



Report on National Consultation

# Inclusion of Persons with Disabilities in Development Processes

with special focus on children, young girls and women

New Delhi, 12 February 2014

Solution Exchange is an initiative of United Nations agencies in India. The Gender Community is co-facilitated by UNICEF India Country Office and UN Women Office for India, Bhutan, Maldives and Sri Lanka.

CBM is the leading disability and development organisation in India. CBM has more than 100 years of experience in improving the quality of life of people with disabilities. CBM India is part of the CBM South Asia Regional Office with more than 145 projects in India, Bangladesh, Nepal and Sri Lanka.

Report prepared by Solution Exchange for Gender Community and CBM.

Copyright © Gender Community UNSE and CBM India 2014. All rights reserved.

*Sections from this document can be used/quoted with due acknowledgement to the source*

# Inclusion of Persons with Disabilities in Development Processes with *special focus on children, young girls and women*

## Report of the National Consultation

Organized by the Gender Community, UN Solution Exchange and CBM

New Delhi, 12 February 2014



# CONTENTS

Chapters	Page No.
I. Action Group on Persons with Disabilities A joint initiative of Gender Community and CBM	1
II. Report from the Proceedings of the National Consultation - Inaugural Session (Session 1) - Panel Discussion (Session 2) - Concluding Session (Session 3)	3
III. Key Recommendations	13
Annexure - List of Participants - Full List of Recommendations by Action Group	

## I. ACTION GROUP on Persons with Disabilities A Joint Initiative of Gender Community UNSE and CBM India

1.1 In August 2013, the Gender Community of Solution Exchange (SE) – a Knowledge Management (KM) initiative of the United Nations (UN) Country Team in India, co-facilitated by UNICEF and UN Women, initiated an Action Group in collaboration with CBM to highlight few key issues surrounding Persons with Disabilities, *with special focus on children, young girls and women*. The activities of the Action Group culminated with a National Consultation on “Inclusion of Persons with Disabilities in Development Processes”, held on 12 February, 2014 at the World Health Organization (WHO), Regional Office for South-East Asia, New Delhi.

1.2 The Action Group was set up with the prime objectives of compiling and developing three knowledge products, in order to assist and enable both - practitioners and policy makers, working with persons with disabilities, to benefit from well researched and relevant resource materials.

1.3 The three knowledge products includes:

- I. A compendium of Central and State Schemes for the benefit of Persons with Disabilities in India;
- II. Review of Key Flagship Programmes of Government of India from the perspectives of Persons with Disabilities; and
- III. A compendium of 20 Case Studies of individuals challenged with different forms of disability and illustrating how these have been and can be addressed to improve their lives and well-being.

### Action Group on Persons with Disabilities A knowledge based initiative of Solution Exchange for Gender Community and CBM India

#### Lead Focal Points:

- *Malika Basu*, Gender Analyst and Knowledge Management Specialist; overseeing as Resource Person & Moderator- Gender Community (UNSE)
- *Fairlene Soji*, Manager-Knowledge, Learning and Sharing, CBM India, Bangalore

#### Core Group Members

##### (In alphabetical Order)

- *Anagha Ghosh*, Director, Shodhana Consultancy, Pune, Maharashtra
- *Anjlee Agarwal*, Founder Trustee & Executive Director, Samathyam, National Centre for Accessible Environments, and Access Consultant, New Delhi
- *Mercy Kappen*, Gender Specialist, Director (Programmes) and Member Trustee – Visthar, an Institute for Development and Peace Initiative, Bangalore, Karnataka
- *Nandini Rawal*, Treasurer, International Council for Education of People with Visual Impairment (ICEVI) and Project Director, Blind People's Association, Ahmedabad, Gujarat
- *Poonam Natrajan*, Chairperson, National Trust for Persons with Developmental Disabilities, New Delhi
- *Priyaranjan Das*, Advisor to State Commission for Persons with Disabilities (SCPD), Odisha
- *Uma Kanagala*, Associate Professor, Department of Rehabilitation Science, Holy Cross College, Trichy, Tamil Nadu

- 1.4 The Action Group comprised of a 7 -member core group (*See: Box Item*), which included those who are known experts/senior professionals working with Persons with disabilities as well community leaders. The core group had the overall responsibility of accomplishing the Action Groups' activities and monitoring its progress in consultation with the two lead focal points from Gender Community and CBM. The Core Group put its voluntary time and efforts to realize the objectives set aside. In its process, it extensively relied on the Gender Community, CBM, and their networks for information.
- 1.5 The purpose of the National Consultation was to share and disseminate the three knowledge products with experts and representatives of relevant government agencies/departments and other civil society organizations. Based on the findings of these informative materials, facilitate a Panel Discussion, followed by a recommendatory session. The aim of the National Consultation was to come up with a set of recommendations to facilitate inclusion of person with disabilities in development programmes and processes. (Refer to Annexure 1: *List of Participants*)

## II. Report of the National Consultation

### 2.1 Inaugural Session (Session 1)

- A. The National Consultation opened with a welcome message by Dr. Sara Varughese, Regional Director, CBM. Any developmental process, in the present milieu, Dr. Varughese stated, can carry weight and be counted as complete only with the inclusion of people with disabilities. "It is now widely recognized that all developmental processes including issues related to health ought to include the needs of people with disability in order to achieve its objectives." Dr. Varughese made a strong appeal to WHO and its newly appointed Regional Director for South East Asia, Dr. Poonam Khetrpal Singh to include people with disabilities in all processes of WHO. Dr. Varughese also reiterated CBM's commitment to improving the quality of life of people with disabilities in the poorest communities, and poorest countries in the world. Drawing reference to the Action Group initiated in collaboration with the Gender Community, UN Solution Exchange, Dr. Varughese mentioned that the group had clear cut objectives of creating three knowledge products – that were to be released in a CD-format at the Consultation; these knowledge products were meant to enable innovative interventions as well as strengthen and facilitate the work being done among and with persons with disabilities across the country. Dr. Sara Varughese then invited the Chief Guest at the National Consultation, Dr. Poonam Khetrpal Singh, WHO-Regional Director (South-East Asia Region) to release the CDs in the presence of other distinguished guests.



