESS 2003”. In the National Capital territory of Delhi Various public places like educational institutions viz. university of Delhi, Jawaharlal Nehru University, indira Gandhi national open university, jamia milia islamia university, metro stations, bus stops, tourist places and government offices have been built up while condition of barrier free at market is worse. Karnataka police department has initiated action to provide auditory signals at all the traffic signal lights in state. In Bangalore city 17 traffic signals have been installed with auditory signals and 149 auditory signals will be installed within sort time. Public works department has taken up the work of making curved cuts and slopes in pavements for wheel chair users. Traffic police department has made provisions for engraving on the services of the zebra crossing for visually impaired. The railway department has implemented the integrating on the edges of the railway platform for visually impaired and low vision persons. In Bangalore city the railway has installed motorized vehicle to ferry the disabled persons form the entrance to the train. Appropriate symbols of disabilities have been designed. Warning signals are installed at the appropriate places. Action has been initiated for warning signals at appropriate places, Kerala government instruction issued for necessary changes in the existing structures and upcoming public buildings, Madhya Pradesh building plans of new government buildings will be passed only if they have necessary disabled friendly structures. In Nagaland almost all government buildings, rest rooms are being reported barrier free. Orissa Ramps constructed in collectorates, state secretariat, etc 288 Ramps and 33 handrails constructed in primary schools, For building guidelines are being issued to all agencies. Steps are also initiated in Punjab where auditory signals have been set up at 25 places and Curve cuts at 20 places with Ramps all public places. In Rajasthan all upcoming public buildings will

have barrier free features and Government ordered to construct ramps in all the schools from the student welfare fund. Fifty eight schools of Jaipur have ramps and Steps taken to make cinema halls of the state barrier free. Uttaranchal's Department of social welfare is regularly monitoring for barrier free environment in state. While in union territories Chandigarh the status of barrier free environment for person with disability is looked after by Architecture department. In Lakshadweep various government buildings have barrier free features, Ramps etc. in Hospitals , Primary health centers are being provided, suitable adaptation in ships has been taken. In Goa all ferry boats are accessible for person with disabilities. Certain number of states and union territories have amended law /guidelines issued for creating barrier free environment in states and union territories namely Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Maharashtra, Meghalaya, Tamil Nadu , Tripura, Uttar Pradesh, Dadra & Nagar Haveli, Daman & Diu. Implementation of section is under process/ consideration for accessible environment in states Arunachal Pradesh, Assam, Jammu & Kashmir, Andaman & Nicobar, and Pondicherry. There has been no action taken for Barrier free environment of person with disability in Haryana, Manipur, Mizoram, Sikkim, and West Bengal.

SECTION 50 OF PERSON WITH DISABILITY ACT. 1995, APPOINTMENT OF COMPETENT AUTHORITY

The Competent Authority has been appointed in all states and UTs except for, Arunachal Pradesh and Andaman & Nicobar island.

SECTION 59 & 60 OF PERSON WITH DISABILITIES ACT. 1995, APPOINTMENT OF CHIEF COMMISSIONER & STATE COMMISSIONERS

Section 59 of the Person with Disability act authorizes the Chief Commissioner of Disabilities appointed under the act to look into complaints of person with disabilities and take up the matter with appropriate authorities. He may do so either on his own motion or upon application of a person aggrieved. The State Commissioners have been appointed under section 60 of the act for each state also have the authority to look into complaints of person with disabilities and take up the matter with the appropriate authorities in all

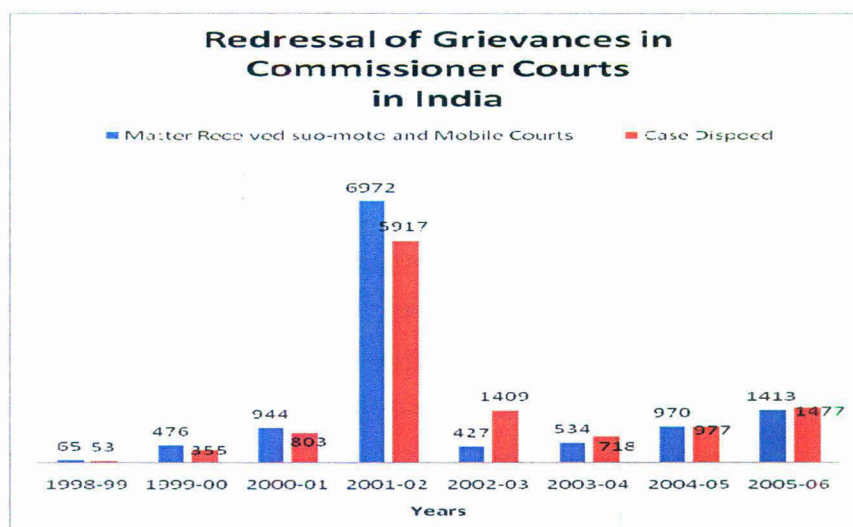
states and union territories. In the states of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Punjab, Rajasthan, Tamil Nadu, West Bengal, Chhattisgarh and Jharkhand have full time Commissioner with independent charge, while 11 states and all union territories (UTs) have commissioners with additional charge.

SECTION 59 & 60 OF PERSON WITH DISABILITIES ACT. 1995, APPOINTMENT OF CHIEF COMMISSIONER & STATE COMMISSIONERS REDRESSAL OF GRIEVANCE³

The chief commissioner for person with disabilities under section of the Person with Disabilities Act, is mandated to redress the grievances related to deprivation of rights, non-implementation of laws, rules bye-laws etc. issued by the appropriate government of person with disabilities. For the purpose, Chief Commissioner has been empowered with powers of civil courts under section 63 of the Person with Disabilities Act. The office receives complaints/representations on variety of subjects relating to non-implementation of rule /regulations; discrimination and harassment; denial of benefits and civil/criminal offences against person with disabilities. A large number of organizations and person with disabilities also seek clarifications. Depending upon whether there is violation of any provision of the Act or of any law, rules and regulations etc. made for the benefit of person with disabilities, office of the Chief Commissioner either takes up with the concerned authorities and resolves through conciliation, advice or issues show cause notices under section 59 of the Act. Quasi judicial proceedings are conducted which are concluded by passing judgments and orders with direction/advice to the concerned authorities.

Figure IV.1 Progress status of the redressal of grievance in India's disabled Commissioner courts, 1998-1999 to 2005-06

³ Annual Report ; (2007-08), Office of the Chief Commissioner for Person with Disabilities , MSJ&E, Delhi.



As above mentioned that Person with Disabilities act, 1995 section 63 provide powers to commissioner regarding resolve disabled issue's complaints including suo-moto matters and complaints of mobile courts in India so it is found case were come in commissioner courts after constitution of commissioner court the procedure of disposed the cases are not frequent because as observed that in 1998-99 only 12 cases were disposed compare to 65 cases received in courts while in 2001-02 , 6972 cases received by commissioner courts and mobile courts out of all these cases 5917 cases were disposed during same years. The scenario of 2005-06, 1577 cases were reported in commissioner courts while 1477 case were disposed in similar period that means we can say that courts were working gradually with receiving of cases and disposed these cases it is due to sufficient availability of funds, shortage of manpower in courts, efficient functioning, extra workload on judges, lack of infrastructure and political interventions.

SECTION-66 OF PERSON WITH DISABILITY ACT . 1995 REHABILITATION MEASURES TO BE TAKEN BY APPROPRIATE GOVERNMENT The central and state government and the local authorities are required to undertake or cause to be undertaken rehabilitation for all persons with disabilities within the limits of their economic capacity

and development.

Government has taken initiative for rehabilitation of handicapped with the establishment of some special center which are looking affairs of rehabilitation across the country. Rehabilitation measures of handicapped centres categorise into four part of country viz. North Indian Centres, South Indian Centres, East/North Eastern Centres and West/Central Indian centres providing training and rehabilitation to handicapped in economic, social, infrastructural mode.

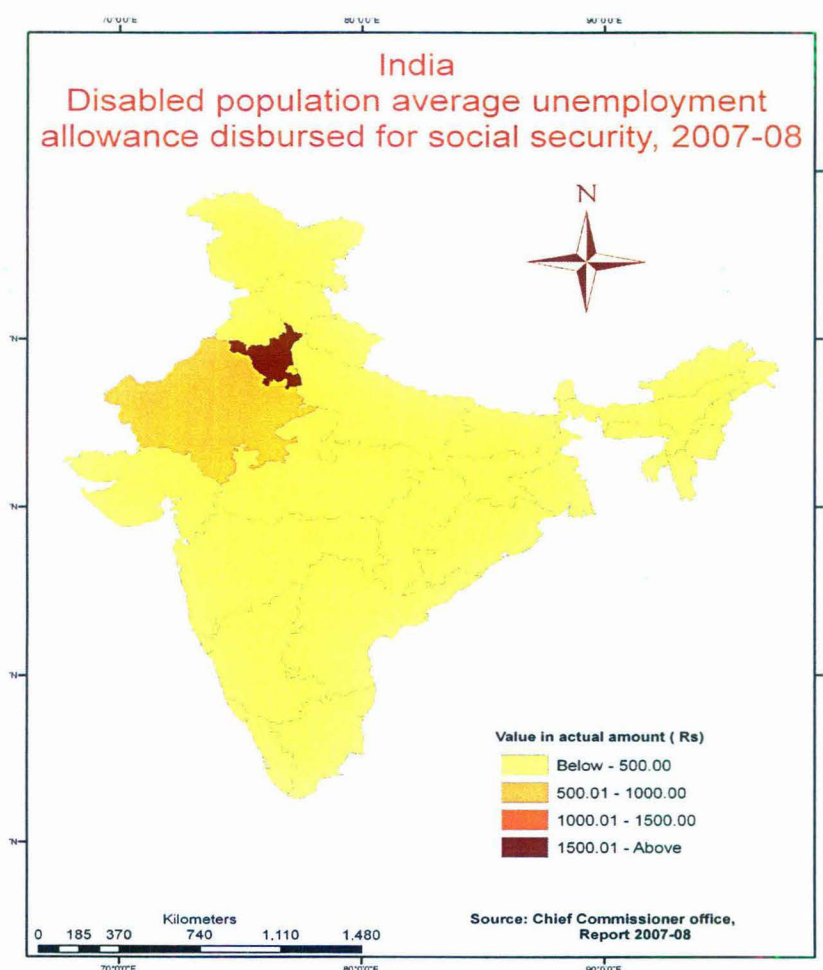
SECTION 67 OF PERSON WITH DISABILITIES ACT. 1995 INSURANCE SCHEME FOR PERSON WITH DISABILITIES

Financial inclusion of disable is also a major challenge in this regard micro insurance scheme is very accommodating for the welfare of vulnerable and marginalize section. Many insurance schemes are promoted under various mode in different states. Andhra Pradesh, Arunachal Pradesh, Bihar, Delhi, Goa, Gujarat have started scheme under GSEI scheme. Haryana, Himachal Pradesh, Karnataka covered by Karnataka government insurance scheme. Insurance cover for parents of mentally retarded children exists in Madhya Pradesh , Maharashtra, Manipur , Rajasthan, Sikkim, Tamil Nadu covered under ESIS, West Bengal , Jammu & Kashmir while in union territories Lakshadweep has implemented as dweep suraksha open to all persons. state government employees covered by CGEIS, Pondicherry. Insurance scheme under Process in states Assam, Daman & Diu, in Chandigarh following guidelines issues by government of India. The insurance scheme is not yet recognized in states Chhattishgarh, Jharkhand, Nagaland, Mizoram, Orissa, Uttranchal, Andaman & Nicobar islands, Dadra & Nagar Haveli. While there is no separate scheme of insurance for person with disabilities in Kerala and Meghalaya. Punjab is the only state where insurance scheme for person with disabilities has been still pending .Tripura reported to not implementation as financial constraints of government. Finance ministry of Uttar Pradesh government not approved proposal of insurance scheme of person with disabilities.

SECTION 68 OF PERSON WITH DISABILITIES ACT, 1995 , UNEMPLOYMENT ALLOWANCE

Usually disabled sections are employed in low income jobs with no job insurance. Seasonal and disguised unemployment is very high which creates need of unemployment allowance to them. Such entitlement will help in maintaining a minimum living status.

Map IV.3 Disabled population average unemployment allowance disbursed for social security 2007-08



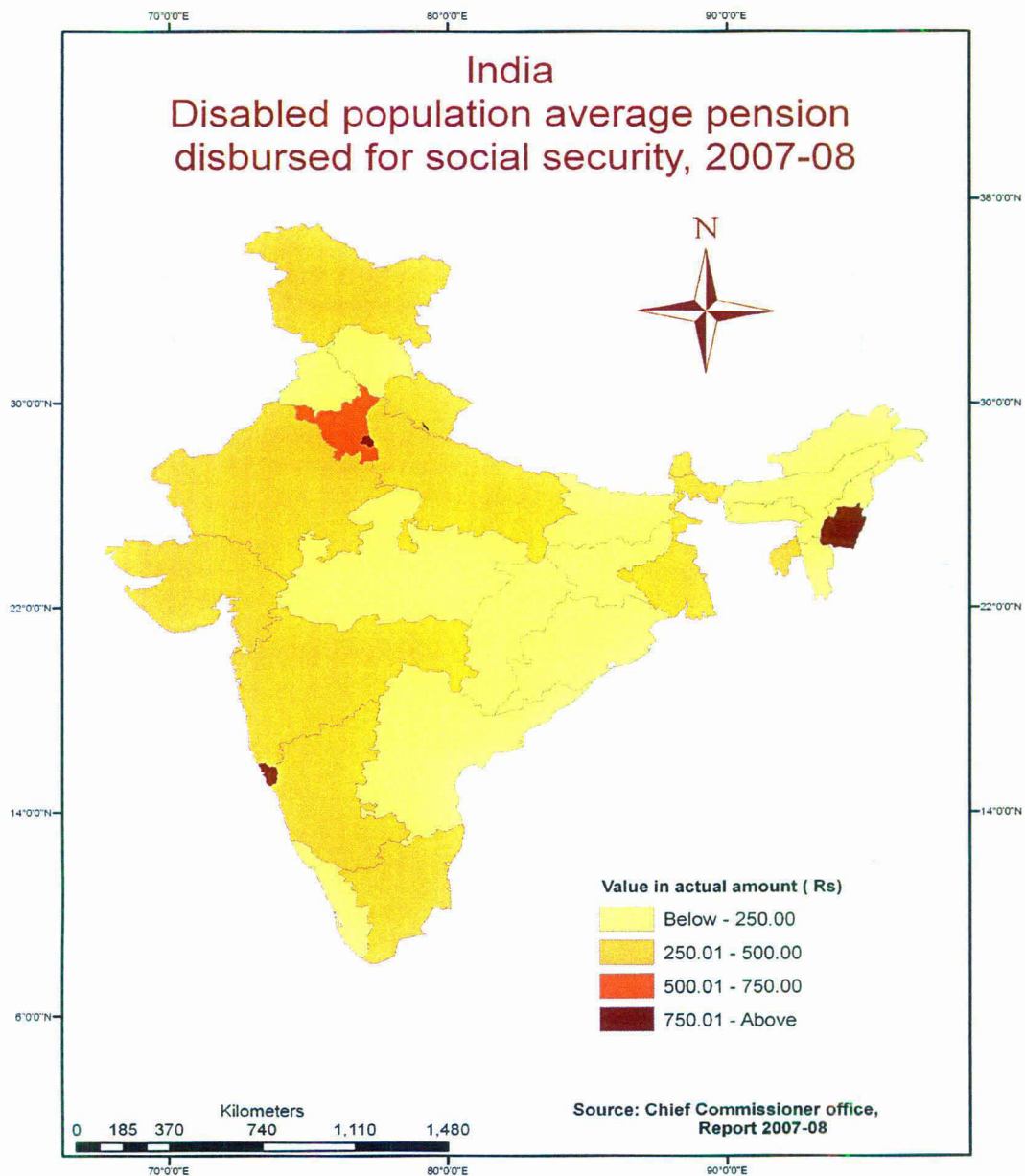
Social security for person with disability as mode of unemployment allowance is providing by state which are not providing any unemployment allowance in Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Goa, Gujarat, Himachal

Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Nagaland , Orissa, Sikkim, Uttranchal, West Bengal in union territories like Dadra & Nagar Haveli, Daman & Diu, and Lakhadweep. The condition of unemployment allowance is dismally low. It is up to Rs. 250/- Manipur Rs. 100-200 Per Months, Mizoram Rs. 250 Per Months, Meghalaya Rs. 50 Per Months. Unemployment allowance between Rs. 250-1000 Per Months Punjab Rs 300-400 to blind and deaf & dumb persons depending upon the qualification, Rajasthan Rs. 600 Per Month for unemployment graduates, Tamil Nadu Rs. 300 up to Matric standard and Rs. 375 up to 12th standard students graduate and above it is Rs. 450/- Per months, Uttar Pradesh Rs. 500 per month to all graduate person with disabilities, Tripura Rs. 300/- on more than 80% disabilities, status in Andaman & Nicobar Rs. 400/- per month & lump sum grant at the rate of Rs. 3000/- (once in three years) for self employment venture, for Matriculate and under graduate Rs.300/- to Visually impaired and Hearing impaired persons and Rs.150/- to other categories of disabled and for graduate and post graduates Rs.400/- and Rs. 200/- per month., Pondicherry at Higher secondary standard it is Rs. 200/- under graduate Rs. 300/- Post graduate Rs. 500/- Per month, In Haryana Rs. 200-300 Per month , Rs. 400-600 per month to blinds depending upon the educational qualifications. Unemployment allowance between 1000-2000/- per month is providing in special mode like. In Delhi Either Rs. 1000/- per month (for 18-55 years) or one time allowance of Rs. 5000/-, Haryana Rs. 1000-2000 to person with disabilities having 100% disability, Tripura Rs. 1000 /- per month to the blinds. Jammu & Kashmir is the only state where unemployment allowance is covered under ESIS.

