



सत्यमेव जयते



INTRODUCTORY TRAINING MODULE



FOR



Braille

**In-service Training and Sensitization
of Key Functionaries of Central &
State Governments, Local Bodies and
Other Service Providers**



Rehabilitation Council of India

Department of Empowerment for Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment
Government of India



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सन्देश

सामाजिक न्याय और अधिकारिता मंत्रालय, दिव्यांगजन सशक्तिकरण विभाग, भारत सरकार की ओर से आयोजनागत मद के अंतर्गत वर्ष 2014 में प्रारम्भ की गई नवीन योजना "दिव्यांगता विषय पर सेवाकालीन प्रशिक्षण और संवेदीकरण कार्यक्रम" के माध्यम से 12वीं पंचवर्षीय योजना के अंतर्गत पांच वर्गों के प्रतिनिधियों/ अधिकारियों को प्रशिक्षित किये जाने का लक्ष्य निर्धारित किया गया था। इस योजना के राष्ट्रीय स्तर पर कार्यान्वयन की जिम्मेदारी दिव्यांगजन सशक्तिकरण विभाग, भारत सरकार द्वारा भारतीय पुनर्वास परिषद्, नई दिल्ली को नोडल एजेंसी के रूप में दी गई है।

इसके साथ मुझे यह बताते हुए अत्यंत हर्ष हो रहा है कि भारतीय पुनर्वास परिषद् द्वारा इस प्रशिक्षण कार्यक्रम में विगत चार वित्तीय वर्षों 2015-16 से 2019-20 तक, 12895 से अधिक जन प्रतिनिधियों, राज्य व केंद्र सरकार के अधिकारियों व कर्मचारियों को दिव्यांगता के प्रति संवेदनशीलता व जानकारी प्रदान करने हेतु प्रशिक्षित किया गया है।

उपरोक्त योजना के सुगम क्रियान्वयन हेतु परिषद् द्वारा सामान्य दिशानिर्देश व व्यापक प्रशिक्षण मॉड्यूल का निर्माण किया गया था। तदोपरांत दिव्यांगजनों के अधिकारों पर संयुक्त राष्ट्र अभिसमय और उससे संबंधित या उसके आनुषंगिक विषयों को प्रभावी बनाने एवं दिव्यांगजनों के बहुलक्षीय विकास हेतु भारत सरकार द्वारा दिव्यांगजन अधिकार अधिनियम, 2016 को पारित किया गया। समय-समय पर भारत सरकार द्वारा दिव्यांगजनों के उत्थान हेतु विभिन्न योजनाओं को भी प्रारम्भ किया गया। इस विकास को दृष्टिगत रखते हुए, पूर्व प्रचलित प्रशिक्षण पुस्तिकाओं को पुनः संशोधन करने की आवश्यकता महसूस की गई। इस आवश्यकता की पूर्ति हेतु भारतीय पुनर्वास परिषद् द्वारा प्रशिक्षण कार्यक्रम के संचालन व गुणवत्ता पूर्ण क्रियान्वयन हेतु संशोधित प्रशिक्षण पुस्तिकाओं को विकसित किया गया है।

योजना के प्रभावी कार्यान्वयन के लिए भारतीय पुनर्वास परिषद् द्वारा विशेषज्ञों के सहयोग से संशोधित प्रशिक्षण पुस्तिकाएँ हिंदी व अंग्रेजी भाषा में तैयार की गईं। यह पुस्तिकाएँ दिव्यांगता के क्षेत्र में प्रख्यात विशेषज्ञों की समिति के माध्यम से गहन चिंतन व मंथन के उपरांत तैयार की गईं हैं। संशोधित प्रशिक्षण पुस्तिकाओं का अनुवाद अन्य प्रादेशिक व क्षेत्रीय भाषाओं में शीघ्र प्रस्तावित है। उक्त प्रशिक्षण पुस्तिकाओं को छः विभिन्न लक्ष्य समूहों में पृथक प्रशिक्षण हेतु भारतीय पुनर्वास परिषद् द्वारा पुनः संशोधित किया गया है।

संशोधित प्रशिक्षण पुस्तिकाओं को भारतीय पुनर्वास परिषद् व दिव्यांगजन सशक्तिकरण विभाग की वेबसाइट पर भारत के प्रत्येक नागरिक के अवलोकनार्थ एवं उपयोगार्थ उपलब्ध कराया गया है। इनके माध्यम से दिव्यांगजनों के पुनर्वास हेतु विभिन्न प्रकार की नवीनतम सूचनाओं को प्राप्त किया जा सकता है।

मैं सचिव, दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार व अध्यक्ष, भारतीय पुनर्वास परिषद्, संयुक्त सचिव, दिव्यांगजन सशक्तिकरण विभाग, सदस्य सचिव, भारतीय पुनर्वास परिषद् व विभाग के सभी सम्बंधित अधिकारियों, विशेषज्ञों एवं सहयोगियों को उनके द्वारा इन प्रशिक्षण पुस्तिकाओं को मूर्त रूप प्रदान करने हेतु मंत्रालय की ओर से धन्यवाद ज्ञापित करता हूँ।

मुझे आशा ही नहीं अपितु पूर्ण विश्वास है कि यह पाँच संशोधित प्रशिक्षण पुस्तिकाएँ, सभी वर्ग के लक्ष्य समूहों के लिए उपयोगी सिद्ध होगी। आप सभी से अनुरोध करता हूँ कि इन प्रशिक्षण पुस्तिकाओं में दी गई जानकारी व सूचनाओं के माध्यम से दिव्यांगजनों के सशक्तिकरण के कार्य को गति प्रदान करने की कृपा करें। शुभकामनाओं सहित।

(डॉ. वीरेन्द्र कुमार)



सन्देश

दिव्यांगजनों के अधिकारों और आवश्यकताओं पर अधिक ध्यान देने के लिए भारत सरकार द्वारा दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय का गठन किया गया है। इस सम्बन्ध में दिव्यांगजन सशक्तिकरण विभाग ने राष्ट्रीय एवं राज्य स्तर पर केंद्र और राज्य सरकारों, स्थानीय निकायों के वरिष्ठ एवं मध्य स्तर के पदाधिकारी, स्वास्थ्य एवं सम्बंधित विभाग के पेशेवर, शिक्षक, आधारभूत स्तर के पदाधिकारी और अन्य सेवा प्रदाताओं के मुख्य-पदाधिकारियों के सेवाकालीन प्रशिक्षण और संवेदीकरण कार्यक्रमों का राष्ट्रीय स्तर पर क्रियान्वयन का दायित्व भारतीय पुनर्वास परिषद्, नई दिल्ली को नोडल एजेंसी के रूप में प्रदान किया।

इस दायित्व के अनुपालन में, परिषद् द्वारा दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय के अंतर्गत सेवाकालीन प्रशिक्षण और संवेदीकरण कार्यक्रम के क्रियान्वयन हेतु प्रशिक्षण पुस्तिकाएं पुनः संशोधित कर छः विभिन्न लक्ष्य समूहों को सारगर्भित तरीके से प्रस्तुत किया गया है। इन पाँच संशोधित पुस्तिकाओं के संग्रह का वास्तविक लाभ, निश्चित रूप से दिव्यांगता के क्षेत्र में संचालित भारत सरकार की विभिन्न योजनाओं के बारे में कौशल एवं ज्ञान बढ़ाने और दिव्यांगों के प्रति दृष्टिकोण बदलने के लिए इसकी प्रासंगिकता और संवेदनशील उपयोग पर निर्भर करेगा। संशोधित की गई सरल एवं आकर्षक प्रशिक्षण पुस्तिकाएं सम्बंधित श्रेणी के प्रशिक्षुओं के लिए अत्यंत उपयोगी व प्रभावी साधन होंगी।

मुझे यह बताते हुए अत्यंत हर्ष हो रहा है कि भारतीय पुनर्वास परिषद् द्वारा इस प्रशिक्षण कार्यक्रम के कार्यान्वयन के लिए संशोधित प्रशिक्षण पुस्तिकाओं को हिंदी भाषी क्षेत्र की आवश्यकताओं को दृष्टिगत रखते हुए हिंदी अनुवाद किया गया है तथा इनका अन्य क्षेत्रीय भाषाओं में भी अनुवाद किया जाना प्रस्तावित है।

दिव्यांगता के क्षेत्र में कार्यरत विशेषज्ञों, दिव्यांगजन सशक्तिकरण विभाग एवं भारतीय पुनर्वास परिषद् के अधिकारियों द्वारा इन प्रशिक्षण पुस्तिकाओं को विकसित करने में दिया गया योगदान अत्यंत सराहनीय है। हम आशा करते हैं कि संशोधित प्रशिक्षण पुस्तिकाएं सभी वर्ग के लक्ष्य समूहों व हितधारकों के लिए अत्यंत उपयोगी व ज्ञानवर्धक होंगी।

शुभकामनाओं सहित।

प्रतिमा
(प्रतिमा भौमिक)

अंजली भावड़ा, भा.प्र.से.
सचिव
Anjali Bhawra, IAS
Secretary



भारत सरकार
सामाजिक न्याय और अधिकारिता मंत्रालय
दिव्यांगजन सशक्तिकरण विभाग
Government of India
Ministry of Social Justice & Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)



Foreword

In its pledge to leave no one behind, the 2030 Agenda for Sustainable Development represents a commitment to reducing inequality and promoting the social, economic and political inclusion of all, including persons with disabilities. This means implementing the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in all contexts across all countries.