Dr. Varughese at the inaugural address

- B. Releasing the set of three CDs, Dr. Poonam K. Singh expressed happiness that her first meeting as the new Regional Director for South East Asia Region of WHO is associated with the issue of disability. She reiterated that such initiatives will add to the efforts



Releasing of CDs by Dr. Poonam K. Singh, with Dr. Varughese (Left), Ms.Natarajan (Right) & Dr. Kaul

being made by the Government of India on integrating medical and social models of disability in development processes. Dr. Singh remarked that the issue of disability has to be mainstreamed in all government policies; also, it is often a segment that gets neglected and very often we tend to put it in a

“separate segment”. Going on to explain some of the initiatives of WHO and its special interest in the whole issue of disability and development, Dr. Poonam also stated that this National Consultation is very timely and she hopes that the recommendations that emerge from the proceedings will build into the objectives of the WHO.

- C. Padmashree Dr. J L Kaul invited to grace the inaugural session, brought to the fore some pertinent perspectives. With 46 years of work at the grassroots as part of the All India Confederation of the Blind, Dr. Kaul stated with emphasis the importance of *inclusion* as a topic for this National Consultation. “Disabled persons, like their non-disabled counterparts, desire to live normal lives in their families and the larger societies.” He drew attention to the fact that despite being a country that by constitution offers equal opportunities to people with disabilities, the challenge lies in the actual implementation of the decisions taken and the recommendations made. Dr. Kaul also pointed out that most of the conferences and consultations are held in the English language, making it impossible for people at the grassroots to access the information, results, and recommendations made. This, as Dr. Kaul mentioned, also directly affects the creation of a second line of leadership.



- D. The Core Group Members of the Action Group were then invited to present an overview of the three Knowledge Products<sup>1</sup> developed.

D.1: *Compendium of Central and State Schemes for People with Disabilities*: Taking the audience through a quick review of the compendium, Dr. Uma Kanagala, Associate Professor,



Dr. Kanagala (left) giving a review of the compendium (right) a sign language interpreter

Department of Rehabilitation Science, Holy Cross College Trichy revealed that among the states in India from which information was sought through a standard matrix, Tamil Nadu has the highest number of schemes for people with disabilities. Also, the State was able to provide the most information/detail in terms of the funds allocated for various schemes and the number of beneficiaries who have availed these

<sup>1</sup>The 3-set CDs of the Knowledge Products can be requested by sending an email to Fairlene Soji at [fairlene.soji@cbmsaro.org](mailto:fairlene.soji@cbmsaro.org); the soft versions of the knowledge products will shortly be available on the websites of the Gender Community, UN Solution Exchange. Currently, to avail the e-copies, please write to, Malika Basu at [se-gen@solutionexchange-un.net.in](mailto:se-gen@solutionexchange-un.net.in)

benefits over the past two years. However, they did not have sex segregated data for most of the schemes. Dr. Kanagala stated that while the Compendium is a very useful informative document developed with inputs from various sources, including the inputs received from State Commissioners; it cannot be overlooked that there are some evident lacunae in the information on schemes, allocation, disbursement, and beneficiaries received from almost all States and Union Territories.

*D.2: Review of Key Government Flagship Programmes<sup>2</sup> from the Perspectives of Persons with Disabilities:* Ms. Nandini Rawal, Treasurer, International Council for Education of People with Visual Impairment, (ICEVI) and Project Director, Blind People's Association, Ahmedabad, Gujarat, shared a Review of the Government Flagship Programmes, which were intensively reviewed with a focus on their guiding principles, key features, the successes of the programme and finally, the gaps from the perspectives of persons with disabilities. Ms. Rawal pointed out that the flagship programmes broadly have made it possible for increasing



(L-R): Sign language interpreter, Dr. Varughese, Ms. Natarajan, Dr. Kaul, with Ms. Rawal (behind) sharing review of Government Flagship Programmes

number of people with disabilities to access these schemes. The awareness regarding these programmes has increased across the states; and benefit accessed by people with disabilities has led to empowerment. However, one of the most important gaps that have been thrown up by this review is the lack of comprehensive data on number of beneficiaries. Also, most significantly, the women/girl child with disabilities –have still not been able to access the benefits as much as desired. Further, the gender aspect of disability in planning and implementation is still a large and very visible gap; there is also a lack of adaptation to present trends, and evaluation of these programmes. “The needs of people with disabilities are changing and the programmes thus need to change with the changing times”, Dr. Rawal concluded.

<sup>2</sup>13 flagship programs were reviewed. These included: 1. Sarva Siksha Abhiyan 2. Inclusive Education for the Disabled at the Secondary Stage 3. Integrated Child Development Scheme 4. National Mid-day Meal Scheme 5. National Rural Health Mission 6. National Program for the Control of Blindness 7. National Leprosy Eradication Program 8. Revised National Tuberculosis Control Program 9. National Rural Livelihood Mission 10. Mahatma Gandhi National Rural Employment Guarantee Act 11. Total Sanitation Campaign 12. Jawaharlal Nehru National Urban Renewal Mission 13. Persons with Disabilities Act.