SECTION 68 OF PERSON WITH DISABILITIES ACT. 1995 , DISABILITY PENSION

Disability pension is a special grant which will fulfill the additional requirement of people with disabled. And prove decisive in their empowerment. There is need to be a much more coherent, focused and targeted disability pension programmes in all the states. This makes the analysis of existing disability pension programme vital.

MAP IV.4 Disabled population average pension disbursed for social security, 2007-08

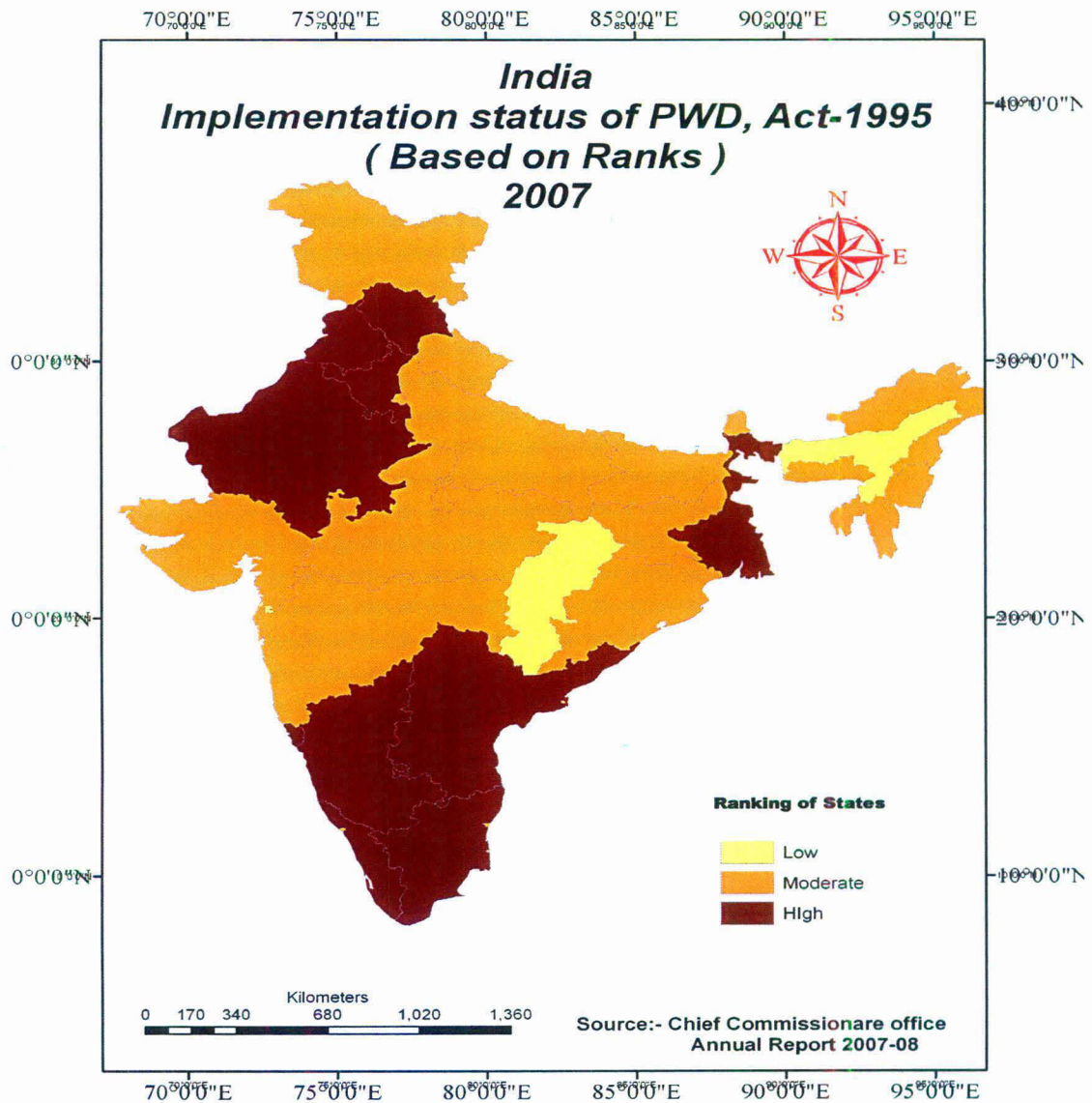


As per the above map social security for person with disability as Pension is providing by various states of India under the section of 68 people with disability act. The status of disability pension is discussed briefly. Disability pension is not yet provided by the states

and union territories in Arunachal Pradesh, Assam, Madhya Pradesh, Meghalaya, Pondicherry. Disability Pension is below Rs. 333.33 per month in states and union territories are; Andhra Pradesh Rs. 200/- per month, Bihar stipend of Rs. 200/- per month to person with disabilities below poverty line, Chhattisgarh Rs. 150/- per month, Gujarat Rs. 200/- up to 45 years, Haryana Rs. 300-600/- per month, Himachal Pradesh Rs. 200/- under the scheme 'distress relief allowance, Jharkhand Prothshan Bhatta of Rs. 200/- per month under swami vivekanand nihshkta swavalamban prothshahan yojna, Kerala Rs.150/- per month, Mizoram Rs. 250/- per month, Nagaland Rs. 100/-, Orissa pension / subsistence allowance of Rs. 200/- per month, Punjab Rs. 200/- per month, Tamil Nadu Rs. 200/- to Rs. 300/- maintenance allowance per beneficiary to severely disabled including mentally impaired, Tripura Rs. 300/- per month to person with disabilities having more than 80% disability and Below poverty line, Uttar Pradesh Rs. 300/- per month, Jammu & Kashmir Rs. 300/- by money order, Chandigarh Rs. 250/- per month, Dadra & Nagar Haveli Rs. 60/- per month, Daman & Diu Rs. 60/- per month, Lakshadweep Rs. 300/- per month. Disability pension 333.33 to 666.67 in states namely Haryana Rs. 300-600/- per month, Karnataka maintenance allowance of Rs. 400/- per month to economically backward person with disabilities from April 2007. 437264 number of persons are availing this benefit at present, Maharashtra pension of Rs. 250/- given under sanjay Gandhi niradhar yojna through banks. (in case of more than one P.H. in one family, pension is provided to the family at the rate Rs.500/- for two and Rs. 625 for more than two.), Rajasthan Rs. 400/- per month, Sikkim Rs. 500/- per month as maintenance allowance, Uttranchal Rs. 400/- per month, West Bengal Rs. 400/- per month, in union territories Andaman & Nicobar Rs. 500/- per month. States and Union territories which are providing disability pension more than Rs. 666.67 per month Delhi old age subsistence allowance for disabled @ Rs. 1000/- per month (from 55 years and above), Goa Rs. 1000/- per month, Manipur providing as financial assistance of Rs. 1000/- per head.

IV.3. OVERALL STATUS ON THE IMPLEMENTATION SCENARIO OF THE PERSON WITH DISABILITY ACT 1995 IN INDIA.

Map IV.5 Implementation status of PWD, Act -1995, (Based on Ranks) - 2007



Implementation status of overall provisions is analyzed on the basis of ranking of provisions of implemented in state with the code of yes, no, and under process of implementation person with disabilities act, 1995. Because in this act have obligation to

state and centre government as well as constituted authorities to provide equal opportunities, protection of rights , full participation of person with disabilities in all sphere of economy, society and demography. The section wise analysis of the provisions in the states already discussed So it is necessary to analyze overall status in India. The provision which is considered as implantation status is constitution of commissioner, state coordination committee, state executive committee, educational activities, employment, reservation in education , poverty alleviation , incentive schemes , preferential land allotment, creation of barrier free environment, insurance, unemployment allowance and disability pension etc.

Though there is three dimensional picture of implementation of these provisions found in India viz. Better implementation status with implemented 8 to 12 provision out of twelve provision, Moderately implementation of provisions with 4 to 8 provision are being implemented, Low level of implementation status of person with disabilities act, 1995 states.

- ✓ The state which have shown better implementation of Person with Disabilities, act in 11 states namely Himachal Pradesh, Punjab, Haryana, Delhi, Rajasthan, Karnataka, Tamil Nadu, Kerala, Goa, Andhra Pradesh, and West Bengal.
- ✓ It is found that few states have moderately performance in implementation of Person with Disabilites , act in 15 states namely Jammu & Kashmir, Gujarat, Maharashtra, Madhya Pradesh, Uttar Pradesh, Uttranchal, Bihar, Jharkhand, Orissa, Sikkim, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Tripura, Meghalaya.
- ✓ The states of Assam and Chattishgarh shown very low level of implantation of Person with Disabilities.

IV.4- CONCLUDIN

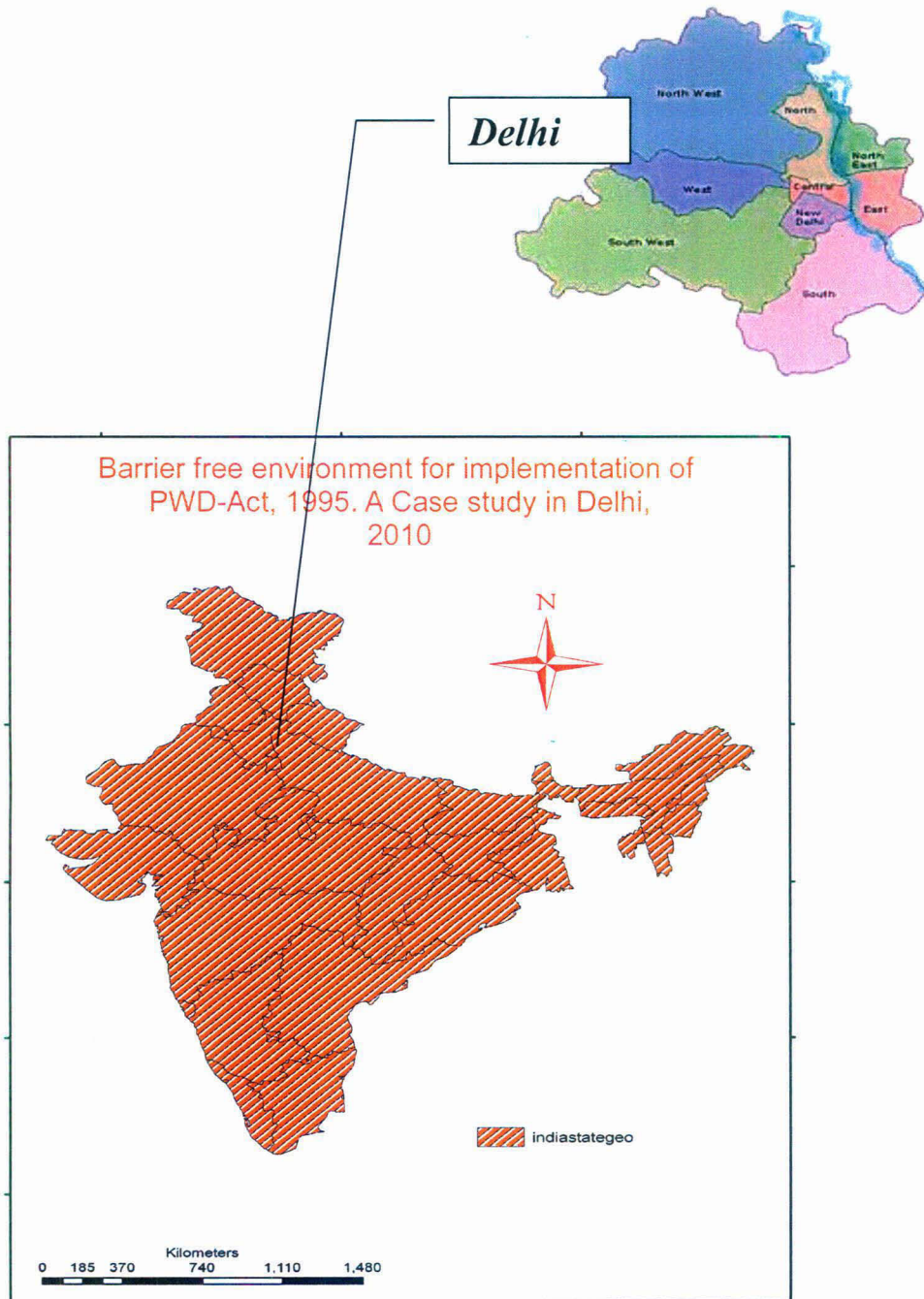
It is well written in Person with Disabilities act, that central government, as well as states government and constituted committee are responsible to monitoring, evaluation, formulation of policies and programmes for person with disabilities and disabilities commissioner are responsible to redress grievance of any issues regarding person with disabilities.

So finally it is found that lack of Good Governance, inadequate allocation of Funds, poor co-Operation of Authorities. On the other hand much more is needed to be done by Non-Government Organizations, as well as active participation of with mass cooperation , enhance social awareness among the peoples , decentralization of policies is the need . Decreasing gap between policy science and implementation active cooperation of research scholar, public private partnership, civil society, policy makers are need to be engaged in the process of empowerment and opening new horizon of development for the differently able section of our country

CHAPTER- V

**IMPLEMENTATION STATUS OF THE PERSON WITH DISABILITY ACTS IN
DELHI IN TERMS OF BARRIER FREE ENVIRONMENT.**

MAP V.1 LOCATION OF THE CASE STUDY AREA



V.1 INTRODUCTION

As per the Census of India, 2001¹, out of total population of city differently able population constitute 235886 persons. It is found that rural and urban population of differently able varies 13432 to 222454 respectively. There are 51.17 % seeing disabled followed by movement- 27.51 %, mental-11.04 %, speech-6.57 %, and hearing-3.71 percent having their specific and unique requirements (see table 5.2). The new urban planning structure and policy initiatives need to accommodate their consideration for having equitable, inclusive and accessible growth. It was envisaged under “The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) act 1995², to create a barrier free environment at each and every public place across the country in the section 45-46 of act. After implementation of the act in 1996 ,as per disabled commissioner of India, Direction has been issued to appropriate authority to make barrier free environment in all public buildings / places.

Therefore it is realized to find out the status of the creation of barrier free environment for differently able population at public places in Delhi. To fulfill this objective we have carried out primary survey at various public places in Delhi and examined the overall status of accessible infrastructure with perception of educated disabled towards available services as educated disabled being more mobile across the city for their employment, education and to fulfill their daily activities at various places in Delhi.

There are various type of government and non-government organizations, working to provide services in metropolitan region which include institutional, educational and healthcare services , vocational training, employment and rehabilitation opportunities to persons with disabilities. For all these services government support is provided through a network of specialized national institutes and their regional centers. The support is provided for special education, healthcare, free supply of aids and appliances, vocational training, employment opportunities, social services like scholarships, pension schemes

¹ Census of India, 2001, C. Series.

² Chief Commissioner of Person with Disability, Ministry of Social Justice & Empowerment, Government of India, New Delhi.

and rehabilitation in homes and boarding schools. Several government centers, NGOs and other voluntary organizations are supported by Government of India, Ministry of Social Justice and Empowerment, Department of Education and Department of Women and Child Development, Ministry of Human Resources and other international donor agencies through the various schemes.

In this chapter it has been tried to analyze the status of the implementation of services provided in the sections 45-46 of the persons with disability act to create barrier free environment at public places in Delhi. Ministry of Urban development is empowered to look into and update the guidelines on creating barrier free environment and ensure accessibility at public places.

For the proper implementation of any policy and plans the strength of the targeted group must be studied thoroughly. Table 5.1 and 5.2 and figure 5.1, reports the proportion of the disabled people in the study area.