India is a signatory to the UNCRPD, therefore, the Department of Empowerment of Persons with Disabilities, (Divyangjan), MoSJ&E, Government of India has launched the Central Sector Plan Scheme "In-Service Training and Sensitization of Key Functionaries of Central and State Governments, Local Bodies and Other Service Providers" under the XII Five Year Plan. Rehabilitation Council of India (RCI) has been nominated by the Department as a Nodal Agency for implementation of this Scheme. Under this Scheme, the Department sensitized Government through conduct of training for different stakeholders involved in the welfare of Divyangjan these include Senior & Mid Level Functionaries, Educational Functionaries, Health and Allied Functionaries, Grass root Level Functionaries.

As per Census 2011, 2.68 crore persons in India live with some form of disability. In many societies, persons with disabilities often end up disconnected, living in isolation and facing discrimination. Accordingly, the Government of India has launched this scheme in an attempt for inclusion and empowerment of the PwDs by sensitizing Government functionaries to build their capacities and enhance their knowledge towards disability related issues and ensure inclusion of PwDs at work places by prioritizing their needs and creating an inclusive environment. For the successful implementation of the scheme, the Council has developed five training modules to sensitize various target groups as per the provisions of the scheme.

In this paradigm of development, social action particularly in relation to disabilities, assumes special significance. All the stakeholders, especially the primary stakeholders and the officials who serve persons with disabilities, need to be properly equipped with a deep understanding of disability issues as well as the modalities of social action. Keeping this important aspect in mind, the Council has revised the training modules in Hindi & English for Six different target groups as per the provisions of the scheme.

The revised Training Modules developed by the Rehabilitation Council of India (RCI) are relevant and resourceful and an effective instrument for all the Stakeholders. The Government functionaries in the up-gradation of their knowledge and to facilitate them in framing, review of different policies and planning for the empowerment of PwDs in their States/ UTs.

I appreciate the endeavours of eminent experts in disability sector, Smt. Tarika Roy, Joint Secretary, DEPwD, Sh. KVS Rao, Director, DEPwD & Dr. Subodh Kumar, Member Secretary, RCI, and his team for the development of these Training Modules. I hope that these training modules will be a Resource Book for all concerned in future.

I wish all the success towards roll out of training using these modules in future so that our Divyang brothers and sisters can be benefitted.


(Anjali Bhawra)
Secretary & Chairperson, RCI



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Prologue

The Central Sector Plan Scheme for "In-Service Training and Sensitization of Key Functionaries of Central and State Governments, Local Bodies and Other Service Providers" is an initiative of the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India. The responsibility for implementing this scheme across the country has been entrusted to the Rehabilitation Council of India (RCI) as a nodal agency for training and sensitizing those involved across different sectors for the welfare of the Divyangjan. Accordingly, training and sensitization is meant for the key functionaries dealing with the disability sector viz. those in social welfare departments, education, judiciary, police, women and child development, doctors and health workers including the grassroots workers, and officials at the panchayat/ district/ block level.

The RCI has taken the initiative to revise the Training Modules for the target groups with the help of eminent experts working in the field of disability rehabilitation. The revised training modules have been divided into 05 sets viz. an introductory volume and different modules for those working at Grassroots Levels, Health, Education, as well as Senior and Mid level Functionaries.

Made in an easy to understand format with attractive colour diagrams and with graphical representations, these training modules are meant as a valuable source of relevant information. Various concepts associated with disabilities and its types, the legislative and institutional frameworks in place, importance of early identification and intervention, inclusion, rehabilitation, accessibility, special requirements for the education, health, welfare as per the schemes, available for persons with disabilities (PwDs), as well as disability etiquette, etc. are dealt with lucidly to provide a holistic perspective on the disability sector. I am sure that the revised training modules would be an effective tool for the Government functionaries to upgrade their knowledge about disability related issues and use these modules as handy referral material while working with and for the welfare of PwDs in their respective spheres of working.

While commending the sincere efforts of the experts and of the officials of RCI, I also congratulate the entire team for their contribution in developing these comprehensive yet concise resource materials to be used as go-to-guide books.

I am confident that the In-Service Training & Sensitization Scheme together with several other schemes and rehabilitation initiatives would bring both short and long term benefits to persons with disabilities.

With best wishes,

(Tarika Roy)
Joint Secretary





Acknowledgment

Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India vide its letter No. 16-07/2013/DD-III dt. 29.12.2014, has assigned the responsibility of Nodal Agency to the Rehabilitation Council of India (RCI) for implementation of Central Sector Plan Scheme, namely, "In-service Training & Sensitization of State Governments, Local Bodies & Other Service Providers under the XIIth Five Year Plan, across the Country.

The Council has developed general guidelines and training module for the successful implementation of the scheme. The said scheme has been implemented through Implementing Agencies (National Institutes & Composite Regional Centres of DEPwD, University Department, State Institutes etc.) across the country since the year 2015-16. During the previous four financial years, around 12895 Government officials from the various departments of Central, State, Local Bodies have been sensitized under the scheme.

Based on the feedback received from implementing agencies and as per the decision taken by the Competent Authority, the Council has initiated the process for revision of the existing general guidelines and training modules. For the said purpose, RCI has constituted an expert committee comprising eminent experts working in Disability Rehabilitation. A series of experts committee meetings were conducted to finalize the training modules and its guidelines for effective execution of the Scheme.

The Council has revised the general guidelines and developed five training modules specifically for four target groups as envisaged in the scheme. The revised training modules have been separately developed for each target group i.e. Senior & Mid Level Functionaries, Educational Functionaries, Health and Allied Functionaries, Grass Root Level Functionaries including an Introductory Module. At present, the revised training modules is available in Hindi and English language. The Council proposes to develop these modules in various vernacular languages soon as well.

This training module on disabilities for different target groups will be an effective tool for all the Government functionaries to develop positive attitudes about the rights as well as the abilities of persons with disabilities and will promote more inclusive learning and living environment for PwDs at work places.

I express my deep gratitude to **Smt. Anjali Bhawra, IAS, Secretary, DEPwD, MoSJ&E, Government of India & Chairperson, RCI** for her continuous support and guidance in preparation of the training modules.

I am also thankful to **Smt. Tarika Roy, Joint Secretary, DEPwD, MoSJ&E, Government of India** for her continuous guidance for developing these module despite her busy schedule.

I acknowledge the contribution of **Smt. Aloka Guha, Former Chairperson, National Trust, Shri D.K. Panda, Under Secretary, DEPwD, Dr. Himangshu Das, Director, NIEPMD, Chennai, Dr. Renu Malviya, Lady Irwin College, New Delhi, Dr. Sohan Pal, P&O Department, Safdurjung Hospital** for their hard work, sincere efforts made for developing these training modules.

I sincerely, acknowledge the efforts and contribution of **Shri Sandeep Thakur, Shri Sanjay Kumar Mittal & Smt. Reena Rani** for translating these training modules in Hindi. I am sure that the Hindi version of the training modules will be very useful for Hindi spoken States. I also take this opportunity to put on record the appreciation for the team at RCI that has worked continuously to make these modules a reality. RCI specifically acknowledges the untiring efforts of other support staff.

These modules are an outcome of the collective efforts of group of eminent experts, officers of DEPwD and RCI. I hope that these modules will be utilised as a Resource Material for Government functionaries, teachers, students and other stakeholders across the country.

With Best Wishes!