**D.3 Documentation of 20 Case Studies:** Ms. Anjlee Agarwal, Founder Trustee, Executive Director and Access Consultant – Samarthyam, National Centre for Accessible



Ms. Agarwal presenting the case studies

Environments presented observations from the compendium, 'Challenged, but not defeated' which documents 20 stories of different individuals - challenged with different forms of disabilities – and their sheer grit and determination in the face of extremely challenging circumstances. Through the cases, attention has also been drawn to the flagship programmes that (could) address the needs of these persons with disabilities; how such programmes need to be revised to take into consideration particularly issues of access to opportunities and inclusion. People with disabilities aspire to lead lives with equity and dignity, without discrimination, insensitivity and exclusion. The case studies, besides highlighting the grit and glory of individuals, focus on the denial of rights and entitlements, lack of institutional support in financial and other resources and a distinct lack of enforcement. The cases re-emphasise the fact that

overcoming challenges - both attitudinal and physical barriers has not been an easy journey but all have fought their own battles and today stand empowered. *There are key lessons to be learnt from each of the case studies.*

## 2.2 Panel Discussion (Session 2)

A. The inaugural session was followed by a Panel Discussion on “Inclusion of Persons with Disabilities in Development Processes”. Ms. Sarada G Muraleedharan, former Chief Operating Officer (COO), National Rural Livelihood Mission (NRLM) chaired the Panel which included Dr. T D Dhariyal, Deputy Commissioner for People with Disabilities, Ministry of Social Justice and Empowerment (MoSJE); Mr. Sameer Ghosh, Director-Shodhana Trust; Ms. Poonam Natarajan, Chairperson, National Trust, Ministry of Social Justice and Empowerment (MoSJE/ Government of India; also Core Group Member-Action Group); and Ms. Madhu Singhal, Managing Trustee - Talking Book Library, *Mitra Jyothi* - as panelists. Some of the key points that were raised by the panelists related primarily to issues of convergence, social mobilization, buy-in of the state, and a mechanism to make Inclusion compulsory.



(L-R): Ms. Kacker, Mr. Dhariyal, Ms. Muraleedharan, Ms. Singhal, Ms. Natarajan, Ms. Agarwal

B. In her opening remarks, the Chairperson drawing from her engagements with NRLM shared the challenges they encountered in handling issues of social inclusion, especially the challenge of not being able to look at people with disabilities as a heterogeneous group. Ms. Muraleedharan cited three focus areas i.e. universal entitlements in terms of access to health and education; special targeted entitlements – related to livelihood; and the 'language of growth' with Inclusion – that presupposes that people with disabilities are in a position to enjoy full citizenship. This however is not true. While attempt has been made to encourage state governments to come up with concepts for the empowerment of people with disabilities; the endeavour is to create a larger universe that is accepting, accommodating and asserting the right of the people with disabilities. The Chairperson encouraged the participants to get into the panel discussion with the intention of perhaps raising more critical questions, and arrive at some cautious solutions.

C. Mr. Sameer Ghosh, the first panellist focussed on the concepts of Social Mobilization and Convergence. He spoke about the three states where NRLM is actively involved – Odisha, Maharashtra and Bihar, and where his organization is working to incorporate a system of inclusion into the livelihood models in select blocks, as a pilot. Mr. Ghosh highlighted the fact that since the Disability Act, 1995, the question of funds or a budget has not been the main focus; rather the focus is now more on what to do with that available budget, so that ultimately it results in a situation where there are “seeds of plenty and seeds of want”. Drawing from his observations based on different experiences with people with disabilities,



Mrs. and Mr. Ghosh, with other participants

Mr. Ghosh further shared that while debating on figures of individuals with disabilities, one tends to forget to take into consideration how the households are affected – “every household is doubly or even three times more vulnerable when there is a person with disability.” Also, until recently, Mr. Ghosh said, all the schemes that were available, the expectation was that the person in need will come to the respective government office to know about the scheme and to avail of the benefits. However, the new lifecycle approach that is being implemented by both NRLM and the National Urban Livelihood Mission (NULM) are aimed at making the schemes more accessible to the persons with disabilities. “This social mobilization process is the best chance at a better convergence, whether health or employment or any other benefit,” he reiterated.

D. Ms. Poonam Natarajan, Chairperson-National Trust (also a member of the Core Group) then highlighted the experiences of the core group in collecting data on schemes for persons with disabilities. She remarked that though some data came back from the states, it is extremely scanty and still displays a lack of disaggregated data. She made specific observations on women with disabilities, and especially single women with disabilities who are getting left out even now of the development processes. She also emphasized that the disability sector needs to look into where and how to use the allocated budgets. Further, though everyone talks about convergence, at the National Trust when the Trust tried to work on it, the experience was not easy. For instance, people with disabilities are denied health insurance. The National Trust initiated Niramaya scheme for people with intellectual disabilities in which the different states were encouraged to pay a small premium for health insurance. The experience was that there was a very positive verbal response from different states, but the actual convergence was far less than expected. Ms. Natarajan concluded by saying, “It is important when we speak about disabilities, we take into consideration all kinds of disabilities and not leave out people with high support needs, and multiple disabilities - they just tend to get more marginalized.”

E. Mr. T D Dhariyal, Deputy Chief Commissioner for People with Disabilities, MoSJE put forth some very relevant observations. “I have found that the biggest challenge for people and families of people with disabilities is partly their own attitudinal constraints as well as the attitudinal limitations of the environment they are in.” Mr. Dhariyal recounted three specific instances that were indicative of the prevailing mind-set and approach to a person with disability. The first was of a father who did not have any trouble putting his two sons without a disability in renowned and expensive boarding schools, but wanted “free” special institutional care for his third son with a disability. The second case was that of two persons with disabilities with jobs in a government office, but who were never allowed to actually work at the office because of lack of infrastructure. The third case was



Mr. Dhariyal (right) welcomed by Ms. Soji, with Ms. Kacker (left)

that of the MNREGA scheme in a district in Madhya Pradesh where more than 5% of jobs were given out to people with disabilities but their families were not supportive of them taking up those jobs. "Our environments are far from being really inclusive of people with disabilities". These three instances, Mr. Dhariyal said highlight the fact that immediate steps need to be taken in order to move the inclusion of people with disabilities from a concept to a reality. In order to do so, we require a) a complete attitudinal change among all the stakeholders, including the family of the person with disability; b) the focus needs to be on making transport and work environments more accessible to people with disabilities; and c) to adopt a twin-track approach where specific schemes are made for people with specific disabilities and inclusion of people with disabilities in all developmental processes. "One thing we tried was to make it compulsory for Self Help Groups (SHGs) to have a certain number of people with disability in order for the group to be formed...and that seemed to have worked," Mr. Dhariyal concluded.