Table V.1 Disabled population in Delhi State- 2001

Year, 2001	Total Population	Disable Population	Percent of Disable
Total	13850507	235886	1.70
Male	7607234	144872	1.90
Female	6243273	91014	1.46

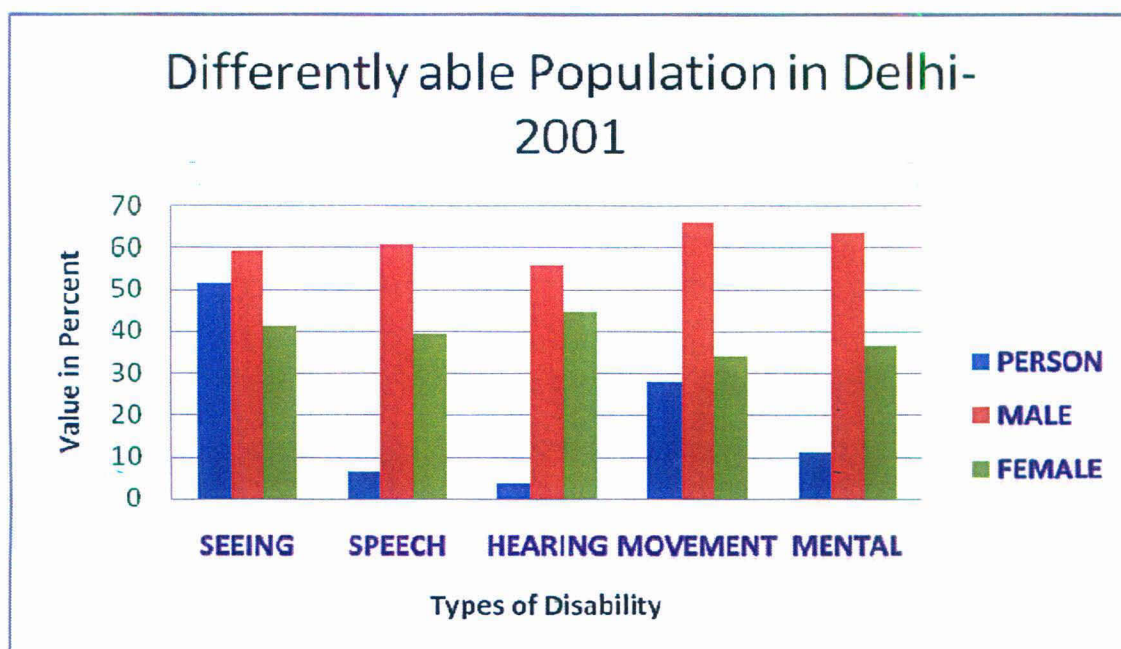
Source: Census of India-2001

Table V.2 Proportion of differently able population with type of disability in Delhi

Type of Disability	Person	Male	Female
Seeing	51.17	59.10	40.90
Speech	6.57	60.76	39.24
Hearing	3.71	55.54	44.46
Movement	27.51	65.81	34.19
Mental	11.04	63.56	36.44

Source : Census of India-2001

Figure V.1 proportion of differently able population with type of disability in Delhi



**V.2 IMPLEMENTATION STATUS OF PERSON WITH DISABILITIES ACT- 1995
IN DELHI – 2007**

Table: V.3 The implementation status of persons with disability Act, in Delhi.

<i>Section of Act</i>	<i>Provisions</i>	<i>Performance status</i>
13-18	State coordination committee	Yes , 24/07/2007
19-21	State Executive committee	Implemented
25	Prevention & Survey	Partially Implemented
26 (A)	Free & Appropriate Education	Implemented
27 (A)	Non-formal education	Partially Implemented
32	Identification of Jobs	Partially Implemented
33	3 % Jobs reserved	Partially Implemented
39	3% res. In educational inst.	Implemented
43	Preferential land allotment	Partially Implemented
45-46	Barrier free environment	Implemented
50	Competent Authority Appointment.	Implemented
68	Unemployment allowance	Implemented
73	Notification of rules	27 December, 2001
Source: Annual Report, 2007-08, Office of Chief Commissioner for Person with Disability		

The nitty-gritty and nuances of the overall implementation of person with disability act , 1995 is being deeply analyze, in all sections separately to bring out the dynamic and inextricable issues and categorically addressed. In order to show the status of the implementation of the various sections of the persons with disability Act, the results are presented in a tabular form table 5.3 captures this idea. It has been found that the Sections – 13-18 and 19-21 has been implemented.

As far as prevention & survey i.e. Section- 25 is concerned Department of social welfare has undertaken steps for early detection of disability among the beneficiaries of the ICDS Scheme (Integrated Child Development Services.). Some facts and figure by department of social welfare are delved into. There are 678 children with disabilities attending the anganwadi centres in Delhi. The anganwadi workers have also been directed to make efforts in the early detection of disabilities, creation of awareness, and to make appropriate referrals for prevention of childhood disability.

Section- 26(a) deals with Free and Appropriate Education. It is found that steps have been taken to integrate the students with disabilities in the normal schools, is being promoted through IEDC (Integrated Education for Disabled Children) scheme in all government schools in the year 2007-08. Under this scheme 22 distribution camps has been organized and 2824 children were given Aid and Appliances. Department of social welfare is running 6 special schools for those who are in need of special education. Besides, 13 special schools are being run by NGOs in Delhi.

Regarding non- formal Education, which is a subject of Section-27(a) is found that 43 Assessment camps were organized and 1065 children were enrolled in inclusive education under serve shiksha abhiyan education in the year 2007-08.

Section-32 and 33 is very important because it deals with the identification of jobs and reservation in jobs at least 3 % but it is found it has been implemented partially in Delhi. Section – 39 deals with the reservation in educational institutions, minimum 3% , but it is notified that The provision are being compiled by all the government educational institutions.

Section-43 is related to preferential land allotment. Delhi Development Authority is providing 1 % reservation in allotment of flats and plots and 5 % reservation in allotment of shops to person with Disabilities. This section is partially implemented.

Section 45-46 is one of the most important section which is related to the creation of barrier free environment. This chapter focuses on this particular section. It has been found that Delhi government has taken progressive steps towards this goal. It has Directed and issued appropriate guidelines to all the authority to make barrier free

environment in all public buildings. Ramps have already been constructed in government schools.

Section-50 has provisions to appoint competent authority. Posts of the Joint Director is created by social welfare department is appointed as the competent authority for issuing of registration certificate under Section 52 of Person with Disability Act.

Social security is important for disabled because they have some special needs. So to implement section 68, there are some schemes created for unemployment allowance. The department of social welfare has notified the schemes for the handicapped persons and have waived off the registered with Employment exchange. The amount has been enhanced to Rs. 1000/- per months, though the allowance is insufficient.

Section 73 has provision to notify the rules and regulations for effective implementation of person with disability Act, but it is found that rule has been notified on 27th December 2001.

V.3 CONCEPTUAL STATUS OF THE ACCESSIBLE ENVIRONMENT IN DELHI.

Person with Disability act was implemented from 1996 across the country to provide equal opportunity, protection of right and full participation in all public places on priority basis. After such a long time of implementation this act, it is necessary to examine the status of implementation of particular provision (Section 45 & 46) with creation barrier free environment at public places with infrastructural development. Delhi is a National Capital & Also Metropolitan city of country where every citizen can expect the implementation of almost all policies and programme because of accessibility, accountability, efficiency of government institutions and availability of resource in Delhi. If improper implementation of any programme and policy in such a central place is not fulfilled, how can its fulfillment be ensured in others far flung and remote areas. This section tries to find out the status of barrier free environment for differently able population available at public places in Delhi. To fulfill this objective empirical survey has been carried out at various places like Railway stations, Bus stands, Health

Institutions, Education Institutions, Markets, Metro stations and other public place on the basis of perception of differently able population regarding facilities available for them.

First of all we have to examine background of respondent in terms of sex, religious community, and social groups. We have chosen two types of disability (Visual and Locomotor) , wealth status, and educational status of respondents. The opinions of the respondents regarding barrier free environment in Delhi with their life experience have been taken into account.

V.3.A Survey design coverage and methodology

The term “Barrier free Environment” indicates an environment where all people irrespective of their physical disadvantages can move freely use or access the resources across the boundaries without any restrictions by the infrastructural set up. In this survey an attempt has been made to analyze the socio-economic and demographic characteristics of various aspects viz. Religions, Social groups, types of disability, wealth status & educational status of person with disabilities. The survey carved out the portion of disabled who have educational background above matriculation and reason behind the selection of this group is their frequent movement for education, employment and for different kinds of other activities (see table 5.4).

Table V.4 Socio-economic characteristics of respondent covered in Delhi

<i>Area Covered In Survey</i>		
<i>Railway Stations; Bus stands/Stops; Hospitals; Educational Institutions; Market Places; Tourist Places; Metro Stations</i>		
<i>Characteristics Of Respondents</i>		<i>Sample Size In Each Categories</i>
Type of Disabilities	Locomotor	49
	Visual	51
Sex	Male	72
	Female	28
Age	Below- 20	12
	20-40	78
	40- Above	10
Occupation	Self	36
	Depend on parents	64
Social Groups	General	48
	Other Backward Caste	36
	Schedule Caste	13
	Schedule Tribe	3
Religious Community	Hindu	88
	Muslim	8
	Sikh	3
	Christian	1
Educational Status	Below Matriculation	8
	Higher Secondary	1
	Graduate	26
	Master	33
	Professional Degree	32
Wealth Status	Below- 5000	26
	5000-10000	21
	10000-15000	22
	Above-15000	31

Map V.2 Location of areas covered into survey

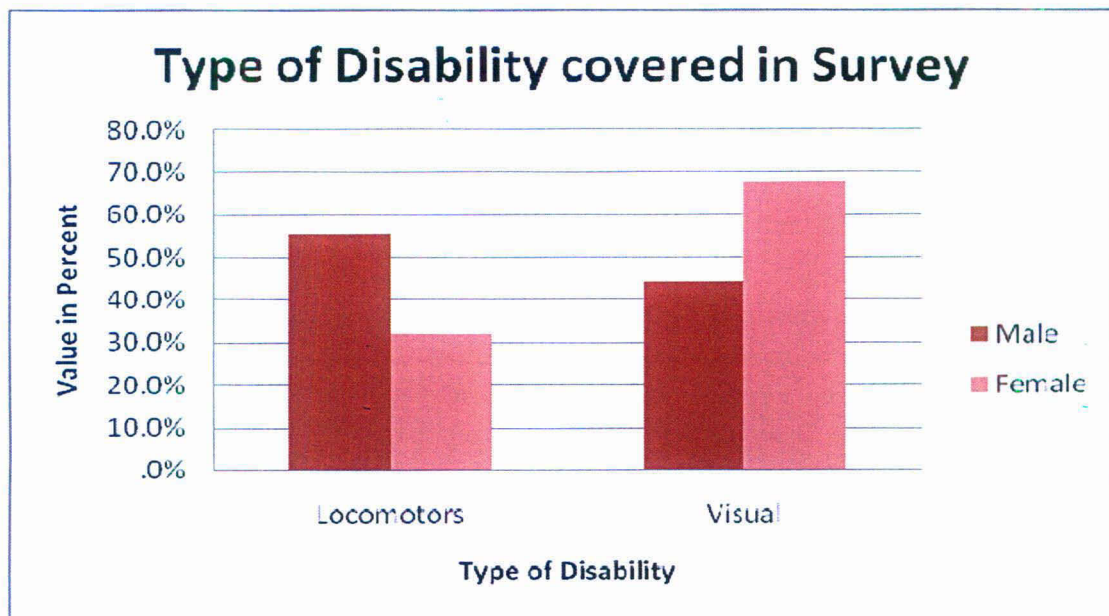


*Abbreviations used in the map 5.2 : D.U- Delhi , University, JNU-Jawaharlal Nehru University, ISBT-Interstate bus terminal, C.P- Cannaut Place, AIIMS- All India Institute of Medical Sciences, IGNOU- Indira Gandhi National Open University.

V.3.B Types Of disability of Respondents in Delhi

Type of disability has been defined by various scholars according to physical abnormalities with various ways of models on disability which is medical , social , psychological and right based. In India it is defined on the basis of 2001 census “ if a person is disabled , enter only an of the five disabilities for that person in codes following Seeing-1, Speech-2, Hearing-3, Movement-4, Mental-5, and National Sample survey 58th Round 2002, defined : A person with restrictions an lack of abilities to perform an activities in normal for a human being is treated as having disability. It include illness/ injury of recent origin (Morbidity) results into temporary loss of ability to see hear, speak, or more.

Figure V.2 Types of disability of differently able respondent in Delhi

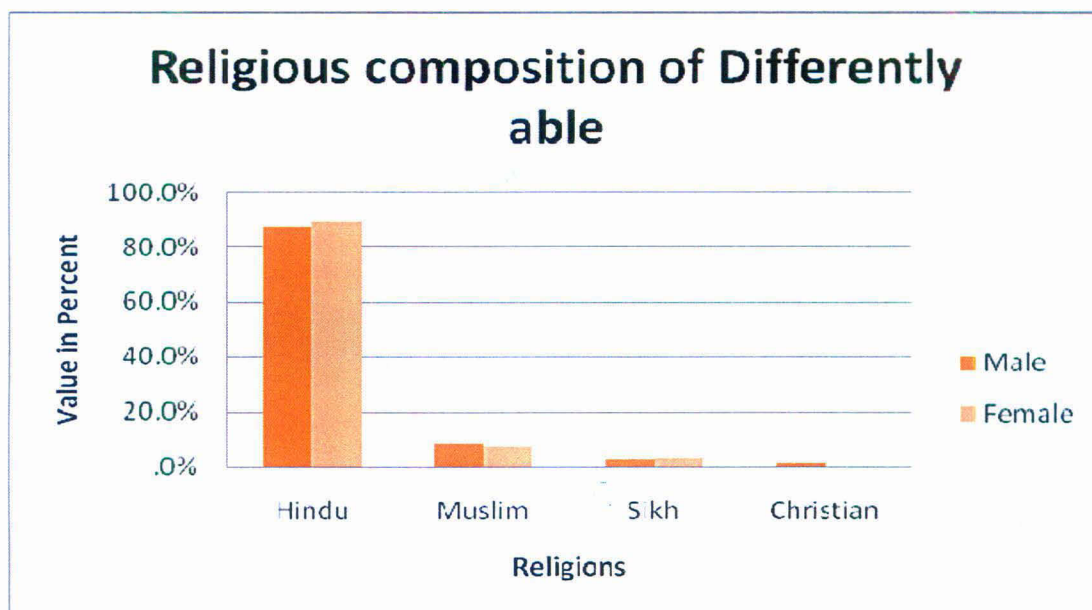


Present section of the study considers two types of disabilities i.e. Visual and Locomotors as this section of disabled community constitutes a large proportion of the total disabled population. They usually move in daily life and face many problems while accessing various parts of Delhi. The figure 5.2 shows that the proportion of females (67.9 %) is higher in visual category while males (55.6 %) are higher in locomotor disability.

V.3.C Religion of Respondents in Delhi

In this section attempt is made to depict those aspects which play an important role in changing attitude and empower their social values.

Figure V.3 Religion of differently able respondent in Delhi

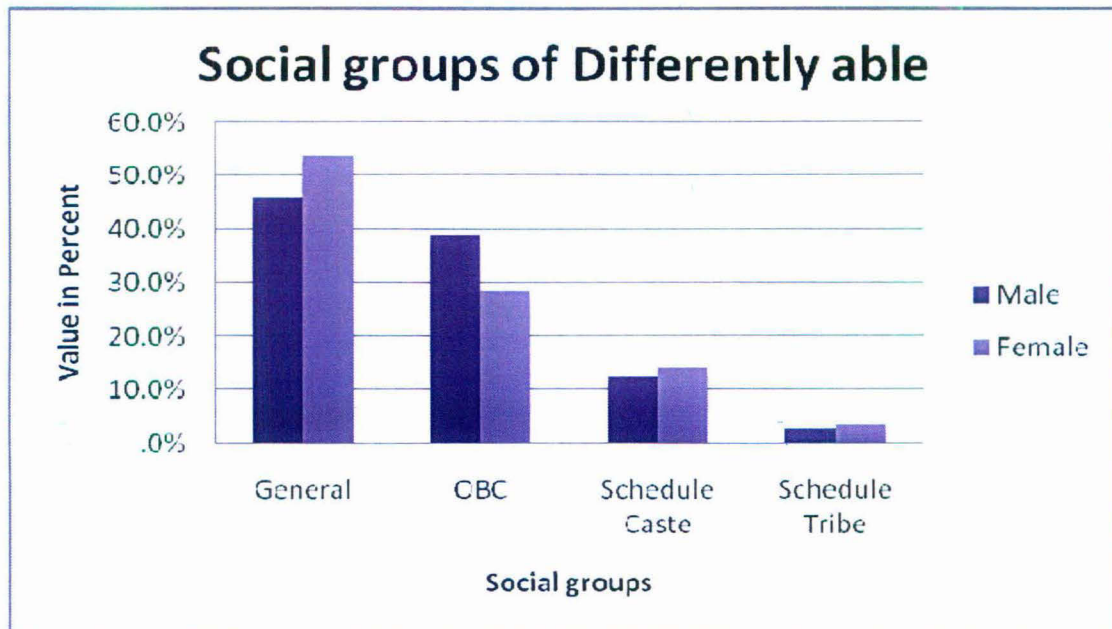


The figure 5.3 shows that in terms of religious community a large chunk of disabled people come from Hindu females (89.3%) who are followed by Muslims (7.1 %), Sikh (3.6 %) respectively. Christian female disabled were not found in our study. Further it is found that Hindu male proportion was lower than female with 87.5 % But in case of Muslim the scenario gets reversed with 8.3 % , 2.8% Sikh, Christian 1.4 % respectively.

V.3.D Social Groups of Respondent in Delhi

Broadly Indian society can be segmented into four social groups: Scheduled Castes, Scheduled Tribes, Other Backward Class, and General. In these sections of the society different social, cultural, economical, demographical, setup is evident.