(Dr. Subodh Kumar)
Member Secretary



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1. About the In-Service Training Programme

The **XIIth Five Year Plan** of the Government of India recognises, that despite significant progress in other spheres, persons with disabilities in India, and their concerns, continue to remain on the periphery of mainstream life. In light of the ratification of the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** by India in 2007, it became incumbent on the part of the Government to harmonise its domestic laws on disability with the principles rooted in the UNCRPD. Accordingly, **The Persons with Disabilities (PwD) Act, 1995**, was repealed, and the **Rights of Persons with Disabilities (RPwD) Act, 2016**, was enacted on December 28, 2016 and brought into force w.e.f. 19th April, 2017. A separate Department of Disability Affairs was carved out of the Ministry of Social Justice and Empowerment w.e.f. 12th May, 2012. This department was renamed as the **Department of Empowerment of Persons with Disabilities (Divyangjan)**; w.e.f. 17th May, 2016. DEPwD acts as the nodal Department for disability issues for the Government of India.

The RPwD Act, 2016 mandates the development of human resources on disability, through in-service training of all key Government Functionaries including those in Administration, Health, Education and Grassroots workers.

The DEPwD undertakes a Central Sector Plan Scheme i.e. "In-Service Training and Sensitization: stakeholders, especially amongst Government functionaries, to create awareness about the rights and entitlements of PwDs, provisions in various schemes, developmental programmes, ways and means to access their specific entitlements, they are entitled to, as equal citizens."

In order to realize the above objectives, the Government of India made a provision for training and sensitization of key functionaries of Central /State Government under the XIIth Five Year Plan - "Key Functionaries of Central and State Governments, Local Bodies and Other Service Providers" w.e.f. 29th December, 2014." At the National level, DEPwD assigned the Rehabilitation Council of India (RCI), a Statutory Body, the responsibility of being the Nodal Agency for designing the resource material and for implementing this scheme.

2. About the Modules

The In-Service Training & Sensitization Modules developed by RCI, consist of an introductory module and 4 modules for specific stakeholders. This material is developed by an eminent group of experts from various disciplines in the field of rehabilitation. The components of the module are to enable a quick and holistic conceptualization of disability concerns and implications for the major four (4) target groups. The modules are to increase the understanding of all functionaries and stakeholders on current concepts of disability and their responsibilities to ensure inclusion of people with disabilities in their areas of work.

Senior Government Functionaries	Health and Allied Health Functionaries	Educational Professionals	Grassroot Level Workers
<ul style="list-style-type: none"> •MPs/ MLAs / Judiciary / Administrative Service Officers / Allied Service Officers/ Central and State Govts./ Police officers 	<ul style="list-style-type: none"> •Health and Allied Health Professionals, Administrators i.e. CMO, Dy. CMOs, MOs 	<ul style="list-style-type: none"> •Principals / Vice Principal of Government Colleges and Schools, Faculty of Higher Education, Education Officers, DIET Principal/ Faculty, Headmasters, Teachers 	<ul style="list-style-type: none"> •ANMs, Asha Workers, Anganwadi Workers, those working for community based rehabilitation, Village Health Workers

3. The Introductory Module: Objectives

The introductory module targets to build an understanding of disability concepts and the pertinent issues surrounding disability. Accordingly, the module in brief introduces the concepts of disability, its causes and types, rehabilitation, empowerment, needs and implications, national concerns, along with the legal frameworks and the RPwD Act, 2016.

Further, the introductory module throws light on inclusive planning, incorporating disability issues in programmes, key intervention areas, and what could be done to ensure the empowerment of *divyangjan*. The module will also help to understand the stereotypes, misconceptions, etiquettes, services and practitioners for persons with disabilities.

This module is designed to create awareness and sensitisation about:

- Key concepts of Disability, Rehabilitation and Empowerment
- Understanding Global, National and Individual Needs of Divyangjan

- c. International and National Legal Framework
- d. Inclusive planning and mainstreaming
- e. Disability in programmes
- f. Breaking stereotypes and misconceptions
- g. Acknowledging the power of words & use of people first language
- h. Understanding stakeholders, services and professionals



This introductory module will prepare participants of the in-service training programmes to undertake the specific modules for functionaries of **Senior Government; Health and Allied Health; Education; and the Grassroots-level.**

4. Understanding Disability

As per the RPwD Act, 2016, a "**person with disability**" means a person with a long term physical, mental, intellectual or sensory impairment which, upon interaction with barriers, hinders her/his full and effective participation in society, equally with others. These barriers may be any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural which hampers the full and effective participation of the person with disability with society. The key change is the focus on the barriers imposed by the society and not on the individual's impairment. The role of the various functionaries is to address the barriers.



Person with Benchmark Disabilities: A person with not less than 40% of a specified disability, where specified disability has not been defined in measurable terms, and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority.

**Person with disability having High-Support**

Needs: A person with Benchmark Disability who needs intense support – physical, psychological or otherwise, to carry out activities of daily living, access services/facilities and to take decisions.

Issues affecting people with disabilities

Over one billion people (15% of the world's population) are people with disability, 80% of whom live in developing countries. The Census of India (2011) reports 26.8 million or 2.21% people with disabilities. However, it is quite possible that not all persons with disabilities have been counted. Besides, this figure may be an underestimation since it relates to the 7 disabilities identified under the PwD Act, 1995, while the RPwD Act, 2016 identifies new disabilities such as disability caused due to blood disorder, chronic neurological condition, speech and language disabilities, acid attack victims etc. and also identifies separate sub-categories such as dwarfism, muscular dystrophy under the broad category of locomotor disability.

People with disabilities regularly face significant levels of discrimination and stigma. As a result, they are often not visible in society and are prevented from fully participating in their families and communities. There are many superstitions and preconceptions around disability amongst communities around the world - such as, disability being 'the result of bad actions in a past life' or that 'you can catch a disability by touching someone'. Consequently, many people with disabilities are kept hidden from public view, out-of-school and unemployed. Their disabilities also place them at a higher risk of physical abuse, and often preclude them from receiving proper nutrition or humanitarian assistance in emergencies.

Let's think about how we disable others...

The presence of negative attitudes, limited physical access, limited access to communication and/or resources, and barriers to rights as individuals are some examples of obstacles faced by people with disabilities, obstructing fulfilment of their desired roles in society. The community at large usually sympathizes and considers the disability issues as particular to an individual. Whereas, the socio-economic, political, educational, cultural environment and perceptions towards the individuals with disabilities are the prime locus of the problem.

Historically, India has viewed persons with disabilities as contributing members of the society. Various religious beliefs preach and practice respect and service to people with disabilities. Extended families and communities provided support to the individual and the family.

Disability awareness, as perceived from the cultural and social paradigm, is a step to remove these social and environmental barriers to enable the full social, physical and spiritual participation of individuals with disabilities in the community. (Gilson & Depoy, 2000).

5. Understanding Rehabilitation & Empowerment: Approaches & Paradigm Shift

According to WHO (2011), **Rehabilitation** is a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments. It aims to enable to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional level, by providing tools needed to attain independence and self-determination.

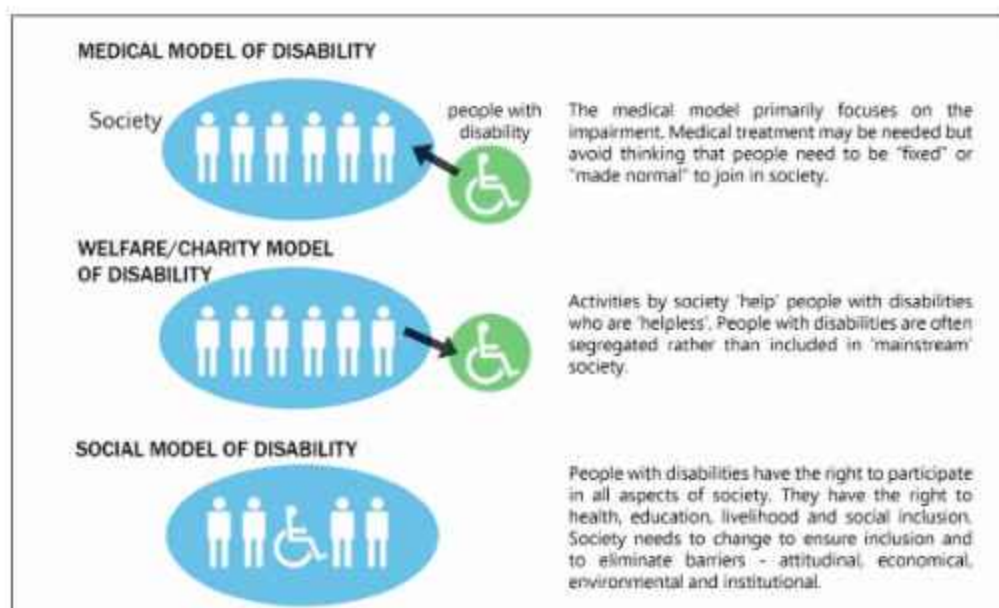
Empowerment is the expansion of capabilities and assets of individuals with disabilities to participate in, negotiate with, influence, control and hold accountable institutions and persons that affect their lives. Successful efforts to empower people with disabilities, increasing their



freedom of choice and action in different contexts, often share four elements:

- Access to information
- Inclusion and Participation
- Accountability
- Local organizational capacity

Over the last decade or so, there has been a significant change in how civil society has approached PwDs. Earlier there was a welfare/charity model in which PwDs were treated with benevolence and sympathy, whereas, in contemporary India, and more so after the passage of The RPwD Act, this approach is changing to a social and human rights model, with empathy and human rights of PwDs being the basis of all schemes and programs. The two images given below are self-explanatory.