F. Ms. Madhu Singhal, Trustee - Talking Book Library, *Mitra Jyothi* highlighted the pertinent point of awareness building, training, education and sensitization of individuals and societies as the pivot to progress. This can facilitate the inclusion of people with disabilities into the mainstream, and developmental processes. She put forth an appeal for more collaboration in order to make Inclusion of people with disability a reality.



Ms. Singhal (left) and Ms. Natarajan (right)

G. Opening the floor to participants for their comments and views, the Chairperson – Ms. Muraleedharan remarked that the need for sensitization is indeed a major reason why perhaps the Central and State Government schemes do not quite deliver the results they are expected to. Inclusion is a huge issue in itself. Since we are talking about a population of 3% on one hand and a population of 97% on the other - it is imperative to have a buy-in from the 97%, then perhaps the convergence we are looking for may happen.

H. During the open floor discussion, some of the points that were brought forth by the participants include:

- There is a need to understand the difference between Inclusion and Integration.
- Sensitizing both medical and para-medical practitioners at micro and macro levels; at district and state levels.
- Making every scheme and benefit accessible to people with disabilities.
- Inadequate quantitative data is a major disadvantage; also, there is lack of qualitative data.
- Monitoring and evaluation processes need to include data on people with disabilities.
- Special focus needs to be given to women with disabilities as they, relatively speaking, present a case of multiple vulnerabilities.
- Attitudinal change is mandatory, even among the people with disabilities themselves.

- Advocacy at the State Government level: while the planning is done mostly at the Central Government level, the implementation of any programs or schemes happens only at the State Government level.
- Accessible two-way communication with people with disability: any Inclusion will be possible only when the needs of people with disability is correctly understood - for which communication is imperative.
- Convergence within the sector is as important as its convergence with mainstream society.
- Address the need to formulate a separate ministry directly under the Prime Minister's office.
- Building a Disabled People's Organization (DPO) network under the Panchayat level is one of the alternatives for involving people with disabilities in all developmental processes. This experiment conducted successfully in Karnataka has now been adopted by the state government as well.
- None of the poverty alleviation schemes make a special mention of 'disability', which makes it easy for this sector to be further marginalized, forgotten, ignored and overlooked.

I. Summing up the Panel Discussion, the Chairperson - Ms. Sarada Muraleedharan made the following observations:

- Absence of data and the issue of data management remains a key issue. Adequate data can facilitate a proper process of identification thereby better inclusion.
- The need to nurture the process of social mobilization.
- Convergence also is a key issue; important is how to get the State involved.
- Need for advocacy at the state level through sensitization and public awareness that can help develop a critical mass for assimilation, and for the larger society to sit up and take notice.
- Issues of communication and access cannot be ignored
- There is undoubtedly a need for education, and curricular intervention and reform
- Financial Inclusion and Social Security



(L-R): Mr. Baurai and Ms. Basu with other participants

The Chairperson concluded the Panel Discussion by saying that it is now up to the Ministry as well as the Civil Society Organizations to see how the issues that emerged from the discussion can be encapsulated in programmes, and taken forward.

## 2.3 Concluding Session (Session 3)

- A. Ms. Stuti Kacker, Secretary, Ministry of Social Justice and Empowerment (MosJE), Government of India, chaired the final and the concluding session of the National Consultation. She invited Ms. Anjali Agarwal, Founder Trustee, Executive Director – Samarthyam, National Centre for Accessible Environments, and Access Consultant (also Member of the Core Group) to share some of the recommendations on behalf of the Action Group facilitated by the Gender Community, UNSE and CBM.
- B. Ms. Anjee Agarwal mentioned that based on the work on the three knowledge products released at the National Consultation as well as the long drawn experience of the Core Group Members, the Action Group had come up with nearly 25 Recommendation (For the full list of Recommendations from the Action Group, refer to Annexure 2). To start the discussion on what could be possible takeaways from the consultation, Ms. Agarwal drew the Chairperson as well as the participants attention to the following recommendations:
- It is imperative to adopt a multi-sectoral approach to address the issues faced by girls and women with disabilities.
  - A significant effort needs to be made to bridge the data gaps in terms of collection (under various departments of the government) and its standardization; Sex-disaggregated data is a much needed part in the data collection efforts.
  - Increase the present 3% reservation for girls/women with disabilities to 5%.
  - Empower State Commissioners for Persons with Disabilities, District Disability Rehabilitation Centres (DDRCs), etc. with the enforcement of punitive action for non-compliance and violation of Schemes and Programs.
  - Universal Access for All in terms of transport, work environment, justice, education, infrastructure, medical facilities, financial assistance, water sanitation, health facilities, school curricula, sustainable livelihood and employment, housing, and all other benefits and services.
  - Reproductive right is basic and fundamental and is glaringly missing in all schemes and policies and there is no mention of the forced sterilization that is a big issue and no efforts to address this.
- C. Referring and adding to the point made by Ms. Agarwal on data gaps, Dr. Prasannakumar from Sightsavers International shared his organization's experience in putting together a compendium of Central and State government schemes and policies for persons with disabilities in 2008, in collaboration with Blind People's Association, Ahmedabad. That initial effort took more than a year and a half largely due to the non-availability of data. The main learning was the fact that a central coordination would have helped to make it a more



Ms. Jeeja Ghosh, sharing her views, with other participants in the background

comprehensive effort. On behalf of Sightsavers International, Mr. Prasanna Kumar recommended that a definite shift from an individual-based approach to a system-strengthening approach is required.