Figure V.4 Social groups of differently able respondent in Delhi



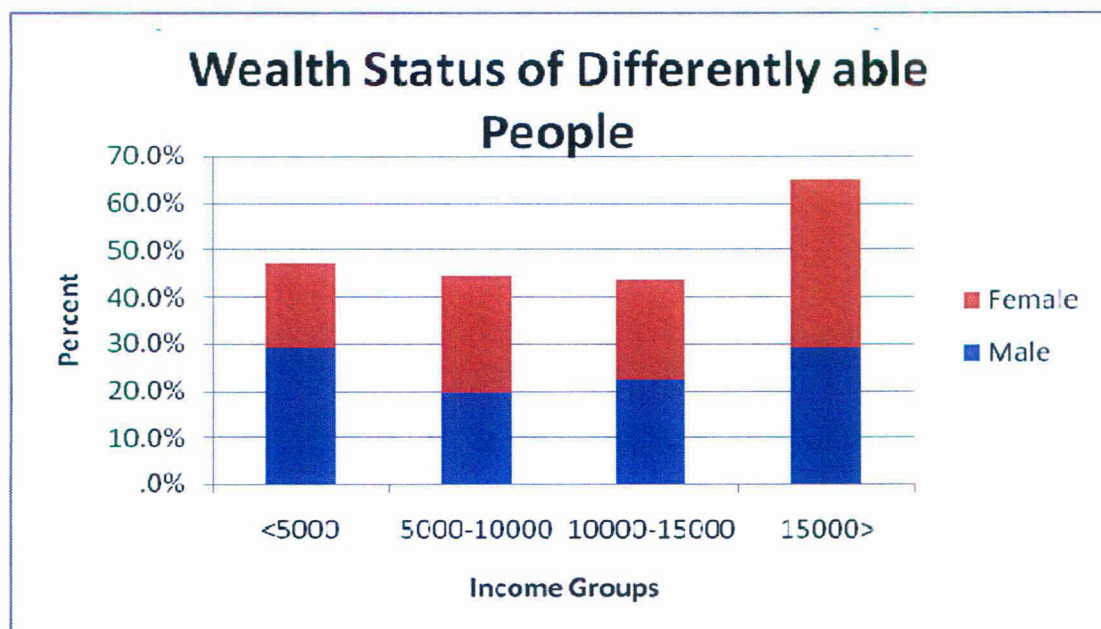
In the distribution of disability across the social groups it is found that female proportion fluctuates in comparison to males. Male proportions among various social groups varies dip down from General to Scheduled Tribes [45.8 % General, 39.9% other backward classes, 12.5 % schedule castes, 2.8 % schedule tribes respectively] compared to female proportion which follow the same trend [General 53.6 % , Other backward classes 28.6 % , Schedule castes 14.3 % , Schedule tribes 3.6 % respectively]. In ossified Indian society females have not shared equal status with male. It entails lot of effort to bring them at same benchmark. Having delved into this nitty-gritty of the society, a focused and targeted policy perspective is required especially for disabled females. It is true that disabled females have more social restrictions compared to male because of patriarchal setup of society. It is found in educational institutions in Delhi that the differently able females are coming from urban areas of southern states of India. This indicates that southern states of our country are more conscious towards disabled females than that of

northern states for providing equal opportunity in terms of educational, employment opportunity and health issues.

V.3.E Wealth Status of Respondents in Delhi

Wealth is an abundance of valuable resources or material possessions which determine socio-economic status of a family and also indicate how so far family have capacity to play role in terms of per capita expenditure of a family members. Generally it is argued that the proportion of more disabled is found in the poor families because of the lack of resources to access proper health facility. Accessibility in terms of immunization, vaccination, and other health measures are lacking in poor families. Even in this study it has been found that perception of differently able population towards accessibility of educational , health, and other social values found very diverse in terms of family economic status. It is found that poor family disabled expectation for government policy and programmes are much higher than middle or rich family disabled and they state that government policy and programmes are not accessible, accountable, efficient for them.. This situation not only existed at urban places- slums but also dominant in far flung and remote areas of rural places. So it can be argued that status of family can promote disabled in various kind of developmental activities.

Figure V.5 Family wealth status of differently able respondent in Delhi



This section indicates positive relationship between gender empowerment of disabled and their family status. As it is found that scenario of family status is diverse in terms of male and female. It is clearly originated from the study that family having more than 15000 monthly income promoted 35.7% female for different socio-economic activities, families having income 10000-15000 per month promoted 21.4 % females, and income 5000-10000 – encourage 25% of their disabled female member while families with income below 5000 per month encourage 17.9% female While this picture for families having male disabled fluctuates with 15000- 29.2%, 10000-15000- 22.2%, 5000-10000-19.4, below than 5000- 29.2 % respectively (See figure 5.5).

V.3.F- Educational Status of Respondent in Delhi

Education is the key indicator of social transformation. The transformation however cannot come without quality, effectiveness, accountability, and efficiency. Therefore it should hold the utmost importance for the empowerment of disabled population. Its aim is to develop the capacities latent in human nature. Today education plays an important role for personality development. Educational environment is the key instrument which can support disabled to become self dependent. As it has been mention above that study depict mainly those differently able female and male who have higher educational level more than matriculation.

Figure V.6 Educational status of differently able respondent in Delhi

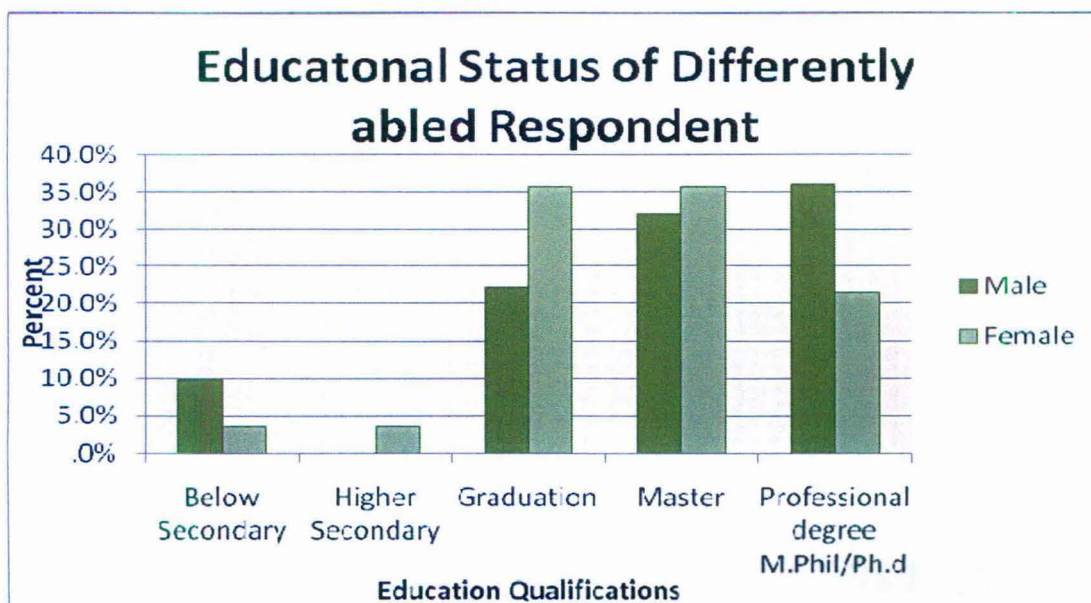


Figure 5.6 captures the status of highly education of disabled. Males pursuing professional degree like master of philosophy or doctor of philosophy constitutes 36.1% while the same percentage for females stands at 21.4% but their proportion is higher at masters and graduate level [35.7% in master and 35.7 % in graduation] while 31.9% males were found in masters and 22.2% in their graduation. It is also observed that 9.7% males have below higher secondary education while 3.6% females are found in below higher secondary education.

V.4- STATUS OF THE IMPLEMENTATION OF THE PERSONS WITH DISABILITY ACT – 1995 SECTION 46-46 IN DELHI

The present sections attempts to measure the implementation status of persons with disability Act-1995, section 45-56 with provision to create barrier free environment in Delhi. This study based on the perception of the surveyed differently able peoples. During survey differently able persons were asked to rank the services provided by the government of India at various public places towards barrier free environment. The results have been categorized for ranks based on the performance provided to the services and on the basis of gender, types of disability and educational level of disabled.

V.4.A Status of Accessibility at Railways Stations for Differently able People in Delhi

Table V.5 Perception of disabled toward available services at Railways stations in Delhi

<i>Survey Place Railway Stations</i>	<i>Characteristics Of Respondent</i>	<i>Samples</i>	<i>Ranking Of Accessibility In Percent</i>		
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>
		100			
Sex	Male	72	35.7	64.3	0
	Female	28	51.4	47.2	1.4
Type of Disability	Locomotor	49	55.1	44.9	0
	Visual	51	39.2	58.8	2
Education Level	Below Secondary	8	50	50	0
	Higher Secondary	1	0	100	0
	Grgraduate	26	30.8	69.2	0
	Master	33	45.5	51.5	3
	Professional Degree	32	62.5	37.5	0

Figure V.7, V.8, V.9, Perception of the differently able people towards available services at railway stations in Delhi, by the sex, type of disability and education status of respondents.

Figure V.7 Perception by sex.

Figure V.8 Perception by Types of disability

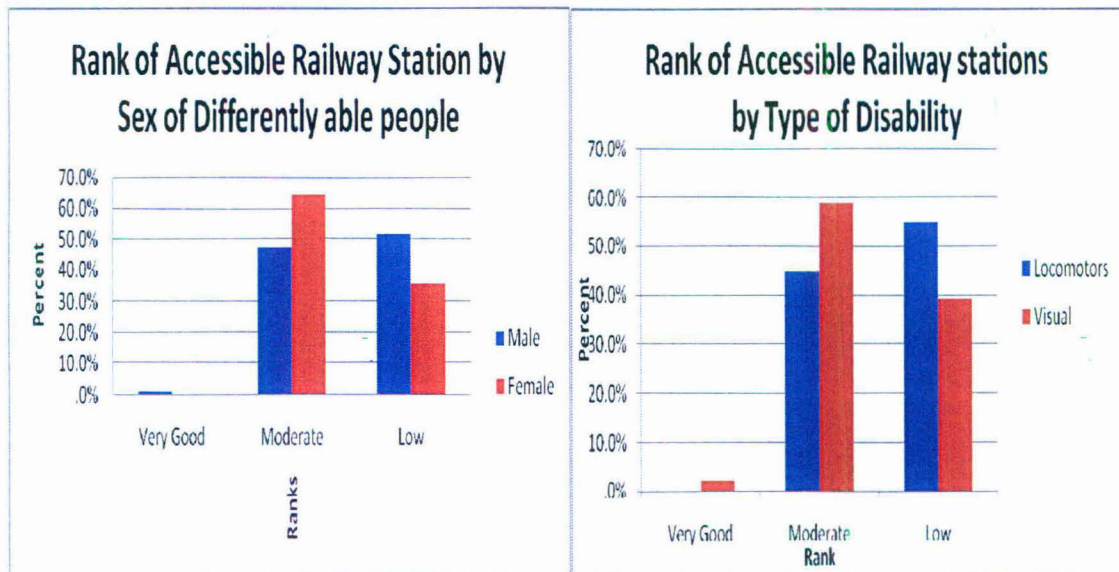
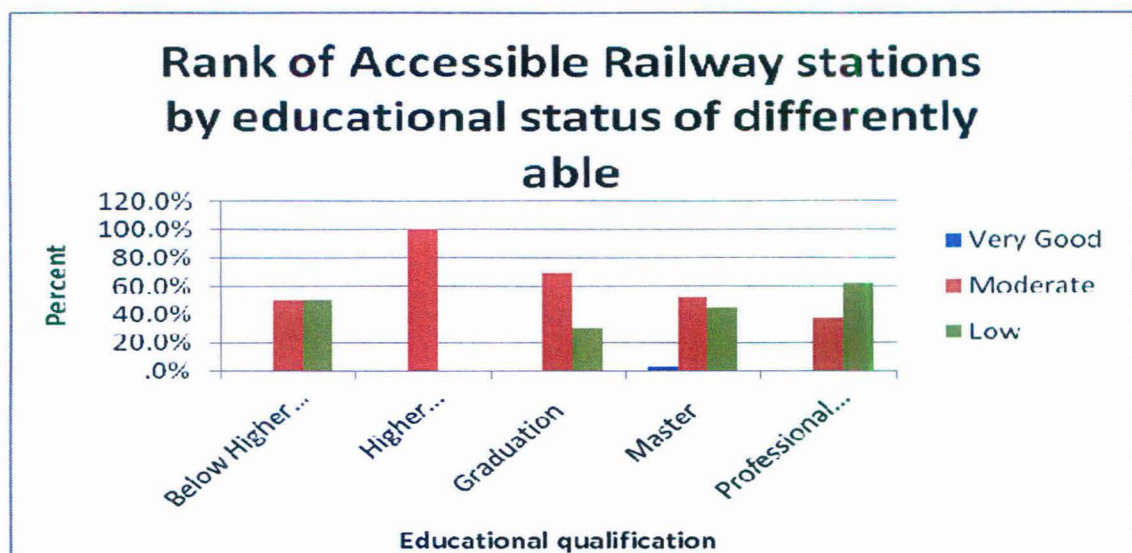


Figure V.9 Perception by the educational status



In this section it has been tried to rate public services on the basis of life experience by differently abled population in Delhi that how far they are satisfied with the services and accessibility created by the government of India at railway stations in Delhi. It has tried to depict these ratings by sex, type of disability, and educational status of differently abled populations as all of them have diverse life experience at railway stations.

Table V.5 and figure V.7 bring out interesting results. All disabled females were dissatisfied with very good service / accessibility/ barrier free environment at railway stations. 64.3 % females are satisfied with moderate services and 35.7 % female rated available services as low infrastructure while life experience of males is different than that of females. 51.4 % males experience rated as low services/ barrier free environment, 47.2 % rated moderate services/accessibility but only 1.4% male were satisfied with very good services/accessible environment at railway station in Delhi.

Table V.5 and figure V.8 also show interesting results. only 2.1 % visual impaired were satisfied with very good accessibility /services while 58.8% rated it moderate and 39.2% rated as low infrastructure accessibility/services compared to the life experience of people with locomotor disability whose perception is much different than that of people with visual disability as 55.1 % locomotor disabled people rate services/accessibility as of the low grade, 44.9% agree with moderate services but none of them agreed with very good accessibility /services at railway stations in Delhi because they suffer with lots of various problems / obstacle created.

Those who have low education level do not bother about the services available at public place. Because findings of the table V.5 and figure V.9 show that as the level of education increases, people are in a better position to assess the services available at railway stations. Disabled people with educational level of matriculation rated 50% moderate services and 50% low services while who have education up to higher secondary rated all the services as moderate. Higher educated people rated the services in a different way. graduates rated 30.8% services as of low grade, master degree holder or pursuing rated 45.5% services as of low grade and professional degree holders/pursuing ranked 62.5% services / infrastructure accessible as of low grade at railway stations. But 69.2% graduate agree with moderate services, 51.5% master degree

holder agree with moderate services, only 37.5% professional degree holders agree with moderate services at railway stations.

The result are very different/diverse with sex, type of disability and educational experience. Majority of people with disability ranked services as moderate and low as these services created poor accessibility while boarding railway boggy as sometimes people do not find them at proper place, lack of proper attention towards them at ticket counter, and other difficulties existing in physical infrastructures at railway stations in Delhi.

V.4.B Status of Accessibility at Bus Stops/Stands for Differently Abled People in Delhi

Table V.6 Perception of disabled towards available services at Bust stops/stands in Delhi

Survey Place Bus Stops/Stands	Characteristics Of Respondent	Samples	Ranking Of Accessibility In Percent		
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>
		100			
Sex	Male	72	52.8	45.8	1.4
	Female	28	0	53.6	46.4
Type of Disability	Locomotor	49	44.9	53.1	2
	Visual	51	56.9	43.1	0
Education Level	Below Secondary	8	50	50	0
	Higher Secondary	1	0	100	0
	Gruaduate	26	57.7	42.3	0
	Master	33	42.4	57.7	0
	Professional Degree	32	56.3	40.6	3.1

Figure V.10, V.11, V.12, Perception of the differently able people towards available services at bus stops/ stands in Delhi, by the sex, type of disability and education status of respondents.