What needs to be appreciated is the Himalayan struggle that persons with disabilities have had to go through to realize their rights.

Individuals with disabilities have the same social needs, interests and rights as any other citizen. However, largely due to stigma and discrimination, they are often denied opportunities for participation and integration.

Children with disabilities are often denied access to cultural or leisure activities or information and support about health, sexuality and other areas that are vital for her/his seamless integration into society and her/his growth and development into adulthood. UNICEF believes that by increasing awareness, engagement and resourcefulness of communities, and service providers, and involving children with disabilities in this integrated process, can indeed bring about a social change. Beyond ensuring survival through health, nutrition, hygiene etc. to a thriving adulthood, by means of education, child protection and social inclusion, we can realize the rights of every child.

"Our Human Family
is completed when
everybody is included."
- Curt Armstrong (Director,
L'Arche Inclusive
Communities)

Disability and Human Rights: The RPwD Act, 2016 in line with the UNCPRD confers on people with disability the same rights as every other human being. However,

- People with disabilities experience inequalities – for example, when they are denied equal access to healthcare, employment, education, or political participation.
- People with disabilities may be subject to violations of dignity – for example, when they are subjected to violence, abuse, prejudice or disrespect.
- Some people with disability may be denied autonomy – for example, when they are subjected to involuntary sterilization, or when they are confined in institutions against their will, or when they are regarded as legally incompetent.

It is essential to remember that people with disabilities deserve equal respect and enjoyment of human rights, and therefore, we must ensure:

- i) Respect for inherent dignity, individual autonomy and independence;
- ii) Non-discrimination;
- iii) Full and effective participation and inclusion in society;
- iv) Respect for difference and acceptance as part of human diversity and humanity;

- v) Equality of opportunity;
- vi) Accessibility;
- vii) Equality between men and women;
- viii) Respect for the evolving capacities of children with disabilities and respect for their rights to preserve their identities.

6. Prevalence & Incidence: Magnitude

There are 2.68 crore persons with disability (Divyangjan) in India, which makes the prevalence of disability 2.21 % of the general population.

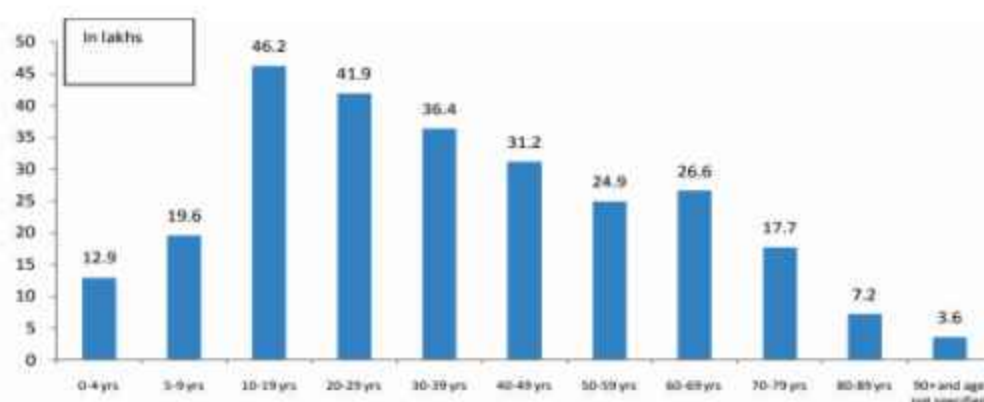
Distribution of Population of Persons with Disabilities: Census 2011

Disability-wise Population of Persons with Disabilities in India:



Disability is a developmental issue. While estimates may vary, there is growing evidence that individuals with disabilities comprise 5% to 8% of Indian population (WHO-World Bank World Report on Disability, 2011).

Age-Wise Population of Persons with Disabilities in India: Census 2011



7. Causes of Disabilities

The causes of disability vary. As a person ages, the severity of the disability may change. Broadly, the cause of disability may be:

- Genetically determined
- Environmentally determined, or
- Of unknown cause.



Journalist & Disability Right Activist

A famous activist with Spina Bifida

A genetically determined disability can be inherited from the parents. However, a new genetic error can occur leading to symptoms of the condition. For example, muscular dystrophy, down syndrome, sickle cell disease, etc.

An environmentally determined disability results from an accident, injury, disease or infection. For example, due to a locomotor disability due to spinal cord injury, cerebral palsy due to an acquired brain injury, infection or injury leading to visual impairment, etc.

Sometimes a disability is of **an unknown origin**. This is the case with autism spectrum disorder, multiple sclerosis, etc.

8. Types of Disabilities

Earlier Identified	Newly Added in the RPwD Act, 2016	
Locomotor Disability	Muscular Dystrophy	Chronic Neurological Conditions
Blindness	Dwarfism	Multiple Sclerosis
Low Vision	Cerebral Palsy	Parkinson's Disease
Hearing Impairment	Acid Attack Victims	Haemophilia
Leprosy Cured	Speech and Language Disability	Thalassemia
Intellectual Disability (Earlier MR)	Specific Learning Disability	Sickle Cell Disease
Mental Illness	Autism Spectrum Disorder	Multiple Disabilities

Locomotor Disability is a person's inability to execute distinctive functions associated with movement by self and objects, resulting from affliction of musculoskeletal or nervous system or both.



Leprosy cured person means a person who has been cured of leprosy but is suffering from

- (a) loss of sensation in hands or feet, loss of sensation and paresis in eye and eye-lids but with no deformity;
- (b) manifest deformity and paresis, but has sufficient mobility in hand or feet to enable engagement of normal (economic) functions;
- (c) extreme physical deformity, as well as advanced age which prevent him / her from gainful occupation.



Cerebral Palsy (CP). means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth; Common types of CP are:



- (a) Spastic: Muscles are stiff. Movements are slow/awkward. Position of head triggers position of whole body.
- (b) Athetoid: Involuntary movements, poor balance & fluctuating muscle tone.
- (c) Ataxia: Difficulty in balance/coordination & has 'drunken' gait, and a low muscle tone.
- (d) Mixed: It is a combination of any two types of CP (*usually spastic & athetoid*).

Dwarfism means medical / genetic condition resulting in adult height of 4 feet 10 inches (147 centimeters) or less. The shortness may be proportionate or disproportionate in type.

Muscular Dystrophy means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by



progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

Acid Attack Victim is a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

Visual Impairment falls under physical/sensory disabilities, and is of two types: **Blindness** and **Low Vision**.

(a) "blindness" means a condition where a person has any of the following conditions, after best correction—

- (i) total absence of sight; or
- (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
- (iii) limitation of the field of vision subtending an angle of less than 10 degrees.

(b) "low-vision" means a condition where a person has any of the following conditions, namely:—

- (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
- (ii) limitation of the field of vision subtending an angle of less than 40 degrees up to 10 degrees.



Hearing Impairment is a sensory disability, and has two types: **Deaf** and **Hard of Hearing**.



- (a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;
- (b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears.

Speech and Language Disability means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.



Intellectual Disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behaviors (daily living, social and practical skills). [Note: Earlier referred to as "Mental

"Retardation" under PwD Act, 1995, which has been replaced by intellectual disability under RPwD Act, 2016 in India].

Specific Learning Disabilities is a heterogeneous group of conditions with deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell or to do mathematical calculations. This includes conditions of perceptual disabilities - **dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.**



Autism Spectrum Disorder, a neuro-developmental condition typically appearing in the first 3 years of life that significantly affects a person's ability to communicate, understand relationships and relate to others. It is frequently associated with unusual or stereotypical rituals or behaviours.