- D. Ms. Anandhi Viswanathan from the Center for Internet Society explained the challenges and learnings the Centre experienced in the process of collecting information on people with disabilities. She recounted that getting to the right person in state government departments who would be able to provide them the information they were looking for, was the main challenge they faced time and time again. Based on her organization's experiences, she put forth two recommendations viz. a comprehensive list of people who could be contacted in the state government departments be prepared; and now that there are efforts being made by different organizations to collect and collate information related to the schemes and programs for the people with disabilities –the MoSJE and other departments should take the onus of disseminating the required information to all the states which reaches up to the panchayat levels. This information should be translated into all local languages and should be in an accessible format.
- E. Mr. Nilachala Acharya from Centre for Budget and Governance Accountability (CBGA) then put forth the 'budget perspective' bringing in interesting insights and information on the budget allocations made by the Ministry of Social Justice and Empowerment. Mr. Acharya highlighted the different schemes and programs that were discussed through the Consultation and threw light on the funds/budgets allocated for them, drawing attention to the fact that in most cases, less than half of the allocated funds for a particular year were actually utilized and disbursed. One of the recommendations that Mr. Acharya made was that a separate ministry should be set up to address the needs and issues related to People with Disabilities. This is because the present set up for any particular scheme or program involves a network of departments and ministries which makes it difficult to get to the heart of the issue clearly and with as much speed as desired.



(L-R): Ms. Viswanathan, Ms. Stuti Kacker (chair of the Panel)  
Mr. Acharya, Ms. Agarwal and Mr. Kumar

- F. Acknowledging the above interventions in the concluding session, participants raised a few more points which they considered crucial and wanted to reiterate. These included:
- Violence and abuse of girls and women with disabilities - this is a crucial aspect to the whole endeavour of inclusion of persons with disabilities into all development processes
  - Importance of Monitoring and Evaluation
  - Skill Development as an agenda for inclusion
  - Look at the higher education of people with intellectual disabilities by setting up a college to encourage them to pursue higher education and not feel compelled to stop with just secondary education due to lack of facilities.
  - Making technology user-friendly for the social development of people with intellectual disabilities.
- G. Thanking all the participants for their inputs and comments, Ms. Stuti Kacker urged all the participants of the Consultation, which also included State Commissioners for Disabilities to demystify the whole concept of disability because disability has diversity. Demystifying, Ms. Kacker said, will help in the allocation of the 3% funds across the range/diversity of disability so that no sector gets neglected, marginalised or left out of the equation. NGOs also need to speak in one voice and direct their collective efforts towards achievable and tangible goal(s). In her concluding remarks, Ms. Kacker lauded the efforts of the Action Group facilitated by the Gender Community (UNSE) and CBM, the Core group members in particular, and commended the knowledge products that were collated and released at the Consultation. She also appreciated the recommendations that were put forth through the various sessions. She encouraged more participation and collaboration to get into the finer details. It would enable the Ministry of Social Justice and Empowerment to take specific steps towards implementing the recommendations that have been made and collated through the national consultation.

The consultation came to an end with CBM India representative giving the Vote of Thanks.

## III. Key Recommendations

- 3.1 During the three sessions of the National Consultation, several recommendations or action points were proposed by the Chair of the sessions; the panellists and participants. This section highlights some of the specific recommendations that came out of the Consultation.
- 3.2 A separate budget statement focusing exclusively on the Disability Act and Schemes and Programs for People with Disabilities; updating all ministries with information in line with the 1995 Act; a national portal for people with disabilities was proposed.
- 3.3 In addition, the following set of recommendations were put forth that primarily addresses the basic needs of persons with disabilities that is often undermined.
- Inclusive education to be child centric and friendly, addressing the needs of children with disabilities including those with developmental disabilities. Curriculum, teaching-learning methodologies/materials, testing methods be adapted to child needs. Allocation of funds for barrier free access in schools (public/private) must be as per sq. foot and not as per the element (ramp/toilet). Access standards must be strictly followed and complied with during implementation and maintenance.
  - Convergence in all departments with all schemes and interlinking them for the benefit of persons with disabilities.
  - Medical and Referral Services- All health plans must incorporate the needs of people with disabilities with special focus on prevention, rehabilitation and availability of home based services (therapists and assistive devices) for those with severe disabilities. Also, medical curriculum must include disability and gender in detail; it must be didactic and practical. Outreach and referral in the rural and urban poor settings must be made available. Reproductive Right is an important component of women's right and is missing. Forced sterilization a major issue finds no mention in the schemes/ programmes.
  - Water, Sanitation & Hygiene (WASH) in the schools, community and individual households for girls and women with disabilities as per age and nature of disability. Functional toilets cum bathing facilities with Menstruation Hygiene Management (MHM) issues needs to be addressed and implemented.
  - Universal Accessibility covering accessible transportation, and connected pedestrian environment for independent and safe mobility.
  - All insurance schemes including Life Insurance Corporation (LIC) do not cover people with disabilities. Only one-two schemes are available:
    - *Aam-Admi Bima Yojna* (Karnataka) insurance if disability is acquired by accident/calamities. Rs.100/- premium paid by individual and Rs.100/- by Government. For natural death Rs.30,000/- will be given; Rs.37,500/- for one part, more than one part (totally dependent) Rs.75,000/- is given. People

with intellectual disabilities are not covered in this scheme, and already existing disabled persons will not get this policy.