Figure V.10 Perception by sex

Figure V.11 Perception by the types of disability

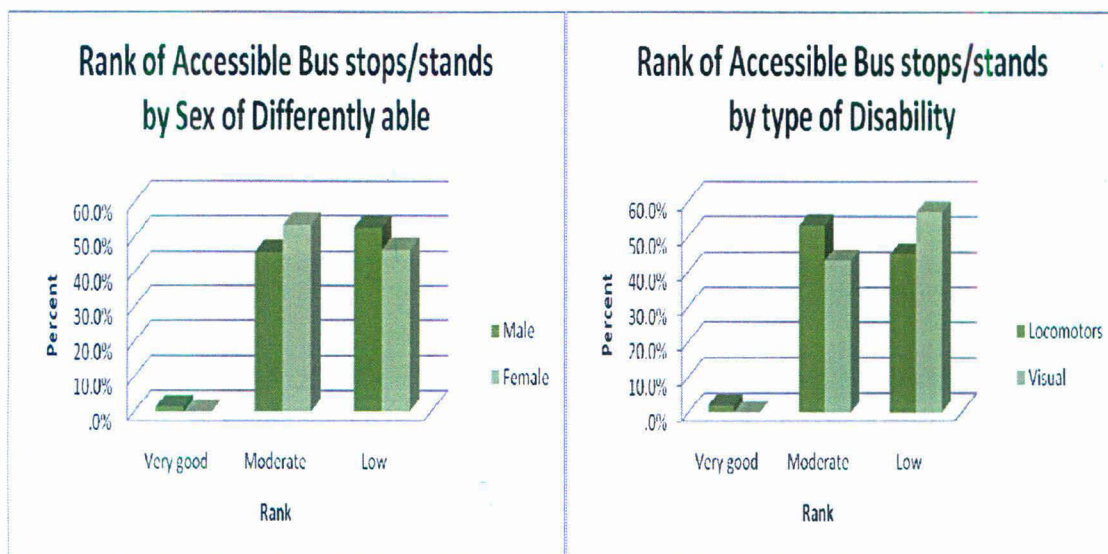
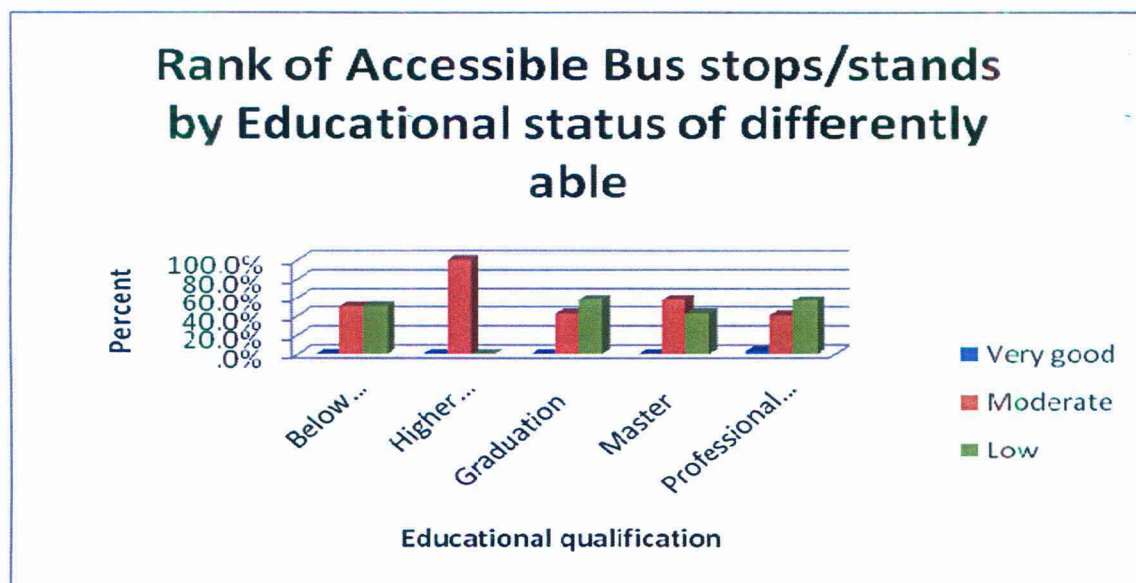


Figure V.12 Perception of disabled with educational status



Access to various services by differently able population is vulnerable in india. what do the people assume about this particular section of society. It is true the differently able

population is marginalised in every sphere of life be it education, jobs, health services, access to various life supportive resources etc. In this section the main concern is why are they marginalised at bus stops/stands. what do they think about access to facilities and services. During construction of infrastructure, various goods and services , company , government or particular manufacturer assume that in society everybody is equal (in terms of Physic) and they targets the larger group for their product and services. Thus in there mental image differently able people are simply missed out.

First of all it would be necessary to describe opinion of Differently able population regarding bus stands/stops according to their life experience. Bus stands are providing the basic facilities of mobility. The empirical study shows opinions by gender. It has been found that only 1.4 % males are very happy with bus services provided in Delhi at Various places among differently able. But if we talke about differently able females none of them seems to be very haapy. At the same time 45.8% male disabled are ranked services as moderate. 52.8% of the male disabled categorised services as of low grade while in case of female respondent 53.6% were satisfied with moderate services and 46.4 % females found services as very good. (See Table V.6 figure V.10)

It is found that 2% locomotor disabled opined that at bus stops services are very good, 53.1% has opinion that accessiblity is moderate and 44.9% ,locomotors think that its too low. But at the same time if we look the opinion of Visually impaired, then no female think that the services are very good at but stops. 43.1% visually impaired think it as moderate but 56.9% visually disabled think that services are of too low grade. (See Table V.6 figure V.11)

Among higher secondary educated Differently able people agree that services are moderate while 50% of the below higher secondary differently able think that services are moderate and 50% as low. Graduate differently able population non of them think the services as very good. 42.3% think it is moderate and 57.7% think it is low. When it is analysed at master degree holder also found that the service not very good while 57.6% think services as moderate and 42.4% as low. Only 3.1 % professional degree holder differently able population think it is very good , 40.6% think as moderate, and 56.3% categorised it as low. (See Table V.6 figure V.12)

V.4.C Status of Accessibility at Hospitals for Differently Abled People in Delhi

Health service is an important part of human being . so it has been tried to identified the status of accessibility government hospitals in Delhi. Hospitals are the places have been built as disabled friendly.

Table V.7 perception of disabled towards available service at Hospitals in Delhi

Survey Place Hospitals	Characteristics Of Respondent	Samples	Ranking Of Accessibility In Percent			
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>	<i>NYV***</i>
		100				
Sex	Male	72	54.2	38.9	2.8	4.2
	Female	28	46.4	42.9	0	10.7
Type of Disability	Locomotor	49	61.2	34.7	0	4.1
	Visual	51	43.1	45.1	3.9	7.8
Education Level	Below Secondary	8	62.5	25	0	0
	Higher Secondary	1	100	0	0	0
	Gruaduate	26	38.5	57.7	0	3.8
	Master	33	48.5	36.4	3	12.1
	Professional Degree	32	62.5	34.4	0	3.1
***Not Yet Visited in any government Hospitals in Delhi						

Figure V.13, V.14, V.15, Perception of the differently able people towards available services at Hospitals in Delhi, by the sex, type of disability and education status of respondents.

Figure V.13 Perception by sex

Figure V.14 Perception by types of disability

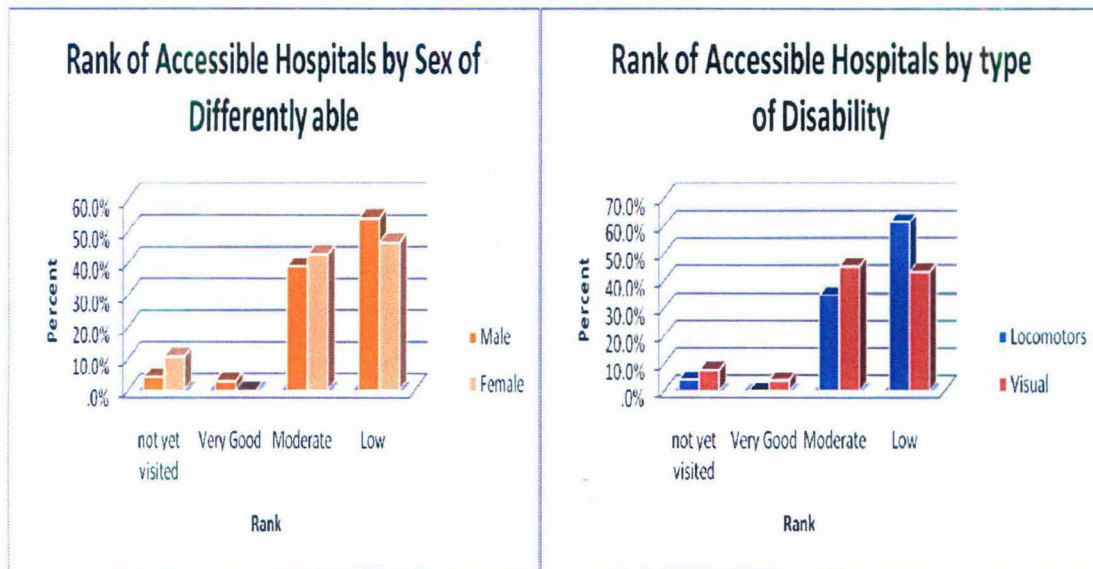
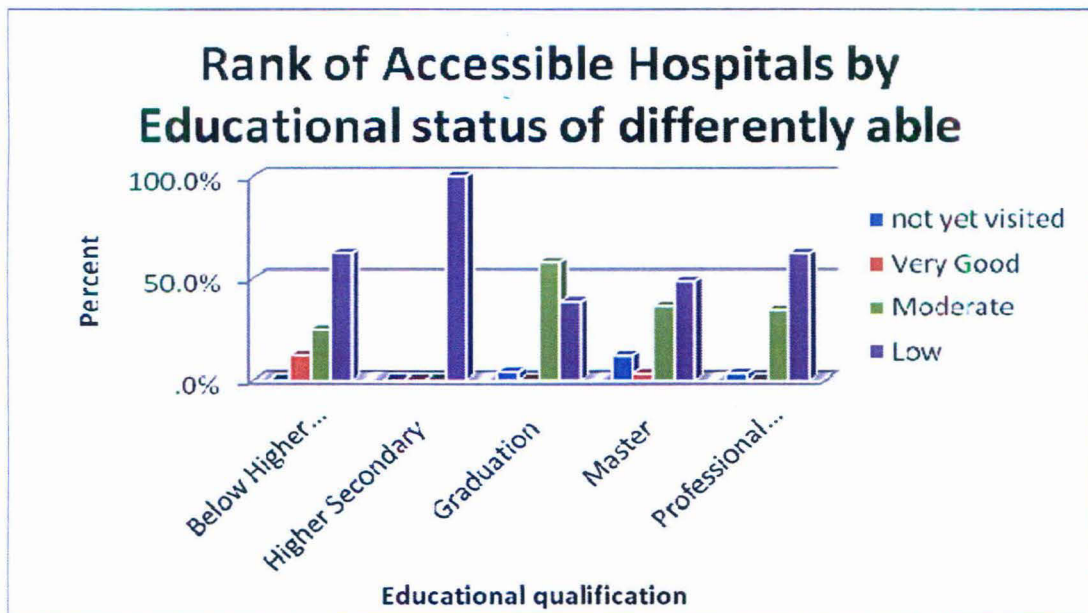


Figure V.15 Perception of disabled with level of education



When the services provided in hospitals are analysed on gender basis of differently abled, it is found that 2.8% differently able males think that services are very good but none of the females think so. 38.9% males disabled people think services are moderate while 42.9% females feel that services are moderate. In the same context 54.2% males think that services are too low and 46.4% females also think so. 4.2% male and 10.7% female disabled population never visited to hospitals and one of the reasons was the inaccessibility. (See Table V.7 figure V.13)

If we look into the hospital services for locomotor and visually challenged disabled, none of the locomotor disabled agree with better services provided by government agencies in Delhi while 3.9% Visual disabled people think the same. Even 34.7% locomotors think services are moderate compared to 61.2% locomotor disabled who considered services as low services. On the other hand 45.1% visually disabled population think that services in hospitals are moderate and 43.1% considered low services are available for them, 4.1% locomotors and 7.8% visual differently able never visited any hospitals in Delhi. (See Table V.7 figure V.14)

The perception of the educated differently able population regarding facilities provided them is much different as compared to others. Disabled people who have higher secondary education level find the services unsatisfactory at hospitals. But 12.5% of disabled with below higher secondary education think that services are very good, 25% considered moderate and 62.5% rated as low. In the case of graduates 3.8% never visited hospitals 57.7% think services are moderate and 38.5% graduate rank them as low. Master degree holders have different life experience in hospitals as it is found that 3% disabled people who have master degree rate services as very good, 36.4% of them rated as moderate and 48.5% disabled feel services as low though 12.1% never visited hospitals. Professional degree holders rank the services differently. 34.3% of them rate it as moderate, 62.5% as low and 3% of them not yet visited to understand the hospitals services. (See Table V.7 figure V.15)

So it can be concluded on the basis of perception of disabled towards accessible services in hospitals that infrastructure and services in hospitals are not up to the mark. There are various factors which create inaccessibility for the disabled population. These include

support by staff, free medicine, free treatment, accessible infrastructure , accessible connectivity etc.

V.4.D Status of Accessible Educational Institutions for Differently Abled People in Delhi

Education is the basic need for development of community. There are various rules and regulations acts, and schemes for differently abled section of the society. Variety of facilities are provided to get education. There are various schemes which are specifically target disabled. But the problem is with mentality of society and with excessibility of educational institutions by differently abled.

Table V.8 Perception of disabled towards available services at Educational institutions in Delhi

Survey Place Educational Institutions	Characteristics Of Respondent	Samples	Ranking Of Accessibility In Percent			
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>	<i>NYV***</i>
		100				
Sex	Male	72	13.9	38.9	45.8	1.4
	Female	28	14.3	35.7	46.4	3.6
Type of Disability	Locomotor	49	14.3	32.7	49	4.1
	Visual	51	13.7	43.1	43.1	0
Education Level	Below Secondary	8	0	25	62.5	12.5
	Higher Secondary	1	0	0	0	100
	Gruaduate	26	11.5	34.6	53.8	0
	Master	33	12.1	39.4	48.5	0
	Professional Degree	32	21.9	43.8	34.4	0
***Not Yet Visited in any government educational institutions in Delhi						

Figure V.16, V.17, V.18, Perception of the differently able people towards available services at educational institutions in Delhi, by the sex, type of disability and education status of respondents.

Figure V.16 Perception by sex

Figure V.17 Perception by the types of disability

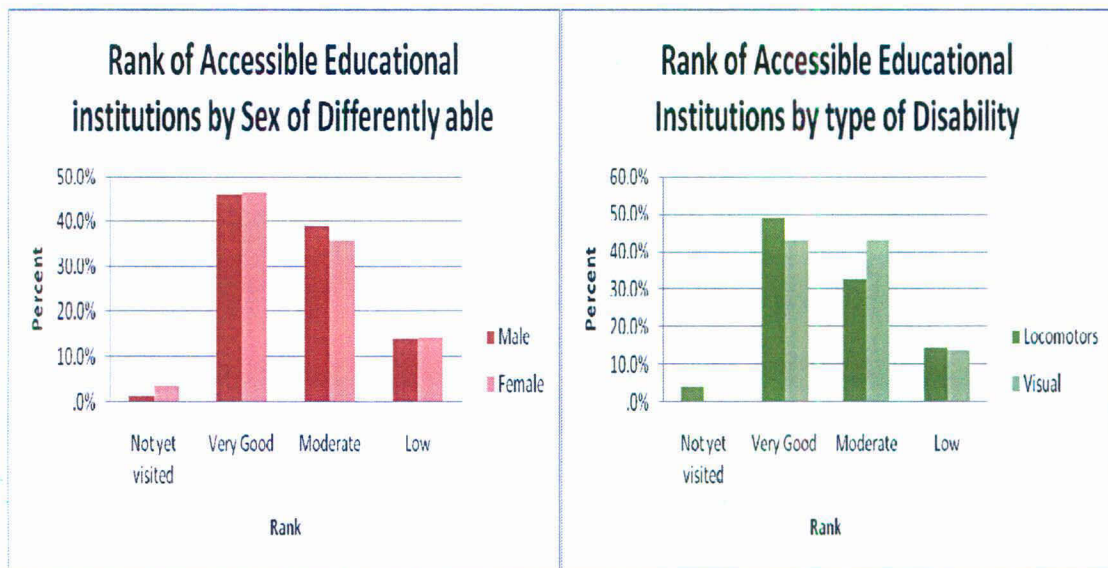
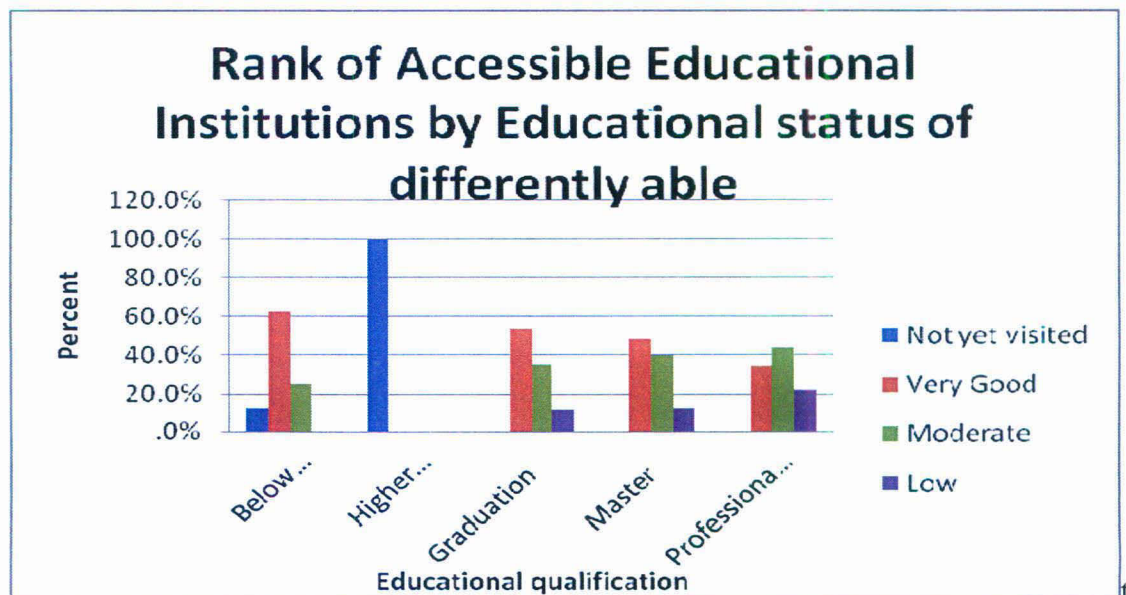