Mental Behaviour (Disability) means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behaviour and capacity to recognize reality or ability to meet ordinary life demands. Some of its major types include: Depression, Psychosis, Personality Disorder, , Post-Traumatic Stress Disorder, etc.



Disability caused due to Chronic Neurological Conditions such as:



(i) Multiple Sclerosis means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;

(ii) Parkinson's Disease is a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.



Disability caused due to Blood Disorders such as:

Haemophilia is an inheritable disease and usually affects only male children. It affects the normal clotting ability of the blood



so much that even a minor cut will result in fatal bleeding.

Thalassemia is a group of inherent disorders, that is characterized by reduced or absent amounts of haemoglobin. This results in large numbers of red blood cells being destroyed, which leads to anaemia.

Sickle Cell Disease is a haemolytic disorder characterized by chronic anaemia, painful events and various complications due to associated tissue and organ damage. "haemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin.



Multiple Disabilities (more than one of the above broad categories of disabilities) including deafblindness



Deafblindness is a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental and educational problems.



Dr. Suresh Advani

Oncologist

A prominent oncologist with physical disability



Pranav Bakshi

Fashion Model

India's first model with Autism

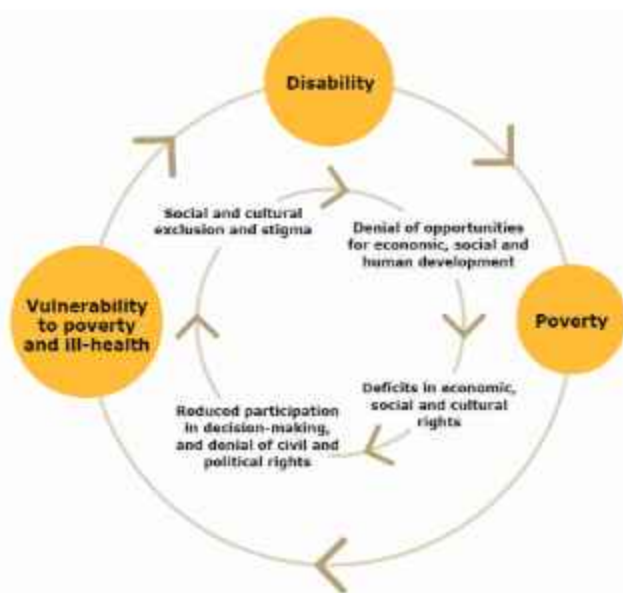
9. Understanding Needs: Global Concerns & Needs of Divyangjan

Understanding Global Concerns:

Disability is a development issue, because of its bidirectional link to poverty: Disability may increase the risk of poverty, and poverty may increase the risk of disability. The onset of disability may lead to worsening of social and economic wellbeing and poverty through a multitude of channels including adverse impact

"There is no greater disability in a society, than the inability to see a person as more."
- Robert M. Hensel
(Disability Activist with Spina bifida)

on education, employment, earning and increased expenditure related to disability.



Despite the widely-acknowledged interconnection between disability and poverty, efforts to promote development and poverty reduction have not always adequately included disability. "Persons with disabilities" or "disability" are specifically mentioned in the 2030 Agenda for Sustainable Development.

Goal 4 (Guaranteeing equal and accessible education by building inclusive learning environments

and providing the needed assistance for persons with disabilities; & Promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market);

Goal 10 (Emphasizing the social, economic and political inclusion of persons with disabilities),

Goal 11 (Creating accessible cities & water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces), and

Goal 17 (Underlining the importance of data collection and monitoring of the Sustainable Development Goals/SDGs, emphasis on disability disaggregated data).

In 2010, a resolution was adopted by the United Nations for policies & actions to focus on PwDs, so that they benefit from progress towards achieving the Millennium Development Goals/MDGs.

People with disabilities need to be included in all development projects; but also need specific initiatives. Successful initiatives need to be scaled up, and a more coherent response is needed. In addition, people with disabilities need to be included in the development efforts, both as beneficiaries and in the design, implementation and monitoring of interventions.

Understanding Individual Needs of Divyangjan: Ask a Divyang to know the journey...



While the difficulties faced by persons with disabilities depend on individual circumstances, the degree and type of disability, however, some of the issues faced by people with disabilities may be due to difficulties in being independently mobile, or being able to see, hear or communicate. As a consequence, people with disabilities face barriers with everyday activities such as hearing or understanding what is said, learning, reading print, climbing stairs, understanding signage, etc.



Deepa Malik

Athlete

A celebrated international paralympic medalist and Padma Shri awardee.

The exact impact of a disability on the life of an individual varies according to a number of factors, including:

- The specific nature and severity of the disability;
- The person's strength, stamina, size, weight and age;
- The person's ability to cope; and
- The physical, social and economic environment within which the person is living.

Communities which are accessible and inclusive, minimize the effect of disability. For example, a child with locomotor disability may not be able to go to school if accessible transport and school buildings are not available; and a child with visual impairment will need teachers trained to teach him, though he may be able to reach the school.

10. Institutional Framework for Persons with Disabilities in Government of India

S.No.	National Institute	Specific Disability	Area of Interest
1	Ali Yavar Jung National Institute of Speech and Hearing Disabilities (AYJNISHD), Mumbai - Established in 1983.	Hearing Disability	<ul style="list-style-type: none">• Clinical and therapeutic services• Manpower development• Research and development• Extension of outreach programmes for rehabilitation of persons with disabilities of the respective category.• Developing model services for rehabilitation
2	National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai - Established in 2005.	Multiple Disabilities	
3	Swami Vivekanand National Institute of Rehabilitation, Training & Research (SVNIRTAR) Cuttack - Established in 1984	Locomotor Disability	
4	Pandit Deendayal Upadhyaya National Institute for Persons with Physical Disabilities (PDUNIPPD), New Delhi - Established in 1976.		
5	National Institute for Locomotor Disability (NILD), Kolkata - Established in 1978		
6	National Institute for the Empowerment of Persons with Visual Disabilities (NIEPVD), Dehradun - Established in 1979	Visual Disability	
7	National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID), Secunderabad -	Intellectual Disability	

	Established in 1984.		
8.	National Institute of Mental Health Rehabilitation (NIMHR), Sehore, MP - Established in 2019	Mental Illness	
9.	Indian Sign Language Research and Training Centre (ISLRTC), New Delhi - Established in 2015	Hearing Disability	<ul style="list-style-type: none"> • To develop standardized sign language in the country. • To develop manpower in the field of sign language interpretation. • Research to promote and use of sign language
10.	Artificial Limbs Manufacturing Corporation of India, Kanpur - Established in 1972	All Disabilities	<ul style="list-style-type: none"> • To manufacture and supply quality aids and appliances at affordable cost • To setup and strengthen a network of limb fitting centres and dealers for making aids and appliances easily available to PwDs • To establish collaboration with premier institution and carry out continuous research and development to develop state of the art assistive devices at affordable cost.
11.	National Handicapped Finance and Development Corporation, New Delhi - Established in 1997		<ul style="list-style-type: none"> • To provide funds for the persons with disabilities for promoting self employment. • To promote skill development of persons with disabilities for their gainful self employment to be supported under their loan assistance programme.
12.	Rehabilitation Council of India – 1993		<ul style="list-style-type: none"> • To regulate and monitor training policies and programmes • To prescribe minimum standards of education and training for rehabilitation professionals/personnells. • To promote research in rehabilitation and special education. • To approve rehabilitation

			courses to be conducted by various universities and institutions in India.
13.	National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities - 2000	Autism, Cerebral Palsy, Intellectual disability and Multiple Disability	<ul style="list-style-type: none"> • To strengthen facilities to provide support to designated categories of persons with disabilities to live within their family and also to those who have no family support. • To promote measures of care of such PwDs in the event of death of their parent/guardian. • To extend support to the registered organizations

11. Legal Framework: International & National

United Nations Convention on Rights of Persons with Disabilities (UNCPRD) reaffirms existing human rights in the context of disability and focuses strongly on the discrimination of people with disabilities. It promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

For protection against abuse, social security, custody of children, provision of basic needs such as shelter within the family and marital home are issues that need to be adequately addressed. **In India, the general provisions relating to persons with disabilities lie in:**

- The Constitution
- Education Laws
- Health Laws
- Labour Laws
- Family Laws

- Succession Laws
- Judicial Procedures
- Income Tax Laws, and
- Various Disability Acts and Laws.