- *Janashree* - enrolled with co-operative society - Rs.210/- paid by individual, covering individual and family with added premium amount.
- Financial assistance/ allocation of funds - if the schemes, policies and flagship programmes of Government of India do not have specific facilities outlined for girls/women with disabilities, then, there will be no funds allocated for them to get entitlements.
- Reservation- 5% of reservation for girls/women with Disabilities in all the Central and State Government Schemes for children/women regardless of their disabilities/community/caste/economic status.
- Strengthening Institutions (e.g. State Commissioners, District Disability Rehabilitation Centres (DDRCs), etc.) for effective implementation of Schemes/ Programmes; also, giving them powers for implementation, enforcement and punitive action for non-compliance/ violations.
- Inter-relation of gender, poverty and disability leads to multiple marginalization of girls and women with disabilities. A multi-sectoral approach is needed to tackle the issues of the girls/women with disabilities and also their families/carers.
- Standardization in the way data is collected, maintained and reported under the various departments of the government, census, etc. Sex-disaggregated data is a must.



(L-R): Sign language interpreter, Dr. Varughese, Dr. Singh, Ms. Natarajan

## Annexure 1: List of Participants

Sl. No.	Name	Organization	Email
1	Ms. Stuti Kacker	Ministry of Social Justice and Empowerment	secretaryda-msje@nic.in, secy-social@nic.in, secywel@nic.in
2	Mr. Ajay Kumar Lal	National Trust	js_ceo_nt@thenationaltrust.in
3	Mr. T.D. Dhariyal	Rehabilitation Council of India	rehabstd@nde.vsnl.net.in
4	Dr. N. K. Agarwal	National Control Blindness Program	ddgnbcb2010@gmail.com
5	Mr. K C Sreenath	Ministry of Drinking Water & Sanitation Paryavaran Bhawan	-
6	Mr. Ranjan Choudhury	National Skill Development Corporation, [Principal Programme Development]	dilip.chenoy@nsdcindia.org
7	Ms. Sarada Muraleedharan	Ex. COO, NRLM	-
8	Ms. Meenakshi Jolly	Department of School Education & Literacy, Ministry of HRD	drmjolly@gov.in
9	Ms. Preet Verma	National Commission for Protection of Child Rights	cp.ncpcr@nic.in
10	Dr. Charu Wali Khanna	The National Commission for Women	-
11	Mr. B. Kapliana	Assistant Commissioner, Disability, Mizoram	sairengiswd@rediffmail.com, ocfpwd@gmail.com
12	Ms. Kasturi Mohapatra	Commissioner, Disability, Odisha	kasturi_m@hotmail.com, scpdodisha@hotmail.com, scpdorissa@gmail.com
13	Ms. Manasa Devi .H	Assistant Commissioner, Disability, Karnataka	scdkarnataka@gmail.com, Website: www.scd.kar.nic.in
14	Mr. Shashi Bharat Bhushan	Commissioner, Disability, Haryana	sje@hry.nic.in, shashibharatbhushanadvocate@gmail.com
15	Ms. Anupriya Chadda	Inclusive Education, Sarva Shiksha Abhiyan	iedtsgssa@gmail.com
16	Dr. Usha Grover	National Institute for the Mentally Handicapped	director@nimhindia.org, dir@nimhindia.gov.in
17	Prof. Anita Jhulka	National Council of Education Research and Training	degsn.ncert@nic.in
18	Dr. Gayatri	Ali Yavar Jung National Institute for the Hearing Handicapped	ayjnihhmum@gmail.com, prakashadnihh@gmail.com
19	Ms. Sangeeta Singh	District Handicap Welfare Officer, Ghaziabad	-
20	Mr. Yetender Kaur	District Handicap Welfare Officer, Meerut	-

Sl. No.	Name	Organization	Email
United Nations Officials			
1	Malika Basu	United Nations Solutions Exchange, [Resource Person and Moderator, Gender Community]	malika.basu@one.un.org; se-gen@solutionexchange-un.net.in
WHO SEARO			
1	Dr. Poonam Khetrapal Singh	WHO, South-East Asia Region	-
2	Dr. Prakin	WHO, South-East Asia Region	-
3	Mr. Roderico	WHO, South-East Asia Region	-
4	Dr. Amrita Kansal	WHO, South-East Asia Region	-
Disability Network			
1	Col. Deshpande	VISION 2020 India	president@vision2020india.org info@vision2020india.org
2	Dr. Suneela Garg	Sound Hearing 2030	gargsuneela@gmail.com
3	Mr. Vijay Kant	Parivaar	parivaarncpo@gmail.com vkant47@gmail.com, www.parivaarnfpa.org
4	Ms. Tulika Das	CBR India Network	das.tulika1@gmail.com
5	Padmashree J.L. Kaul	All India Confederation of the Blind	aicbdelhi@yahoo.com
6	Ms. Jeeja Ghosh	Advocacy & Disability Studies, Indian Institute of Cerebral Palsy	jeeja.ankur@gmail.com
7	Ms. Iona Kundu	MENTAID	mentaid.org@gmail.com
8	Mr. Zamir Dhale	Sense International India-Advocacy Rep	zamir@senseintindia.org
9	Mr. Sachin Rizal	Sense International India	zamir@senseintindia.org
CBM Partners			
1	Ms. Madhu Singhal	Mitra Jyothi	mjyothi90@yahoo.com admin.office@mitrajyothi.org
2	Dr. Bhushan Punani	Blind People's Association	bpaiceviad1@bsnl.in, blinabad1@bsnl.in
3	Mr. Kiran Mehta	Dr. Shroff's Charity Eye Hospital	shantanu@sceh.net