Figure V.18 Perception of disabled with level of education



his section examines the life experience of disabled people in the institution of higher learning . Experiiece among females shows that 3.6% of them never visited any

educational institutions so they do not know about services in Delhi, 46.4% of them rates the services as very good, 35.7% as moderate and 14.3% thinks it is low. At the same time 1.4% male differently able never visited any educational institute and 45.8% says services are very good and this similar to female's response, but 38.9% says services are of low grade. So in educational institution sex does not matter as far as the status of the services is concerned. (See Table V.8 figure V.16)

49% locomotor differently able people rate the services as very good while 43.1% visual rate as very good and 32.7% locomotor differently able think that the facility and services are moderate and 14.3% think it is low. 43.1% visual disabled population rate services in educational institutions as moderates and 13.7% rate as low. (See Table V.8 figure V.17)

This section examines the perception of differently able people with higher secondary education ever visited to the University campuses in Delhi. 12.5% of disabled population with below higher secondary education did not visit any educational institution and 62.5% visited with their relatives or other work in campuses and they think that services are very good, 25% of them rate it as moderate services. 53.8% of the disabled people who have completed/pursuing graduation found that services are very good, 34.6% find it moderate and 11.5% thinks that services are low. Analysing the people with masters degree it is found that 48.5% of them rate services as very good, 39.4% of them rank as moderate and 12.1% feels that services are low. Among professionals degree holders disabled population the situation is slightly different. 34.4% of them rank the services as very good, 43.8% find it as moderate, and 21.9% differently able population rate as low. (See Table V.8 figure V.18)

V.4.E Status of Accessibility at Market Places for Differently Abled People in Delhi

The United Nations Convention on the Rights of person with disability imposes legal obligation on the states parties to promote and achieve accessibility across the board for person with Disabilities. This includes area as diverse as access to information and technologies and consumer goods and services more generally, access to employment having legal capacity to act and take decisions and access to independent living. Accessibility can be achieved through a variety of means including by ensuring that

goods and services meet design for all requirement of disabled in markets for inclusive social and economic policies catering to the needs of disabled³

Table V.9 Perception of disabled towards available services at market places in Delhi

Survey Place Market Places	Characteristics Of Respondent	Samples	Ranking Of Accessibility In Percent			
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>	<i>NYV***</i>
		100				
Sex	Male	72	68.1	29.2	1.4	1.4
	Female	28	71.4	25	0	3.6
Type of Disability	Locomotor	49	67.3	28.6	2	2
	Visual	51	70.6	27.5	0	2
Education Level	Below Secondary	8	62.5	37.5	0	0
	Higher Secondary	1	100	0	0	0
	Gruaduate	26	61.5	38.5	0	0
	Master	33	60.6	33.3	0	6.1
	Professional Degree	32	84.4	12.5	3.1	0
***Not Yet Visited in any Market Places in Delhi						

³ This section obtained from Disability Right expanding Accessibility Market(DREAM), Centre for Disability Studies School of Sociology and Social Policies , University of Leeds.

Figure V.19, V.20, V.21, Perception of the differently able people towards available services at markets in Delhi, by the sex, type of disability and education status of respondents.

Figure V.19 Perception by sex

Figure V.20 Perception by the types of disability

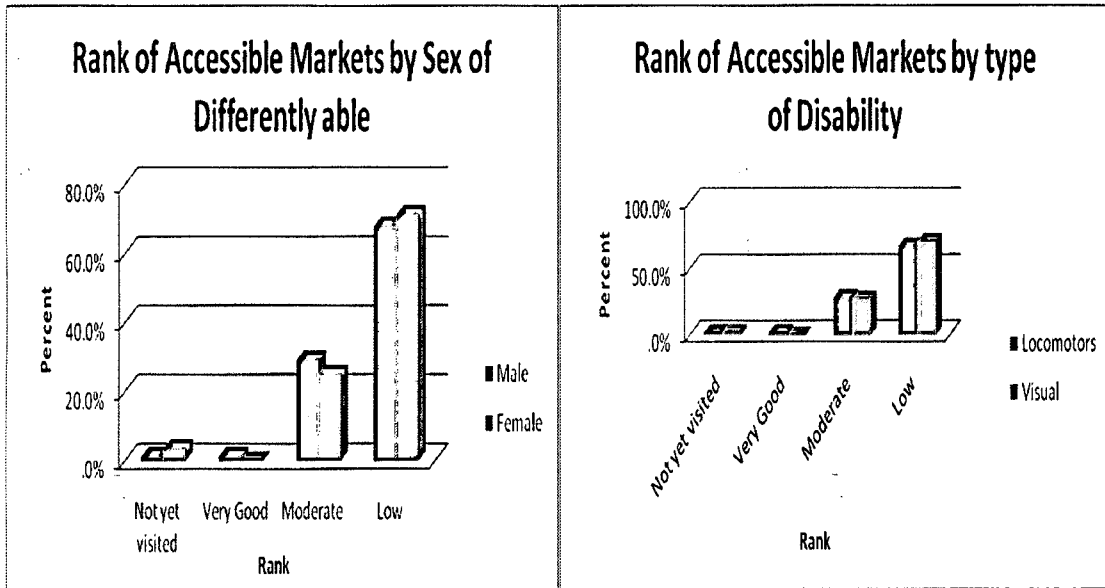
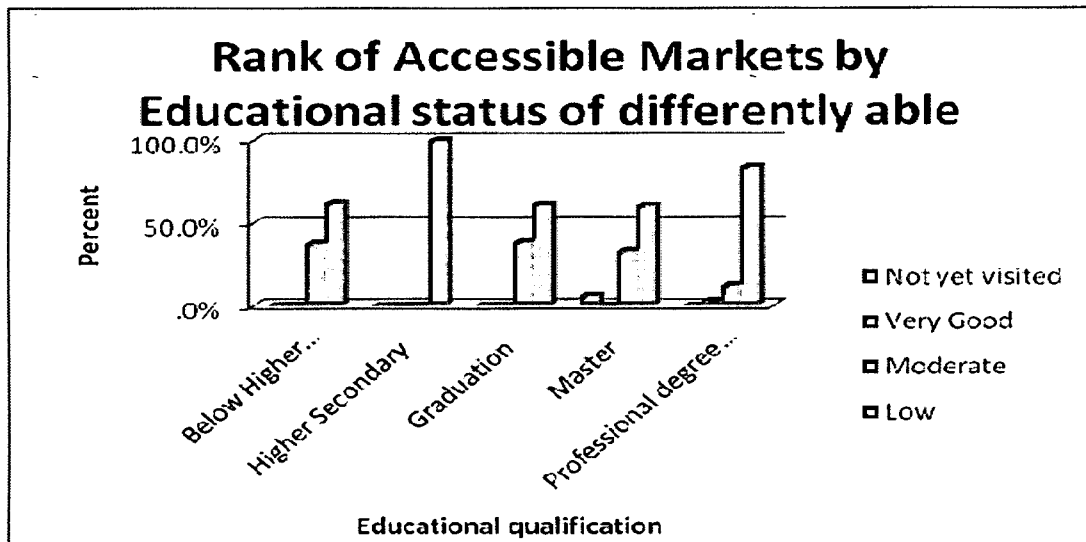


Figure V.21 Perception of disabled with level of educational



Status of accessibility according to the respondents at markets place is worse for disabled in Delhi as there have been no landmark facilities for having barrier free environment.

68.1% male respondents rated the services as very low condition, 29.2% find the services as moderate and only 1.4% agree that services are very good while 1.4% of them have not yet visited any market of Delhi. Experience of the female respondents is quite different. 71.4% of females find it as low barrier free environment, 25% as moderate and none of them think that markets are accessible to them. 3.6% of the females respondent have not yet visited any market place in Delhi. (See Table V.9 figure V.19)

The same experience is reported by the disabled people. 70.6% visually impaired rate low condition of accessibility in markets, 27.5% of them rank it as moderate, none of them see the service as very good. 2.1% visually impaired have not yet visited any market in Delhi. While 67.3% locomotors disabled ranked accessibility as low, 28.6% of them find it as moderate and 2% as very good. 2% of them locomotor disabled have not yet visited any market place. (See Table V.9 figure V.20)

The perception of educated disabled at markets is not good because of barriers such as cheating etc. People who have education level of matriculation among them 62.5% find the services as of low grade, 37.5% as moderate while who have higher secondary education 100% rated as low infrastructure in markets for disabled. 84.4% of disabled who have professional degree find low accessibility in markets, 12.5% of them as moderate and 3.1% very good. 60.6% of disabled people with masters degree holder or pursuing find services as low, 33.3% of them as moderate, none of them find it as very good and 6.1% have not yet visited any markets in Delhi. 61.5% of disabled with graduation ranked the services as low, 38.5% as moderate and none of them reported that markets have infrastructure which is disabled friendly. (See Table V.9 figure V.21)

V.4.F Status of Accessibility at Tourist Places for Differently Able People in Delhi

A barrier free tourist places could bring a much healthier and pleasant experience as people can enjoy the beauty and serenity of place with much more comfort. There are so many factors which influence accessibility at tourist places that can be: Barrier free destinations, infrastructures and facilities, transportation facilities, quality of services delivered by staffs, equal representation in tourism activities by everyone, in terms of information accessibility to all in Delhi. There are many tourist places where the quality

of services delivered by staff in a tourist area should be accessible to all. Which also means that it is applicable to every individuals regardless of their physical capacity. Disable people require services which could be easily adopted throughout the tourist chain and so are likely to encourage the development of innovative services dedicated to cultural site discovery.

Table V.10 Perception of disabled towards available services at tourist places in Delhi.

Survey Place Tourist Places	Characteristics Of Respondent	Samples	Ranking Of Accessibility In Percent			
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>	<i>NYV***</i>
		100				
Sex	Male	72	18.1	48.6	16.7	16.7
	Female	28	35.7	53.6	3.6	7.1
Type of Disability	Locomotor	49	20.4	55.1	12.2	12.2
	Visual	51	25.5	45.1	13.7	15.7
Education Level	Below Secondary	8	0	100	0	0
	Higher Secondary	1	25	50	12.5	12.5
	Gruaduate	26	11.5	46.2	19.2	23.1
	Master	33	27.3	51.5	9.1	12.1
	Professional Degree	32	28.1	50	12.5	9.4
***Not Yet Visited in any Tourist Places in Delhi						

Figure V.22, V.23, V.24, Perception of the differently able people towards available services at tourist in Delhi, by the sex, type of disability and education status of respondents.

Figure V.22 Perception by sex

Figure V.23 Perception by type of disability

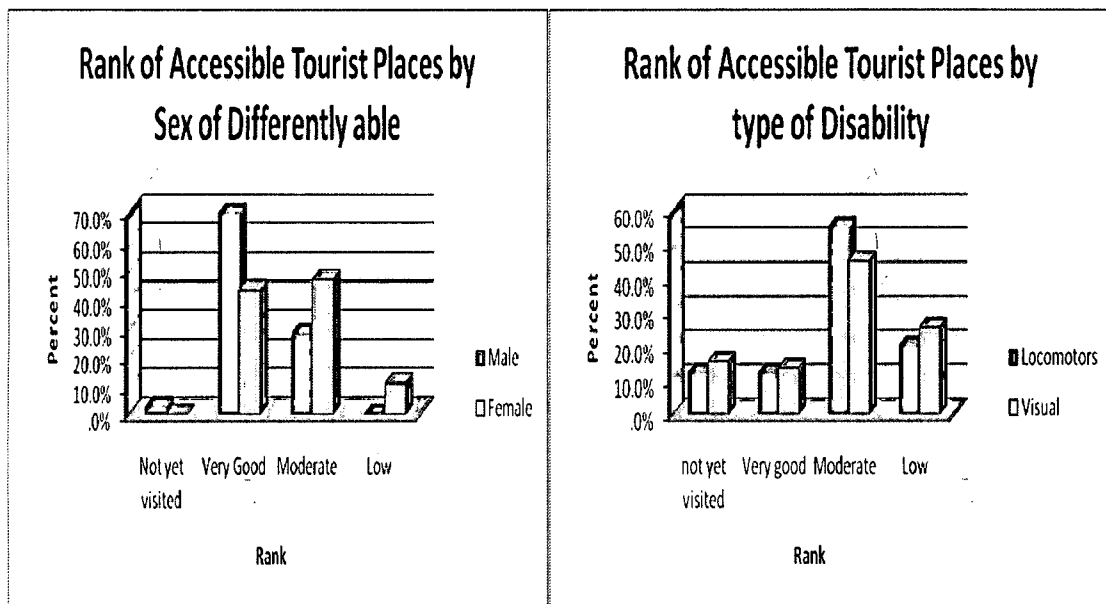
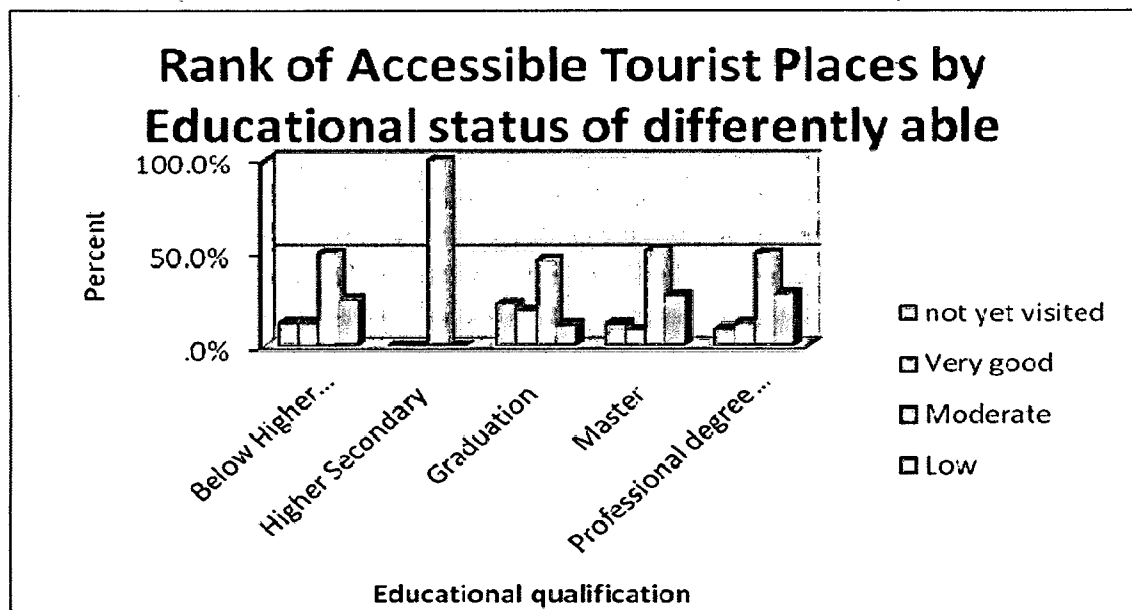


Figure V.24 Perception of disabled by the level of education



Many disabled remarked they did not visited most of the tourist places because these places are not accesible for them. 16.7% of the disabled male did not visited any tourist place due to accessibility while 7.1% of disabled female tourist have not visited even a single tourist place. 3.6 % of female respondent reported very good services at tourist places, 53.6% of them find the services as moderate and 35.7% of them stated that the services are low. In case of males diverse result are found because male have more experience than that of females. 16.7% of male respondent have not visited any tourist place, 16.7% of them find the services as very good, 48.6% stated as moderate and 18.1% of the reported the services as low. (See Table V.10 figure V.22)

It is observed that on the basis of type of disability life experiece is different at tourist places. 12.2% locomotor disabled have not visited any tourist place.12.2% of them experienced the services as very good, 55.1% find as moderate, 20.4% among them find as low facility with accissibility. while among visually impaired it is found that 25.5% of them find services very low, 45.1% as moderate, 13.7% of them stated as very good, 15.7% not visited any tourist places in Delhi. (See Table V.10 figure V.23)

Education is an aspect which enbroadens understanding. To substantiate this argument it is found that those who have education level up to higher secondary agree with moderate services but who have education up to matric level among them 25.% ranked the services as low , 50% as moderate, 12.5% among them stated as very good and 12.5% not visited any tourist place. While among the graduates 11.5% rated very low infrastructure services , 46.2% as moderate, 19.2% reported very good and 27 % have not visited any tourist place. Interesting observation is that who hold master degree 27.3 % of them rated the services as low, 51.5% as moderate, 9.1% as very good, 12.1% have not visited any place. while higher professional degree holder opined little differently as among them 28.1% agreed with low services, 50% as moderate, 12.5% stated very good and 9.4% have not visited any places. (See Table V.10 figure V.24)

V.4.G Status of Accessibility at Metro/Metro Stations for Differently Able People in Delhi

Delhi metro has been an ultra modern transport system facility in Delhi. Almost every aspect of comfort , accessibility and simplicity have been taken into consideration. From the initial phase of construction engineers emphasized on the accessibility of the services to all sections of society including disabled, elderly men/women, children etc.