- a. The Rehabilitation Council of India Act, 1992; first disability-specific legislation
- b. The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999
- c. Rights of Persons with Disabilities Act, 2016 (previously, The Persons with Disability Act, 1995). This is the most contemporary law in the sector, after our ratification of the UNCRPD.
- d. The Mental Health Care Act, 2017 (previously, The Mental Health Act, 1987) that aims to promote and protect the rights of and improve the care and treatment for people affected by mental illnesses.

"The severity of one's disability does not determine their level of potential. The greatest barriers that persons with disabilities have to overcome are not steps or curbs, it's expectations."
- Karen Clay
(Disability Activist and mother of an adult with Spinal Muscular Atrophy)

LEGISLATIONS ON DISABILITY IN INDIA				
The Rehabilitation Council of India Act, 1992	The Persons with Disabilities Act 1995 REPEALED	The National Trust Act, 1999	The Rights of Persons with Disabilities Act, 2016	The Mental Health Care Act, 2017

12. The Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016)

The Rights of Persons with Disabilities Act, 2016 (The RPwD Act) replaces the earlier Persons with Disabilities Act 1995, which now stands repealed. This Act is a rights-based one, which seeks to emphasize the talent in each person with disability (*divyangjan*) as a national resource, to be nurtured through education and skilling. The types of disabilities mandated in this Act as compared to previous Act, has increased from seven to twenty-one conditions.

"Disability is a matter of perception. If you can do just one thing well, you're needed by someone."
- Martina Navratilova
(Celebrated Tennis Player)

New dimensions of The RPwD Act, 2016 include duties and responsibilities of State Governments and District Authorities, punitive measures against those abusing, exploiting, denying, harassing and torturing PwDs. There is also, now, a broader definition of disability which puts the onus on the society (rather than on the individual), for creating access and opportunities for participation of persons with impairments, in society, on an equal basis with others. A copy of the notification of the RPwD Act 2016 is available on the DEPwD's website. (www.disabilityaffairs.gov.in) The **Chief Commissioner for Persons with Disabilities** and the **State Commissioners** act as regulatory bodies and Grievance Redressal agencies; and also monitor implementation of the **Act**. District level committees are to be also constituted by the State Governments to address local concerns of PwDs.

13. Inclusive Planning & Mainstreaming

Mainstreaming approaches are for the inclusion of people with disabilities in **all programs**. For example: including children with and without disabilities together in equally supportive environments, with attention to issues across the lifecycle, including early intervention, family and community support, must be focused.



Sudha Chandran

Artist

An accomplished actor and dancer with Physical Disability

Efforts must also be ensured for **developing inclusive organizations for all**; and public spaces, processes and procedures, information communication technologies and websites need to be **accessible to all**. These would address the needs of the elderly, pregnant women and people with disabilities. Policies and plans must be designed to promote the rights of people with disabilities and enhance diversity within organizations.

There is requirement of partnerships and collaborative relationships among Government, Civil Society Organizations (CSOs), Disabled People Organizations (DPOs), academia and the private sector to implement disability inclusive programmes and policies and to advocate the rights of persons with disabilities.

Additionally, we must take into account, the **rights and needs of children and women with disabilities** in both segregated and inclusive contexts by ensuring programs that are gender, age and child-sensitive taking into consideration their disability specific needs and capacities.

Issues of discrimination, inclusion and child development may vary as per the type of disability, environment, culture, traditions and socio-economic status of the child and her/his family/caregivers. These differences must be taken into consideration when we shape our advocacy and programs on disability.

14. Disability in Programmes

It is essential to increase attention to disability in planning and advocacy while developing frameworks and strategies for key programme areas like health, nutrition, water, sanitation and hygiene, early childhood development, education, humanitarian action, social protection, child protection, civil society partnerships, etc.

"Inclusion is a way of thinking, a way of being, and a way of making decisions about helping everyone belong."
- Anonymous

Child Protection: Children and adolescents with disabilities can be vulnerable to violence, abuse, exploitation and neglect. Their frequent 'institutionalisation' denies them the right to grow up in a family environment, which can further impact their ability to grow to their full potential and can increase their vulnerability. Furthermore, they may be at risk of involvement in worst forms of child labour, and may suffer from long-term physical, sensory, intellectual or psychosocial consequences. Therefore, measures to protect them from all forms of violence, abuse, exploitation and neglect must be established.

Health: Child health, immunisation, maternal and new-born health must be guaranteed to ensure equal access to health services; and through participation in strategic planning of development projects for health sector.

Nutrition: Nutrition and disability are intimately related: both are global development priorities and both can be addressed by tackling issues of poverty, ensuring equity and guaranteeing human rights.

Early Childhood Development: Children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. This can potentially

reduce the future cost of education, medical care and other rehabilitation services.

Education: While lack of access to the school is an issue, an equal concern is the inability of the education system to ensure quality education for children with disabilities. Therefore, necessary measures to ensure an inclusive education system at all levels and lifelong learning must be undertaken in the development programmes.

Humanitarian Action: While planning development programmes, there is a dire need to strengthen protection and disability-inclusive humanitarian assistance.

Water, Sanitation and Hygiene: Access to safe and clean water and sanitation facilities is a basic right of all people; and one must ensure equal access of persons with disabilities.

Civil Society Partnerships: Collaboration with civil society is critical to the success and sustainability of efforts to realize the rights of individuals with disabilities and promote their equity agenda. Strategic partnerships for resource mobilization, focused advocacy, expand reach and impact of services and programmes are essential for persons with disabilities.

Disability mainstreaming in each area of development programmes, is key to rehabilitation and empowerment of persons with disabilities.

15. What can be done: Key Intervention Areas

The **CBR matrix of the World Health Organization** gives a holistic approach to the rehabilitation of people with disability.

For further details: (<https://www.who.int/disabilities/cbr/matrix/en/>)

- a. **Early Identification:** Recognizing delays, disorders, difficulties or challenges quickly to provide early intervention and support to the children/individuals and their families. It is preventive and helps reduce/stop impact or severity of disability; stop/ reduce associated conditions through interventions like therapy, surgery, medicine, etc.

- b. Certification & UDID:** Disability Certification and issuance of the Unique Disability Identity Card (UDID) must be ensured at an early age. This universal ID will help deliver government benefits to *divyangjan*. For details, please visit: www.swavlambancard.gov.in

The respective medical boards constituted at state or district level are the certifying authorities to issue certificate of disability. The board consists of Chief Medical Officer / Medical Superintendent/Civil Surgeon in the district and expert(s) in the specified field.

- c. Early Intervention Services:** 0-6 years of a child's life are crucial to development. Identifying and linking children with and at risk of disability or developmental delays to support services early is essential to ensure child development. The skills focused during early years of life include physical, cognitive, communication, social/emotional and self-help.

"Disability is the inability to see the ability"
- Vikas Khanna
(Indian Michelin Star Chef)

- d. Family Support:** It helps families access a broad array of support and services, including formal supports (*like counselling of family, support groups, workshops, advocacy*) and informal supports (*like parent-to-parent support, social activities, respite care*) and a community system of services that promote the well-being of families and their children with disabilities.
- e. Education and Inclusive Education:** Inclusive Education looks at ways the preparatory schools, schools/colleges, classrooms, programs and lessons are suitably designed or adapted so that everyone can participate and learn together. This includes training of teachers for understanding disability related issues, needs of special students along with special education teachers. However, for individuals with high-support needs, custom-tailored learning curriculum, with specifically created spaces and special education teachers offer education in separate learning environments, including special education classrooms, special education schools and home-based education.
- f. Medical and Therapeutic Needs:** Medical services include diagnostic or consultative examinations and referrals from traditional health care sector, to address the medical needs of persons with disability.

Additionally, other rehabilitative services, to improve skills and functioning for daily life, overall health and wellbeing and quality of life; therapeutic interventions like physiotherapy, occupational therapy, speech therapy, sensory integration therapy, etc. may be provided as per the need of the individual either at home, school or institute based setting.

- g. Assistive Devices:** Many individuals with disabilities can benefit from use of assistive technology devices to accommodate for a lack of functioning. These technologies, equipment or products may be used to increase, maintain or improve functional capabilities of the individual.
- h. Accessibility:** It is a general term to describe the degree to which an environment, service, product or device is available to be used by all intended users/audiences; and ensures universal designs and inclusive planning. It assures that people with disabilities can participate and have the same choices for accessing transport, work places, facilities of recreation, technology, sources of communication, media for information, infrastructure, etc.