Sl. No.	Name	Organization	Email
4	Ms. Monalisa Sankar	CURE International	web:www.cureinternational.org
5	Ms. Obanglemla, Imsong	CURE International, India	web:www.cureinternational.org
6	Mr. G. Ramanathan	Sama Foundation	paulramanathan@sama-foundation.org, website: www.sama-foundation.org
7	Dr. Sunil Anand	The Leprosy Mission	sunil.anand@tmindia.org ; mary.verghese@tmindia.org
8	Prof. G.V.S. Murthy	Indian Institute of Public Health	murthy.gvs@iiph.org
9	Dr. Dominic Misquith	St. John's Hospital and Medical College	dominic.misquith@gmail.com
INGOS / NGOS			
1	Mr. Prasanna Kumar	Sightsavers International	rnmohanty@sightsavers.org; ageorge@sightsavers.org
2	Mr. Nilachala Acharaya	Equals/ Centre for Budget and Governance Accountability	subrat@cbgindia.org; nilachala@cbgindia.org
3	Ms. Anandhi	Centre for internet and Society	website:www.cis-india.org
4	Dr. Gauri Divan	Sangath Centre (Mental Health work)	gauridivan@gmail.com, www.sangath.com
5	Mr. Akil Paul	Sense International	akhil@senseintindia.org; info@senseintindia.org
6	Ms. Soniya Srivastava	Director, SCEH	-
7	Mr. Vengal Reddy	Commitments	vengalg@gmail.com
8	Mr. Sameer Ghosh	Shodhana Trust	samir@shodhana.org, samir_ghosh@hotmail.com
9	Mr. Amitabh Mehrotra,	Founder Chairperson & Director SPARC India	sparc_india@yahoo.com, sparcindia95@gmail.com
10	Dr. Chakravarthi	Samarthyam	samarthyaindia@yahoo.com
11	Ms. Simran Kaur	Samarthyam	samarthyaindia@yahoo.com
12	Ms. Priyanka Sharma	Consultant - Sign Language Interpreter	-

Sl. No.	Name	Organization	Email
13	Ms. Prashanthi	Consultant - Documentation	prashantimikayla@gmail.com
14	Vipul Sharma	Consultant - Photographer/ Videographer	-
CBM Staff			
1	Dr. Sara	CBM	sara.varughese@cbmsaro.org
2	Mr. Rabindran	CBM	ravindran.shelley@cbmsaro.org
3	Ms. Rajani	CBM	rajani.gopalkrishna@cbmsaro.org
4	Mr. Murali	CBM	murali.padmanabhan@cbmsaro.org
5	Ms. Nagarathna	CBM	nagarathna.s@cbmsaro.org
6	Mr. Prateep	CBM	prateep.chakraborty@cbmsaro.org
7	Ms. Umesh	CBM	umesh.baurai@cbmsaro.org
8	Mr. Darwin	CBM	darwin.moses@cbmsaro.org
9	Ms. Megha	CBM	megha.maini@cbmsaro.org
10	Mr. Sreejith	CBM	sreejith.sreekandan@cbmsaro.org
11	Mr. Srinivasan	CBM	srinivasan.mani@cbmsaro.org
12	Ms. Fairlene	CBM	fairlene.soji@cbmsaro.org
Core Group Members			
1	Ms. Anagha Ghosh	Director, Shodhana Consultancy	anagha@shodhana.org
2	Ms. Anjlee Agrawal	Executive Director, Samarthyam	samarthyaindia@yahoo.com
3	Ms. Mercy Kappen	Director, Visthar	mercykappen@yahoo.com
4	Ms. Nandini Rawal	Blind People's Association, ICEVI	bpaiceviad1@bsnl.in
5	Ms. Poonam Natarajan	Chairperson, National Trust for persons with developmental disabilities	poonarish@yahoo.com
6	Ms. Priyaranjan Das	Advisor to State Commission for Persons with Disabilities	priyaranjan1710@rediffmail.com
7	Prof. Uma Kanagala	Holy Cross College	ukrao2000@gmail.com

## Annexure 2

### Full List of Recommendations from the Action Group on Persons with Disability *facilitated by the Gender Community UNSE and CBM*

1. A separate ministry in the Central Government to address issues of Persons with Disabilities.
2. Financial allocation in all flagship programmes of Government of India (GoI), specific facilities for girls/ women with disabilities must be outlined. A concrete financial commitment and separate budget statement on allocation towards protecting, ensuring and promoting the rights of persons with disabilities by various ministries and departments.
3. Inter-relation of gender, poverty and disability leads to multiple marginalization of girls and women with disabilities. It is recommended that new schemes be planned and implemented to tackle these issues for girls and women with disabilities and at least within the existing ones (Sarv Shiksha Abhiyan (SSA), Inclusive Education for Disabled at Secondary Stage (IEDSS), etc.) enhance the facilities for girls and women with disabilities.
4. Convergence in all departments (Human Resources, Social Justice, Women and Child Development, Health, Urban Development, Rural Development, etc.) is needed with all schemes and interlinking them for the benefit of persons with disabilities.
5. A standardized method of data collection especially sex-disaggregated is needed. The matrix prepared by the core group can be used as a reference. Accessible, uniform, regularly updated data with central coordination is needed. An official in each state must be designated the responsibility and accountability to maintain and report this data. Web pages/sites at state and union level must be maintained which can be considered as a reference document.
6. Within all the existing Central and State Government schemes for women, 5% reservation must be made for girls/women with disabilities; e.g. in Kasturba Gandhi Balika Vidyalaya (KGBV) scheme, 5% must be for girls with disabilities - likewise in all other schemes.
7. Powers for implementation, enforcement of schemes and punitive action for non-compliance/ violations must be given to State Commissioners and District Disability Rehabilitation Officers (DDROs), etc. Cells for ensuring, protecting and promoting the rights of persons with disabilities in all Ministries / Departments of the Union Government.
8. Railways, aviation (government owned and private), State road transport corporations etc. must be made responsible for access to public transportation for

the persons with disabilities. The airport authority must come up with a plan to deal sensitively with persons with disabilities during security checking and transit.