Table V.11 Perception of disabled towards available services at metro stations in Delhi

Survey Place Metro Stations	Characteristics Of Respondent	Samples	Ranking Of Accessibility In Percent			
			<i>Low</i>	<i>Moderate</i>	<i>Very Good</i>	<i>NYV***</i>
		100				
Sex	Male	72	0	27.8	69.4	2.8
	Female	28	10.7	46.4	42.9	0
Type of Disability	Locomotor	49	2	24.5	69.4	4.1
	Visual	51	3.9	41.2	54.9	0
Education Level	Below Secondary	8	0	25	62.5	12.5
	Higher Secondary	1	0	0	100	0
	Gruaduate	26	0	26.9	73.1	0
	Master	33	9.1	30.3	57.6	3
	Professional Degree	32	0	43.8	56.8	0
***Not Yet Visited in any Metro stations in Delhi						

Figure V.25, V.26, V.27, Perception of the differently able people towards available services at metro stations in Delhi, by the sex, type of disability and education status of respondents.

Figure V.25 Perception by sex

Figure V.26 Perception by the types of disability

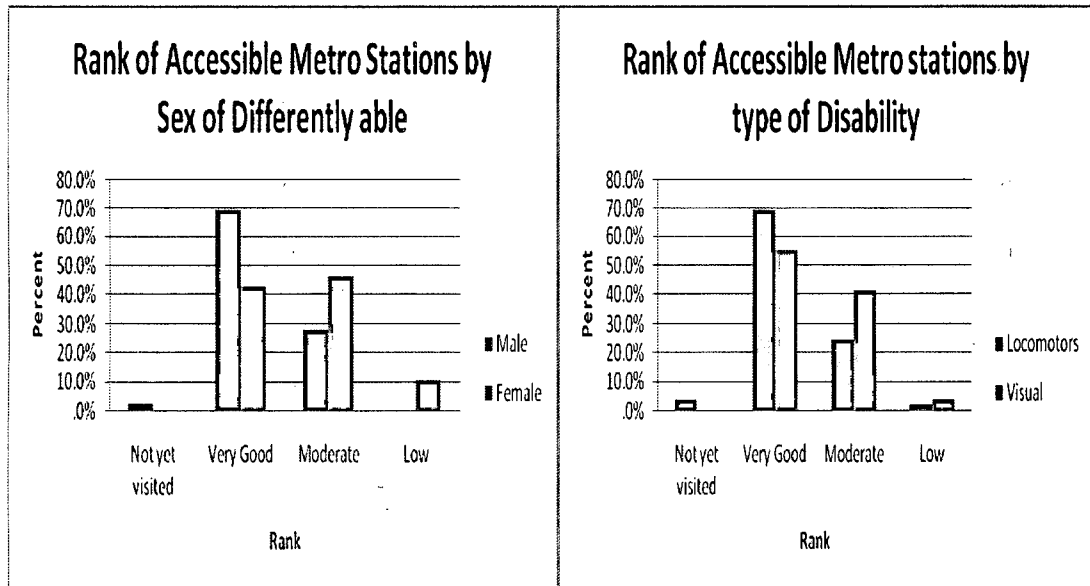
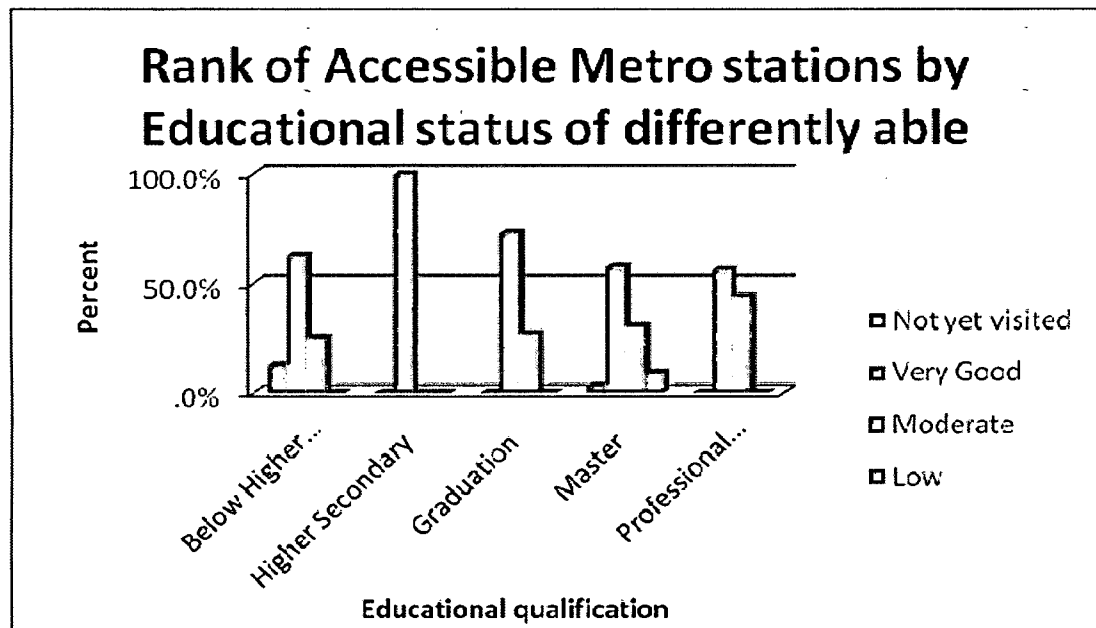


Figure V.27 Perception of disabled by level of education



10.7% of female respondent experienced low services in metro stations. 46.4% among them reported as moderate, 42.9% ranked very good services while male experience is completely different. Among them 27.85 male reported moderate services, 69.4% said that the services are very good to travel but 2.8 have not visited any metro railway due to their severe disability. (See Table V.11 figure V.25)

It is found that 3.9% visually impaired experienced low services in metro station, 41.2% as moderate, 54.9% stated as very good experience while 2% locomotor disabled experienced metro services as low , 24.5% among them rated as moderate, 69.4% find as very good, 4.1% locomotor disabled have not yet visited any metro. (See Table V.11 figure V.26)

Interesting finding in connection to disabled friendly environment in metro railway indicates that among professional degree holders none of them remarked low services in metro, while 43.8% of them rated as moderate, 56.3% as very good. In master degree category also no one found low services, 30.3% of them moderate, 57.6% reported as very good, 3% have not visited yet. Among graduates 73.1% states as very good among disabled with matriculation and below higher secondary education 25% of them states services as moderate, 62.5% as very good, 12.5% have not yet visited while who have higher secondary education agree that metro services are accessible to disabled and barrier free environment , infrastructure have been created except some improvement required . (See Table V.11 figure V.27)

V.5 CONCLUSION

Even after 16 years of persons with disability Act, 1995 came into effect, the conceived and desired result is yet to be realised by the differently able people in Delhi. The section 45 & 46 of the act empowers disabled section of society to oblige government to create barrier free environment at public places. But the picture is gloomy and dark as much of the promises remains on papers. The study with empirical evidences apparently bring out the reality of implementation of this act. Most of our public places like Markets, Bus stops, railways stations, educational institutes, public offices are far behind to be a disabled friendly place. Baring few exceptions the accessibility of infrastructure is poor and even worst in the case of females. Delhi is a difficult place to move around for a disabled person. The community is marginalised and left to themselves to face the rising challenges in a rapidly changing urban space. Places like Delhi metro are like a silver lining in a dark clouds. It has managed to have a barrier free space. It can be concluded that government agencies , legal authorities are cooking with the documents and are held to be responsible for inadequate implementation of the act. Need is to have stringent monitory machanism with maximum people participation and engaging various stake holders of the society like non-governmnetal organisation, civil society, self help groups etc. in Delhi.

CHAPTER-VI

VI.1 - SUMMARY & CONCLUSION:

There are various socio-economic and demographic determinants which influence life style of disabled population. Policy and programmes directed towards their mainstreaming and upliftment seems to have major influence which can fulfill their required aspirations to empower this marginalized community. As observed through the study, numerous initiatives have been taken by National government and Global Community Forums to bring policies of the governments in line to bring these people into mainstream of development. Major policy change was conceptualizing disability definition covering welfare, rights and medical components so as to ensure programmes and initiative are directed as a right rather than a welfare measure. Measuring the magnitude of disabled is important to assess the requirements in terms of their needs.

Although efforts were made to estimate the correct magnitude of disabled in India through Censuses of India, NSSO, and Planning Commission, yet varying estimates were revealed by the three organizations due to definitional inconsistencies as well as the different methodology adopted for data collection. It is important to mention that Census of India's definition of disability relied heavily on the self reporting of respondent's views, which have a tendency to hide disability. Moreover different types of disabilities can be identified only after probing questions with the help of trained enumerator, but unfortunately enumerators were not appropriately trained. Hence Census of India estimated of disabled population magnitude is highly under-reported. While the National Sample Survey Organization tried to cover broader definition yet self-reporting was significantly considered and hence NSSO magnitude of disabled is comparatively higher than the Census figures.

Measuring Disabled population magnitude requires multidimensional approach to understand issue of disability from different perspectives. These perspectives are welfare, rights based, medical models, social models, and charity models. Due to intense international and national pressure from UN organizations and Civil Society

Organizations extensive laws have been formulated in India (PWD Act of 1995). The Act provides rights for equal opportunities to disabled persons in all spheres. The major components of the PWD Act of 1995 covers, protection of their rights, provision of non-discriminatory environment and ensuring their full participation in developmental activities through several initiatives. Specific budgetary allocations have been provided to provide necessary enabling conditions. Concept of barrier free environment for disabled through the initiatives of various Government and Non-Government agencies was the core concept of the Act. The Chief Commissioners of Disability have been provided in the Act in all the states and at the center, which are responsible for monitoring of the provisions of the Act and providing timely redressal grievances mechanisms to the concerned affected parties.

The study indicates that prevalence rate of disability vary significantly across the regions/states in India. Both the Census and the NSSO results point out variations in the prevalence and incidence rates of disabled population across states. The lowest prevalence rate was found in northern-eastern states as well in the union territories namely; Assam, Chandigarh, Dadra & Nagar Haveli, Delhi, Manipur, Mizoram, Nagaland, Tripura, where prevalence rate was below 1000 per 100,000 persons. On the other hand prevalence rate of more than 2000 per 100,000 populations was found in Himachal Pradesh, Kerala, Lakshadweep, Orissa, and Pondicherry. High reporting from these states due to better education and awareness especially in Kerala, HP and Pondicherry could be major reason for high incidence rates. On the other hand several states reported very low incidence rates inspite of their low level of social and economic development, probable due to under reporting. Rural/ Urban variations in the prevalence rate of disability were insignificant across all the states.

However a significant variation in the prevalence rates were observed across all states between the two major sources (Census and NSSO). As states with lower prevalence reported by Census recorded higher prevalence rates by the NSSO survey. It could be explained due to adoption of varying methods of enumeration as well as variations in definition of disability. Hence it is important that both national survey organizations should evolve broad definitional guidelines as it provided contradictory insights for the

policy makers to provide area specific appropriate measures towards their protection and eradication.

There are also inconsistencies in assessing the magnitude of disability types in the both Census and the NSSO reports due to varying definitions adopted for different disability types. Since policy programmes for controlling and eradicating early symptoms for different disabilities like polio programme, protecting communicable diseases as well as eye care are directed on the basis of prevalence rates of the type of disability, therefore efforts need to be galvanised to identify magnitudes of different disability types correctly. While higher incidence areas have been provided more focussed immunization programmes like polio, night blindness etc; Therefore identifying prevalence rate correctly can help in micro and macro level implementation of immunization schemes.

Status of the implementation of Person with Disability Act,1995

The Persons with Disability Act -1995 covers several sections to create conducive atmosphere for their equal opportunities. Majority of the states have constituted the mandatory department of Commission of Disability to monitor the progress made towards implementation of the Act. Central Coordination Committees and Executive Committees have been formed in all the states as well as at the center except for some Union Territories like Andaman & Nicobar Islands, Dadra and Nagar Haveli, Daman & Diu. However inspite of 16 years of passing the Act, the progress in the formation of such Committees is either slow or many vacancies still exist in these committees. Moreover Commissioner of Disability are usually with dual responsibility of looking parent department as well as the Commissioner's office.

Section 25 of the Act has been expeditiously implemented across the country for prevention & early detection of disability through several national, regional and local programme of immunisation. Special training has been provided to medical and paramedical personnel for early detection and medical and other necessary support and care. Initiative in research and development have been undertaken to identify the symptoms and create positive environment through special education and by providing clinical psychological, physiotherapy, occupational therapy, audiology, speech pathology, vocational counselling and training and social works. Appropriate plan and actions have

been initiated with improving health delivery system. Special attention has been taken towards improving awareness of nutrition, mother nutrition, health care, sanitation, amongst adolescent girls, expectant mothers and women who are in reproductive age.

Children with disabilities have been provided inclusive education taking support from Sarva Shiksha Abhiyan and Integrated Education scheme in all the states. The identified children have been provided financial assistance like scholarships, free tuition, free books & stationaries, uniforms, transport, reader allowance, hostel allowance, equipment cost, and other barrier free conducive environment. However six states and Union Territories have not yet implemented Integrated Education scheme. Formal education for all identified disabled children have not yet been implemented in majority of states and many union territories, except for Meghalaya. The schemes are inoperational due to paucity of infrastructure, paucity of funds, good governance in educational departments.

The progress in provision of employment for all A,B,C, and D identified categories in states is very slow. Majority of states have not even identified the job categories for the disabled in these A,B,C and D categories. Most of the states have only recruited C and D category of posts. The study indicates that there is cumbersome procedure for identifying jobs. Except Kerala, Tamil Nadu and Gujarat all other states have under performed in providing appropriate job opportunities in tune with the Act. Even after 16 years of the Act in place the progress is slow in Assam and Bihar who have not even tried to fulfill 3% reservation for C and D categories even in 2007-08. While Lakshadweep & Chattishgarh not yet taken any initiatives to fulfill 3% reservation in all educational institutions and ensuring 3% employment for person with disabilities.

Section 40 of person with disabilities is obliged to implement 3% reservation for poverty alleviation programmes but various states namely Assam, Chattishgarh, Delhi, Uttaranchal states have not yet taken any decision or the process is pending or under consideration, while Nagaland is only state where reservation is being implemented but it is less than 3% as prescribed by the Act. Due to many manipulation and further classification within disabled categories, various government agencies are denying fulfilling 3% reservation

for job employment and are even trying to transfer the seats to other categories but Supreme court of India has already clarified that respective agencies can go beyond 3 % reservation, and also clarify that they can go beyond the ambit of 50% to provide reservation to disabled.

Section 41 of the Act (Formulating Incentives and Schemes for disabled persons) provides for employers to formulate incentive schemes, but majority of the states like Arunachal Pradesh, Bihar, Gujarat, Himachal Pradesh, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Orissa, Uttranchal, Jammu & Kashmir, Andaman & Nicobar have not yet providing any incentive schemes to disabled because these states claims Paucity of funds, large disabled populations. In case of mountainous states, accessibility is major concern as the jobs are located far away from their homes.

Section 43 of the Act (Preferential land allotment to disabled persons) progress is very slow especially in Manipur, Nagaland, Uttranchal, West bengal, Jammu & Kashmir, Andaman & Nicobar island.

The progress in adoption of Section 45 and 46 (Providing barrier-free atmosphere) is very slow even in the developed states and this is major concern of the disabled persons as they are unable to seek opportunities provided through the Act. Even the qualified and educated disabled persons are not able to seek opportunities due to barrier in day to day life. Appropriate infrastructure has not been developed to meet the aspirations and basic requirements of disabled for their mainstreaming. Public places, markets, educational institutes are not accessible in majority of the states due to limited resources and fixed mindsets. Redressal grievances are pending due to shortage of manpower, efficient functioning, extra workload on judges, lack of infrastructure and political interventions. Social security is important for disabled through rehabilitation, insurance, unemployment allowance, and disability pension. Rehabilitation of disabled who are doing training progress is much better in South, North, East centres compare to North Indian states. There are states and union territories namely Chattishgarh, Jharkhand, Nagaland, Mizoram, Orissa, Uttranchal, Andaman & Nicobar Islands, Dadra and Nagar Haveli

which are yet to introduce insurance schemes while Kerala and Meghalaya did not have separate scheme because of financial problem is major concern to implement the scheme.

Almost all state and union territories are assisting disabled through unemployment allowance. Section 68 is indebted to provide disability pension but Arunachal Pradesh, Assam , Madhya Pradesh, Meghalaya, and Pondicherry are yet to recognise any pension scheme for disabled due to lack of governance functioning, ignorance of disabled, social exclusion in main stream of development.

The composite index based on the selected indicators indicate that implementation of the Act was better in 11 states, namely Himachal pradesh, Punjab, Haryana, Delhi, Rajasthan, Karnataka, Tamil nadu, Kerala, Goa, Andhra Pradeshe, West Bengal, while the implementation was poor in Assam and Chattishgarh.