Accessible India Campaign (Sugamya Bharat Abhiyan), this flagship program of DEPwD was launched by the Prime Minister on 3rd December 2015, the International Day of Persons with Disabilities. The initiative is in line with the Article 9 of the United Nations Convention on the Rights of Persons with Disabilities.

- i. Skilling and Vocational Training:** It begins with an elaborate evaluation in terms of the individual, family members and the community to assess the strengths and weaknesses in the respective areas. Survey of various jobs, followed by job analysis, skill training, simulated/on-the job training, and subsequent transition and placement for open employment, self-employment, sheltered workshops etc.

The Ministry of Social Justice and Empowerment, Government of India through DEPwD grants Empaneled Training Partners for skilling of PwD under SIPDA scheme as part of the National Action Plan 2015-2022. The Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA) is being implemented since the year 1999.

- j. Employment & Income Generation:** Ensuring 4% reservation in Government jobs and promoting employment & self-employment of persons with disabilities; to be ascertained through awareness and capacity building of Government functionaries, stakeholders & the PwDs themselves. Focus needs to be placed in areas of entrepreneurship building, family-based employment, self-help group formations, cooperative-formations and training of employers with due considerations to skill-set of PwDs, indigenous & sustainable options.

NHFDC (National Handicapped Finance and Development Corporation), other banks, MSME, MNREGA, etc. must be explored to ensure productivity and optimal capacity utilization of every *divyangjan*.

- k. Facilities, Benefits & Concessions:** To create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities; both Central and State governments offer numerous rehabilitation schemes for assistive aids and appliances, scholarships, awareness generation, mediclaim, economic assistance, etc. Various benefits and concessions including travel concessions, tax benefits, housing benefits, allotment benefits, provident fund, educational relaxations, educational reservations, custom concessions, etc. to be provided to each *divyangjan* to ensure right-based provisions.
- l. Community Support:** The person with disability and the family often is deprived of services and opportunities for inclusion due to lack of community support. Families and PwDs in distress need support of each member of the community to function optimally. Community awareness programmes to overcome stigma, generate empathy and ensure support is essential. Further, community based rehabilitation programs could pave the way for larger and formal community support to ensure early identification, education, training and rehabilitation of each *divyangjan*.
- m. Advocacy & Legal Support:** Advocacy comes in different forms, including self-advocacy, citizen advocacy and independent advocacy. It is key to people with disabilities for accessing their rights and entitlements; and can provide a safeguard to those who may be vulnerable. Legal support and representation to support a person for

claiming her/his rights or entitlements may include services such as education, health, employment, legal rights, making complaints, etc.

Chief Commissioner of Person with Disabilities at Centre and State Commissioner for Persons with Disabilities are mandated to ensure protection of rights of persons with disabilities. The RPwD Act, 2016 further provides for right to free legal aid.

- n. Attitude & Empathy Development:** Individuals with disabilities are often stigmatized, and encounter attitudinal barriers both at work and in daily life. Our ability to empathize affects our behaviour towards others and the quality of social relationship; and both positive attitude and empathy are essential for effective inclusion and rehabilitation of persons with disabilities.

16. Breaking Stereotypes – Misconceptions

We must remember there are **many myths or inaccurate assumptions** about *divyangjan*, most of which arise due to attitudinal barriers. Addressing these can help address common misconceptions and myths associated with disability. The attitudes that surmount to common myths include:

Inferiority	•Belief that <i>divyangjan</i> is a "second class citizen" as her/his disability impacts independent functioning
Pity	•Belief that <i>divyangjan</i> deserve pity or sympathy because of the "misfortune" of their disability.
Ignorance	• <i>Divyangjan</i> are often dismissed as incapable without the opportunity to display their skills.
Stereotype	•Generalized prejudice. Eg: Many believe all people with blindness are great musicians, or all people who use wheelchair can excel in Paralympics.
Backlash	•Belief that <i>divyangjan</i> are given unfair advantages such as easier work requirements or behaviour standards, etc.
Denial	•Belief that <i>hidden</i> disability such as learning or mental health is not legitimate and does not need accomodation.
Objects of Ridicule	•The attitude that <i>divyangjan</i> are wierd or objects to make fun of because of how they look, act, speak, eat or walk.
Holy Innocents	•Belief that <i>divyangjan</i> should'nt be held accountable for their actions or choices because they just don't know any better.

17. Etiquettes: The Power of Word & People first language

While meeting a person with disability, REMEMBER:-

A handshake is NOT a standard greeting for everyone. When in doubt, ask the person whether she/he would like to shake hands with you.

Speak directly to the person with a disability, not just to people accompanying her/him.

Don't mention the person's disability, unless she/he talks about it or it is relevant to the conversation.

Be patient and give your undivided attention, especially with someone who speaks slowly or with great effort.

Never pretend to understand what a person is saying. Ask the person to repeat or rephrase.

Relax. We all make mistakes. Offer an apology if you forget some courtesy. Keep a sense of humor and a willingness to communicate.

While engaging or interacting with a Wheelchair user, remember:



Personal space: Do not push, lean on, or hold onto a person's wheelchair unless the person asks you to. Wheelchair is part of her/his personal space.

Eye-to-Eye: Try to put yourself at eye level when talking with someone in a wheelchair. Sit or kneel in front of the person.

Clear a path: Rearrange furniture or objects to accommodate a wheelchair before the person arrives.

Know the geography: If asked, know where can one find accessible restrooms, drinking water, etc. in the building.

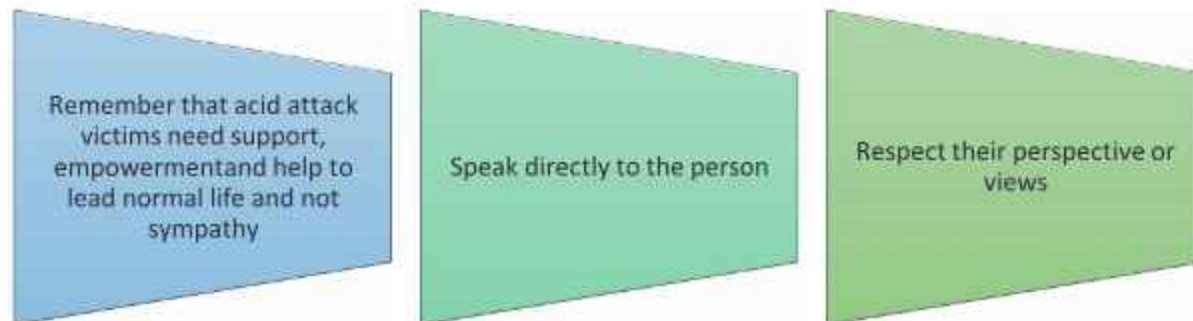
Directions: When giving directions to a person in a wheelchair, consider distance, and physical obstacles like curbs, stairs, etc.

While interacting with person with dwarfism

Avoid acting like they cannot handle themselves or make their own decisions

During a conversation with a persons with dwarfism, consider sitting down or make appropriate accommodations

Avoid taking pictures without asking

While engaging with an acid attack victim:While engaging with a person having Visual Impairment:

Greetings	Departing	Guiding	The Landscape	Details matter
<ul style="list-style-type: none"> When meeting, identify yourself and introduce others who may be present. 	<ul style="list-style-type: none"> Don't leave the person without excusing yourself first. 	<ul style="list-style-type: none"> When guiding, never push or pull the person. Offer your arm & allow her/him to reach for you, then walk slightly ahead. Verbally point out doors, stairs, and curbs as you approach them. 	<ul style="list-style-type: none"> As you guide a person into a room, describe the layout, the location of furniture, and note who else is nearby. 	<ul style="list-style-type: none"> Be specific when describing the location of objects. (Eg: "There is a chair three feet from you at eleven o'clock.")

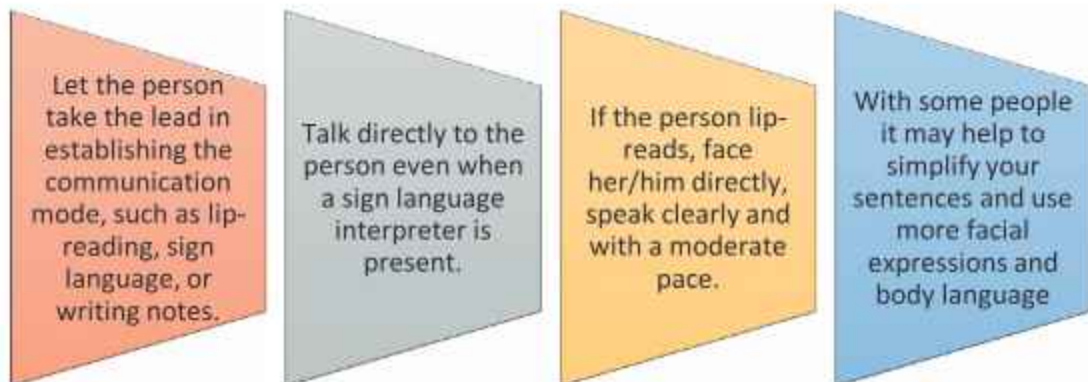
While engaging a person having speech and language disabilities

Pay attention, be patient, and wait for the person to complete a word or thought. Do not finish it for the person.