9. Make all institutions receiving government funding for education, health, social and cultural activities responsible for access to persons with disabilities.
10. The Public Works Department must be made responsible for accessible and well connected pedestrian environment for seamless journey from origin to destination.
11. Access to justice through alternate methods/interventions (interpreters / communication methods) to record statements of persons with disabilities with communication difficulties need to be made. Measures in police stations, court, etc. are essential for complaints and grievance redressal by women based on the nature of their disabilities. Amendment to the various women's protection laws of the land must include women with disabilities.
12. In educational schemes like SSA and Rashtriya Madhyamik Shiksha Abhijan (RMSA) and Rashtriya Uchchar Shiksha Abhiyan (RUSA) allocation of funds for barrier free access in schools (public/private) must be as per sq. foot and not as per the element (ramp/toilet). Funds for this must be earmarked as in Higher Education for Persons with Special Needs (HEPSN) scheme.
13. Introduce an adapted curriculum without diluting the quality of input in schools. At present testing methods address only the needs of children with visible disabilities. Specific testing methods for children with learning and developmental disabilities required.
14. Rehabilitation Council of India (RCI) and National Council of Teacher Education (NCTE) together need to work on 'in service training' for teaching-learning methodologies/materials to regular classroom teachers. Teaching of children with disabilities must form part of the syllabus of B.Ed. and M.Ed. programs.
15. Medical and Appropriate Referral Services- All health related schemes must incorporate the needs of persons with disabilities with special focus on prevention, rehabilitation and availability of home based services for those with severe disabilities. Outreach and referral in the rural and urban poor settings must be made available.
16. Include aspects of disability and gender in detail in Medical Curriculum; it must be didactic and practical.
17. Reproductive Right is an important component of women's right and is missing. Punitive measures for forced sterilization must be spelt out and implemented.
18. Simplify and make readily available the process of access and availability of Disability Certificates.

19. In schools, community accessible and functional toilets (running water, squatting and western commode) for girls and women with disabilities must be a focus. Individual households with girls and women with disabilities must also be covered under Nirmal Bharat Abhiyan. Further, hostels, institutions, residential facilities etc. must be made responsible for functional toilets.
20. Enforce provisions for sustainable livelihood and appropriate employment efforts in national schemes (MNREGA, NRLM, etc.) for the persons with disabilities.
21. Schemes viz. Indra Awas Yojna/ Rajiv Gandhi Awas Yojna do not provide provisions for single women with disabilities. Any scheme of the central or state government, women with disabilities (single or married) must be able to access them.
22. Insurance schemes do not cover people with disabilities. Some schemes provide cover if disability is acquired by accident/calamities. Disabled are more in need of insurance. A group insurance or other facility must be provided.
23. Earmark budget outlays for establishing a National Employment Portal for persons with disabilities; a National Labour Institute for persons with disabilities.
24. Inclusion of persons with disabilities as a specific marginalized group in all sustainable livelihood and employment related programs, with special focus on women with disabilities.
25. Empowering and capacity building of Rural Self Employment Training Institutes (RSETI) to train persons of different categories.





## Solution Exchange for the Gender Community

The Gender Community promotes gender equality and women's empowerment in India, focusing on increasing development effectiveness to improve the gender and girl child situation, promote a rights-based approach to development, and ensure gender mainstreaming.

Solution Exchange helps members of this Community increase the effectiveness of their individual efforts to promote gender equality and address challenges to women's involvement in development – increased access, capacity, and equality in women's social, economic and political endeavors, by tapping into their collective knowledge and collaborative actions.

### Issues Covered

- Gender Based Violence (GBV) including Prenatal Sex Selection, Human Trafficking, Domestic Violence
- Issues of tribal, dalit, and marginalized women
- Child Rights and Protection; Issues of Youth and Adolescents
- Issues of Sexual Minorities
- Social Security Issues (including the elderly, women headed households)
- Engendering policies, programmes and institutions (e.g. gender budgeting, sexual harassment at work place, gender mainstreaming)
- Gender Equality and Empowerment of Women (e.g. economic, political)
- Gender gaps and disparity (e.g. education, health, governance, access to resources)

### For further information on the Gender Community contact:

Resource Person and Moderator

UNICEF India Office

73 Lodhi Estate, New Delhi - 110003. India

Tel: 91-11-24690401; Fax: 91-11-24627521

E-mail: [se-gen@solutionexchange-un.net.in](mailto:se-gen@solutionexchange-un.net.in)

Web : [www.solutionexchange.net.in](http://www.solutionexchange.net.in)



CBM is the leading disability and development organisation in India committed to improving the quality of life of people with disabilities. The vision of CBM is to have an inclusive world in which all people with disabilities enjoy their human rights and achieve their full potential.

CBM addresses disability as a cause and consequence of poverty in the most disadvantaged communities of the country, irrespective of race, gender, religion, age and HIV status. One of its key approaches is to generate knowledge, learn and share with others interventions / initiatives that concern persons with disabilities and bring to light the fundamental issues for policy considerations.

**Within its projects**, CBM uses comprehensive, sustainable, and community-focused approaches within the framework of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and core components of WHO Community Based Rehabilitation Matrix, which contribute to poverty alleviation and self-reliance. CBM also works with mainstream development organizations to include the issues of persons with disabilities in their area of work through initiatives such as disability inclusive development programme, capacity building, facilitating barrier free environment, integrating gender and disability in project cycle management and child protection.

**For further information on CBM contact:**

Manager - Knowledge Learning & Sharing  
CBM India, #140, "Commerce Cube", 5th Main  
Puttannachetty Road, Chamarajpet  
Bengaluru - 560 018, Karnataka - INDIA  
Phone: 080 2667 3635/3566 Fax: 080 2667 3640  
[www.cbm.org](http://www.cbm.org) Email: [mail@cbmsaro.org](mailto:mail@cbmsaro.org)



Participants at the National Consultation on  
Inclusion of Persons with Disabilities  
in Development Processes  
with special focus on children, young girls and women  
New Delhi, 12 February 2014  
at the World Health Organization (WHO),  
Regional Office for South-East Asia, New Delhi