Conclusion on accessible environment for disabled in Delhi

Section 45 & 46 of Person with Disabilities act states creating barrier free environment/infrastructure at all public places. Although majority of government departments mention in their reports that they have envisioned and adopted several measures but in reality the service is either very poor or non-existent. The sample survey conducted in Delhi to capture the views of randomly selected disabled persons depicts services are far from satisfactory. The survey was conducted at Railway stations , Bus stops/stands, Hospitals, Educational Institutions, (Delhi University, Jawaharlal Nehru University, Indira Gandhi National Open University, Jamia Milia Islamia University in Delhi) , Tourist places, and Metro stations. Locomotor disabled and vision disabled persons were covered by the survey.

The results indicate that service at railways stations were much below the expected norms. Services are provided but maintenance of these services are very poor. Ramps are broken or covered with wastes material hindering the passage. Wheel chairs are not easily available. No separate windows are made available for disabled passengers.

There should be special arrangement creating disabled friendly atmosphere like; single window service for disabled, lift and wheelchair facility at designated places, special training for those staff member who are serving for disabled, disabled friendly accessible railway platform. Concessional procedure for disabled persons should be simplified. Station Masters should be authorised to solve any problem related to the disabled. Vehicles carrying disabled persons should be allowed till ramps.

The results of the survey also portray pathetic condition of services for disabled persons at the bus stands. The surveyed persons gave low to moderate ranking for the disabled friendly services at the bus stands of Delhi. These services were even poorer than the services at railway stations. Majority of the bus stops are inaccessible for disabled. It is impossible for any disabled person to board bus without any support. There is no cooperation even from the driver of the bus. Special training needs to be given to bus drivers and conductors to help and support disabled persons. There are no ramps in the bus stand as well as bus stops. Buses are not at all disabled friendly. Specific seats reserved for the disabled are already occupied by general public. Nobody is there to monitor and help disabled. With these conditions mobility of disabled is highly curtailed. Buses are stopped in the middle of the road hence disabled are unable to board these busses.

Hospitals services in Delhi are also rated low by majority of disabled respondents. Ramps are not suitably located in hospitals. Wheelchairs availability are not prominently advertised. Attitude of staff towards disabled is most inhuman as the staff is not trained. Some respondents indicated that below poverty line disabled persons cannot afford medicine. Disabled persons have to move up and down in the hospital without life facilities. There should separate timing allotted to disabled persons for seeking doctors advise as otherwise they have to be in long line for hours. Special helpline numbers should provided to seek guidance and support for visiting hospitals. Special training is required to medical staffs for better behavior towards disabled.

The services at the Educational Institutions vary from moderate to good but there is strong scope to improve the services. Classrooms, canteens, Library, toilets should be accessible to disabled through provision of ramps, lifts and railings. There should be special scholarship provisions to assist the disabled by provided helper allowance, free educational activities like books, audio visual equipments, free tuition fees, appropriate accessiblr friendly accomodation

Market places in Delhi are least sensitive to the needs of disabled persons. Almost all market places are not accessible for disabled, there are no ramps, no wheelchairs. Shopkeepers also need proper counselling to create disable friendly accessibility atmosphere for these people.

Tourist places in Delhi are moderately accessible for disabled persons. But it should be made necessary to ensure completely accessibility of tourist places to all. Services at Metro stations have been appreciated by the respondents.

- A comparative analysis between Prevalence and Incidence rates of Disabilities portrays huge variation among all the categories across the Nation so stringent policy intervention is needed at the earliest.
- Even after 16 years of persons with disability Act, 1995 came into effect, the concieved and desired result is yet to be realised by the differently able people across the country. It has been found that the implementation has not been uniform. Union territories and North-Eastern regions must get the priority intervention.
- Most of our public places like Markets, Bus stops, railways stations, educational institutes, public offices are far behind to be a disabled friendly place. Baring few exceptions the accessibility of infrastructure is poor and even worst in the case of females. Delhi is a difficult place to move around for a disabled person. The community is marginalised and left to themselves to face the rising challenges in a rapidly changing urban space. Places like Delhi metro are like a silver lining in a dark clouds.

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ANNEXURES:

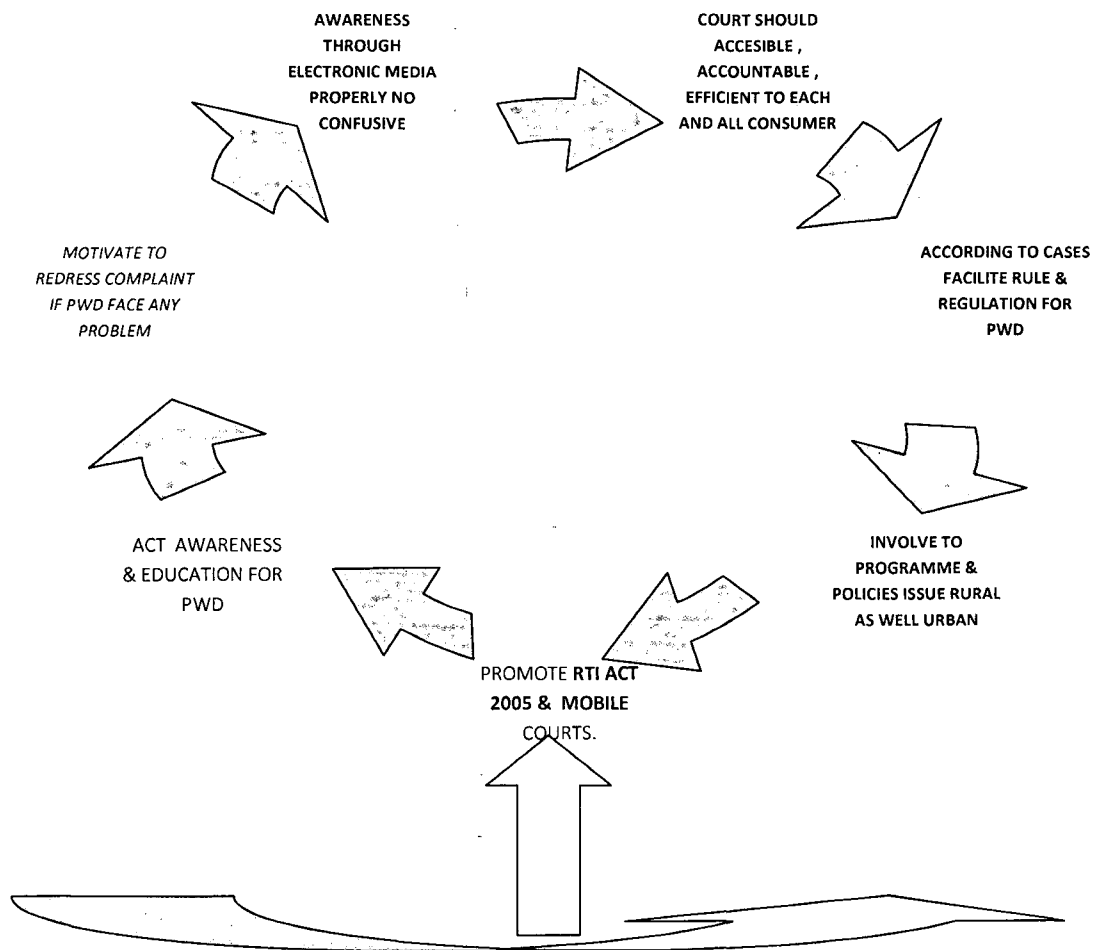
Explanation Some Hindrances' for the Proper implementation of Person with Disability Act.

- ❖ No sufficient availability of fund in budget by govt.
- ❖ Shortage of manpower / staff in Disable courts .
- ❖ Lack in proper and efficient functioning.
- ❖ Courts are more expensive for Rural and in term of time , layer , tension .
- ❖ Lack of proper awareness to Person With Disability in terms of PWD Act.
- ❖ Judge engage simultaneously in two or three courts in a week and look as sympathise of disabled.
- ❖ Lack of infrastructure as well as Political intervention.

Explanation How Person With Disability Act can efficient in India :-

- Map & Identify area where person with disability are more suferer .
- Decentralise awairness through electronic media no confusive – Radio , Television , Mobiles courts etc.
- Decentralise awairness of the person with disability act through Self Helf Group , Anganwadi , School , Health like Population Policy function.
- Spread awareness of person with disability act through M.C.D , Nagar Palika , Panchayat as well as NGO's .
- Facilitate legal rule & regulation which can help to become disabled friendly .
- Promote person with disability courts according to Background of social – economic situation of majority like remote area or urban area.
- Promote RTI act 2005 & Mobile courts with efficient, accountable functioning .

Figure DETERMINANT OF THE IMPLEMENTATION OF PERSON WITH DISABILITY ACT IN INDIA.



Empowerment And Awareness Of Person With Disability At Grass Root Level

Frame Is Suggested To Solution By :- Vinod Kumar , Research Fellow , CSRD, SSS ,JNU .

**Implementation Of The Person With Disability Act According To The Provisions On
The Basis Of Ranking Method Among States**

STATES	1		3	4	5	6	7	8	9	10	11	12	Rank of States
<i>ANDHRA PRADESH</i>	1	1	0 C,D	1	1	1	1	1	1	1	2	1	10
<i>ARUNACHAL PRADESH</i>	1	1	1	1	1	2	0	0	0	1	2	2	6
<i>ASSAM</i>	1	1	0 A,B	0	0	0	0	0	1	0	2	2	3
<i>BIHAR</i>	1	1	1	1	0	2	0	0	1	1	2	1	7
<i>CHHATISGARH</i>	1	1	0	0	0	0	0	0	1	2	2	1	4
<i>DELHI</i>	1	1	1	0	2	0	0	0	1	1	1	1	7
<i>GOA</i>	1	1	1	1	2	0	1	1	1	1	2	1	9
<i>GUJARAT</i>	1	1	0	1	1	2	1	1	1	0	2	1	8
<i>HARYANA</i>	1	1	1	0	0	1	1	2	1	1	1	1	9
<i>HIMACHAL PRADESH</i>	1	1	1	1	1	2	1	0	1	1	2	1	9
<i>JHARKHAND</i>	1	1	1	0	1	1	1	0	1	2	2	1	8
<i>KARNATAKA</i>	1	1	1	1	1	0	0	1	1	1	2	1	9
<i>KERALA</i>	1	1	1	1	1	1	1	1	1	2	2	1	10
<i>MADHYA PRADESH</i>	1	1	0	1	0	2	0	1	1	1	2	2	6
<i>MAHARASHTRA</i>	1	1	0 C & D	0	0	1	0	1	1	1	2	1	7
<i>MANIPUR</i>	1	1	1 C,D 0	1	0	2	0	2	1	1	1	1	8

			A,B										
MIZORAM	1	1	0	1	1	0	0	2	1	2	1	1	7
MEGHALAYA	1	1	1	0	1	2	0	0	1	2	1	2	6
NAGALAND	1	1	1	0	1	2	2	1	1	2	2	0	6
ORISSA	1	1	1	1	1	2	0	1	1	2	2	1	8
PUNJAB	1	1	1	1	1	1	1	1	1	2	1	1	11
RAJASTHAN	1	1	0	1	1	0	0	1	1	1	1	1	9
SIKKIM	1	1	1	1	1	0	0	2	1	1	2	1	8
TAMIL NADU	1	1	1	0	1	1	0	0	1	1	1	1	9
TRIPURA	1	1	0 C,D	1	1	0	0	0	1	2	1	1	7
UTTRAKHAND	1	1	2	0	2	2	2	1	1	2	2	1	5
UTTAR PRADESH	1	1	1	0	1	0	1	0	1	2	1	1	8
WEST BENGAL	1	1	1	1	1	1	2	2	1	1	2	1	9
JAMMU & KASHMIR	1	1	1	0	0	2	2	0	1	1	1	1	7
A & N ISLANDS	2	1	0	0	1	2	2	0	2,1	2	1	1	4
CHANDIGARH	2,1	1	1	1	1	0	1	1	1	1	1	1	10
DADRA & NAGAR HAVELI	2	1	1	0	2	0	0	0	1	2	2	1	4
DAMAN & DIU	2	2	2	0	0	0	0	0	1	0	2	0	1
LAKSHADWEEP	2,1	1	1	2	1	2	2	1	1	1	2	1	7
PUDUCHERRY	2,1	1	1	1	1	0	1	0	1	1	1	2	8

Code of Provisions/Section of PWD Act-1995 : Constitution of Commissionares-1, Education-2, Employment-3, Reservation in Education-4, Poverty Allevation-5, Incentive Scheme-6, Preferential Land Allotment-7, Barrier Free Environment-8, Appointment of Competent/Commissionare authority-9, Insurance-10, Unemployment Allowance-11, Disability Pension-12.

Code of Indication: - Yes-1, No-2. Under Process - 0

Questionnaire for Seeking The Status Of Implementation Of Person With Disability Act 1995 Section Number 45-46 In Delhi

Sr.No.	Name		Age	Sex	
				Male	Female
Place of Residence	Rural	Urban	Place of Residence		
			Original	Previous	present
Religion	Social Group	Marital Status	Are you differently able(1 if not disabled, 2- if yes)	If Yes Category of Disability	Cause of Disability:-

Code for Sex:- Male -1, Female-2.

Code for Place of Residence:- Rural -1 , Urban-2

Reason for Migration- Education-1, Employment-2, Marriage-3, Others-4.

Code for Religion:- Hindu-1, Muslim-2, Sikh-3, Christian-3, Others-4.

Code of Social Groups:- General -1, Other Backward Castes-2, Schedule Caste-3, Schedule Tribes-4.

Code of Marital Status:- Married-1, Unmarried-2, Divorce/Separate-3, Never Married-4.

Code of disability :- Locomotors -1, Visual-2, Hearing -3, Speech-4, Mental-5.

Code of Cause **Visual impaired** : Cataract-1, Eye Error / Corneal Opacity-2, Old Age-4, Not Known-3, Gloucom-5, Burn/Injury-6, Smallpox-7, Medical/Surgical Intervention-8, Childhood Diarrhea-9, Others-10.

Code of Cause **Speech impaired**: Old age – 1, Voice disorder-2, Paralysis-3, Burn/Injury-4, Cleft Palate-5, Medical/ Surgical Intervention-6, Mental illness-7, Hearing impairedness-8, others-9.

Code of Cause **Locomotors impaired**: Burn/Injury-1, Polio-2, Arthritis-3, Leprosy-4, Cerebral palsy-5, Tuberculosis-6, Medical/Surgical Intervention-7, Old age-8, Other illness and injury-9, not known others-10.

Code of Cause **Mental Impaired** :- Heredity-1, Pregnancy/Birthrelated-2, Head Injury in Childhood-3, Serious illness in childhood-4, others-5, Not Known-6.

Code of Cause **Hearing Impaired** :- Old age-1, Discharge-2, Burn/Injury-3, Noise-4, Medical/Surgical Intervention-5, Rubella-6, Not known-7, Other illness-8, Others-9.

Wealth Status	Below-5000	5000-10000	10000-15000	15000-above

Code for income Self-1, Parent-2.

Code for Monthly income:- Below – 5000-1, 5000-10000-2,10000-15000-3,15000-Above-4.

Educational status of respondent:

Below Higher Secondary	
Graduation (B.A, B.Com, B.Sc)	
Master (M.A, M.Com, M.Sc)	
Professional Degree M.Phil / Ph.d	
Others	

Personnel Information:

Course/ Occupation/ Designation/ Organization	Name of Institution	Correspondence Address	Telephone No.	Email:

Knowledge Regarding Person with Disability Act 1995:

Have you heard about Act of disability? Yes/No.

If yes: How Do you think about implementation in practical life in terms of Accessibilities/Barrier Free Environment of disabled friendly act:-Please Remark on

Information at the Public Places if anywhere you visited:-

Railway Station: What do You Expect for improvement : 1. 2.	Approach	Service	Public Attitude
	Very Good		
	Moderate		

3.	Low		
4.	Kind of Facility Available		
Bus Stand: What do You Expect for improvement :	Approach	Service	Public Attitude
1.	Very Good		
2.	Moderate		
3.	Low		
4.What do You Expect for improvement :-	Kind of Facility Available		
Hospitals : What do You Expect for improvement :	Approach	Service	Public Attitude
1.	Very Good		
2.	Moderate		
3.	Low		
4.	Kind of Facility Available		
Educational institutes: What do You Expect for improvement :	Approach	Service	Public Attitude
1.	Very Good		
2.	Moderate		
3.	Low		
4.	Kind of Facility Available		

Markets: What do You Expect for improvement : 1. 2. 3. 4.	Approach	Service	Public Attitude
	Very Good		
	Moderate		
	Low		
	Kind of Facility Available		
Tourist Place: What do You Expect for improvement : 1. 2. 3. 4.	Approach	Service	Public Attitude
	Very Good		
	Moderate		
	Low		
	Kind of Facility Available		

Metro Station : have you visited metro station if yes /No.

Metro Stations:- What do You Expect for improvement : 1. 2. 3. 4.	Approach	Service	Public Attitude
	Very Good		
	Moderate		
	Low		
	Kind of Facility Available		

Please Remark Barrier Free available infrastructure:-

In comparison to Differently abled population , is 3 % Reservation sufficient in all Public sector .

If not sufficient how much required to ensure equal participation in all public sectors:-

Please Make some suggestion and Recommendation for Ensuring proper {Equal Opportunities, Protection of Rights and Full Participation} of Differently abled population :-