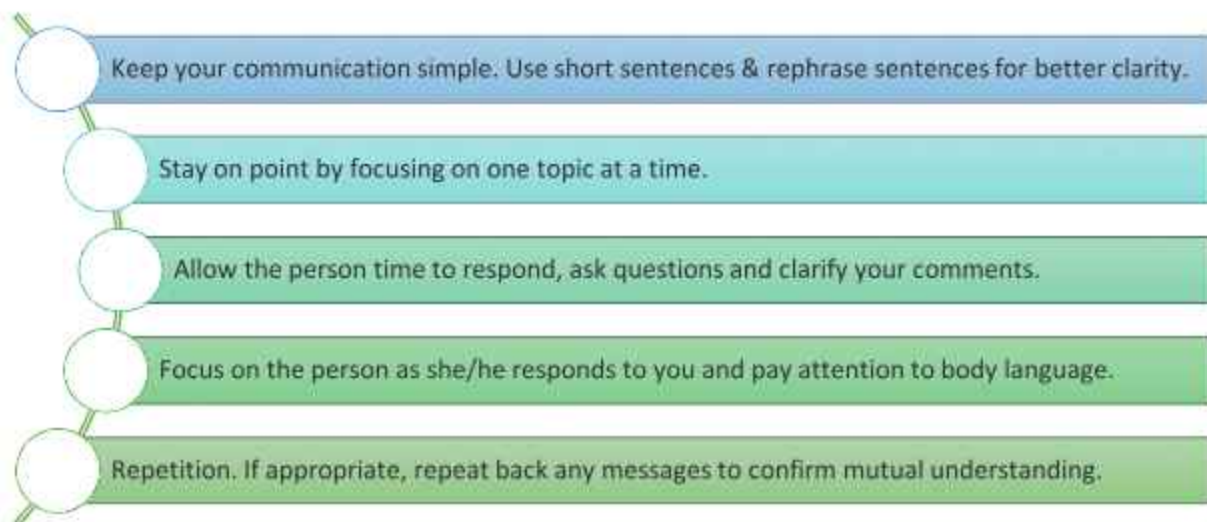
Ask the person to repeat what is said if you do not understand. Tell the person what you heard and see if it is close to what she/he is saying.

Be prepared for persons who use assistive technology to enhance or augment speech. Don't be afraid to communicate with someone who uses an alphabet board or a computer to communicate.

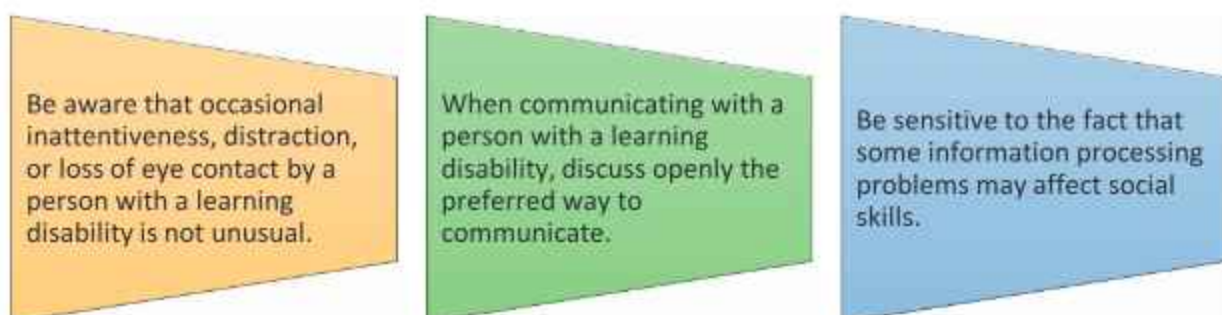
While interacting with a person having Hearing Impairment, remember:



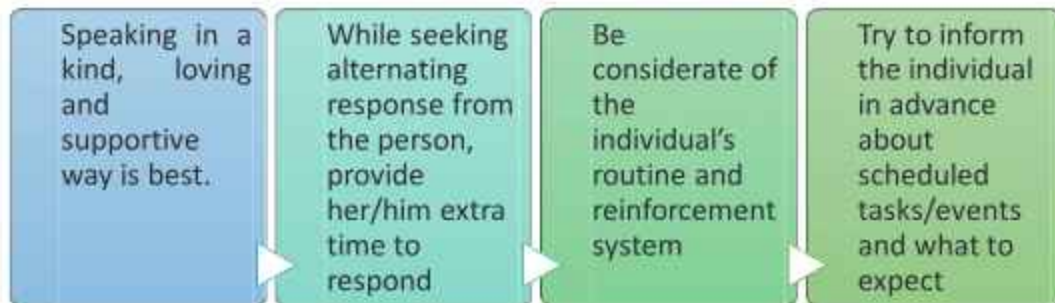
While engaging or meeting a person with cognitive impairment that affects learning, intelligence or brain functions; remember:



While interacting with a person having Learning Disability:



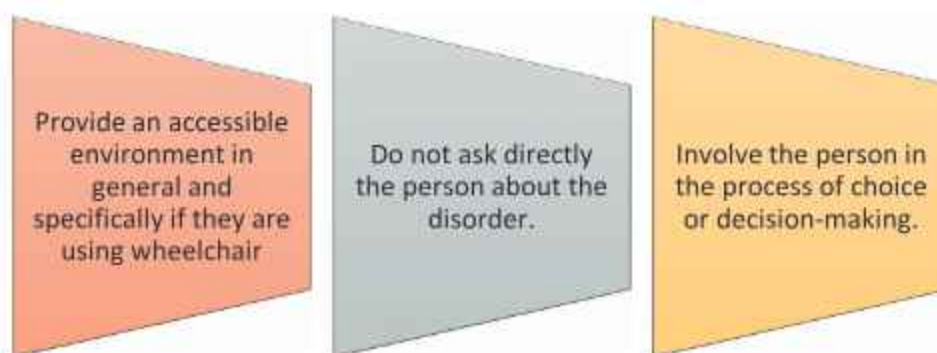
While interacting with a person having Autism Spectrum Disorder:



While interacting with a person having mental illness:



While interacting with a person having Multiple Sclerosis:



While interacting with a person having Parkinson's Disease:



REMEMBER: It is important to use **person-first language** during our interaction about Divyangjan.

Words & Phrases to Avoid (Examples)	Preferred Alternatives	
A disabled person	Person with	disability
The handicapped or crippled		disability
A victim of cerebral palsy		cerebral palsy
Mentally retarded, slow or special		intellectual or developmental disability
The crazy, psycho, nuts, mental, idiot, lunatic		mental illness
Hearing impaired, deaf-mute, deaf & dumb	deaf or a person with hard of hearing	
Wheelchair bound or confined to wheelchair	A wheelchair user	
Normal, healthy or able-bodied person/ people	Person without disability	

18. Stakeholders: Services & Professionals

Stakeholders for empowerment of persons with disabilities and their families include government and non-government organizations, along with each member of the society.

Requisite services and professionals to meet the specific needs of the individual with disability, may include:



Parents/Family must be made a part of each of these services.

Governments must promote courses and professional engagement for services.

"Disabled Children are equally entitled to an exciting and brilliant future."

- Nelson Mandela

(Revolutionary and Political Leader)



Accessible India Campaign



Features of Accessibility in Built Environment

OUTDOOR FEATURES	INDOOR FEATURES
i. Accessible route/approach;	iv. Accessible reception;
ii. Accessible Parking - Reserved parking near entrance	v. Accessible corridors and tactile flooring;
iii. Accessible entrance to building - ramp;	vi. Accessible lifts with braille; auditory commands;
	vii. Staircases with durable handrails;
	viii. Accessible toilets;
	ix. Accessible drinking water provision;
	x. Auditory and visual signage

10 Key Accessibility Features in Buildings





Rehabilitation Council of India

Department of Empowerment for Persons with Disabilities (Divyangjan)
Ministry of Social Justice and Empowerment
Government of India

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