International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Special people - Indemnities, Concessions and Provisions (As per PWD Act, 1995 and RPWD Act, 2016)

Chesfeeda Akhter[1], Ulfat Jan[2], Gulshan Wani[3]

[1,2,3]Department of Education, University of Kashmir, Srinagar-190006

Abstract

Rights of persons with act bill were passed by Raj Sabah on 14th December 2016 and it came into force as RPWD, 2016 on 19th April 2017. It is enacted to promote, protect and ensure equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity, ratified by India in 2017 .It recognizes the role of environmental factors and relevance of associated health conditions and their effects in the creation of disability. It states that all human rights are universal, indivisible, interdependent and interrelated. RPWD Act 2016 replaced PWD Act ,1995 .It is more comprehensive than PWD Act 1995 as the number of disabilities has been increased from 7 (that is, blindness, low-vision, leprosy cured persons or Hansen's disease, hearing impairment, locomotor disability, intellectual disability /general learning disability /mental retardation and mental illness) to 21 including blindness, low vision, leprosy cured persons, hearing impairment, locomotor disability ,mental retardation, mental illness, dwarfism, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions such as Alzheimer's disease, Parkinson's disease, dystopia, ALS (Lou Gehrig's disease, Huntington's disease, neuromuscular disease, multiple sclerosis and epilepsy), specific learning disabilities, multiple sclerosis, speech and language disability, Thalassemia, hemophilia, sickle cell disease, multiple disabilities, acid attack victims, Parkinson's disease) along with new provisions and institutional arrangements, which put heavy demands on parents teachers , administrators and community in terms of creating inclusive environments and accessible infrastructure for persons with disabilities as recognized by RWD Act 2016.

Keywords: Impairment; Disability; Handicap; Inclusion; Exclusion; Accessibility; Restriction

Introduction

In common parlance, different terms such as disabled, impaired, handicapped, crippled, physically challenged ,are used interchangeably, indicating noticeably the stress on pathologic conditions(PWD Act,1995) .Impairment means persons abnormality or abnormal condition. For example a person don't have his hands .Disability means limitation or restriction imposed by persons abnormal condition e.g; if a person do not have his hands, he can't write. Disability means physical or mental impairment which has a substantial and long lasting effect on person's ability to carry out normal routine tasks. Handicap means if a person do not have hands and if he can't write then he needs the help of another person to write. Disabilities are the result of negative interactions that take place between a person with impairment and his or her social environment. It is loss or limitation of opportunities to participate in society on an equal

level with others due to societal and environmental barriers. (Northern Officers Group; Gazette of India ,2016).

In India different definitions of disability conditions have been introduced for various purposes, essentially following the medical model (which states that disability of a person is caused by a disease, trauma or other health condition which requires a medical care) and social model (which states that disability is caused by social ,home or school environment of diabilities.

According to PWD Act 1995 ,Persons with disability means a person having a disability (i.e; blindness, low vision, leprosy cured, hearing impairment, locomotor disability, mental retardation and mental illness) not less than 40%.the Act emphasize equal opportunities, full participation and protection of rights of persons with disabilities. The act further emphasize equal education and employment opportunities, reservations, vocational training, provisions of medical care ,research and manpower development ,creation of barrier free environment ,to encounter the situation of abuse and exploitation of person, integration into main social strea and establishment of homes for persons with reserve ability.). As per the act "Disability" means - (i) Blindness; (ii) Low vision; (iii) Leprosy-cured; (iv) Hearing impairment; (v) Loco motor disability; (vi) Mental retardation; (vii) Mental illness, which were defined as below. "Blindness" refers to a condition where a person suffers from any of the following conditions, (i) Total absence of sight. (ii) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; (iii) Limitation of the field of vision subtending an angle of 20 degree or worse; "Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device; "Leprosy cured person" means any person who has been cured of leprosy but is suffering from- (i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity; (ii) Manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; (iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly; "Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of' frequencies; "Loco motor disability" means disability of the bones, joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy; "Mental retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence; "Mental illness" means any mental disorder other than mental retardation.

National policy on disabilities 2006 emphasizes equal space for oneself and same for others. The policy is formulated to fulfill the dreams of inclusive society by prevention of disabilities and adaptation of rehabilitation measures. The main focus of the policy is identification of women and children with disabilities, creation of barrier free environment, issuance of disability certificate, promotion of NGOs, collection of info of disabled persons ,social security ,research of the situation ,analysis of current situation, cultural involvement and amendment of the existing actions.

The convention on the Rights of the persons with disability (UNCRPWD 2006) and the Biwako Millenium Framework for Action and Biwako Plus Five (ESCAP 2003) reflect a shift from a medical to social model of disability .In the medical model ,individuals with certain physical ,intellectual psychological and mental conditions or impairments referred as pathologic or abnormal ; It is simply the abnormality conditions themselves that are the cause of all restrictions in life activities. According to the medical model, disability lies in the individuals, as it is equated with those restrictions in activities. Faced with line of

thinking, individuals would feel pressured to work o their restrictions, bearing the burden of adjusting to their environment through cures, treatment or rehabilitation .In contrast, the social model shift the focus to the society ;undue restrictions on the behavior of persons with disabilities are seen to be imposed by a)dominant social, political and economic ideologies , b) cultural and religious perceptions regarding persons with disabilities ,c) paternalism in social welfare systems, d) discriminations by society, e) the inaccessibility of the environment and information and f) the lack of appropriate institutional and social arrangements .Thus in this model ,disability does not lie in individuals themselves, but in the interactions between individuals and society .

UNCRPD 2006 is aimed to end the discrimination and differences against disabled persons, to enable them to live an independent life and to make the educational system more inclusive .The purpose of the Convention is to promote ,protect and ensure 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. Moreover, the convention states that all human rights are universal, indivisible, interdependent and interrelated. The convention comprises of 50 articles on specific issues in context of disability like purpose of the convention (article 1),key concepts(article 2),general principles(article3) ,obligations of the ratified states(article4) ,fundamental concepts of equality ad non discrimination(article 5)women with disabilities(article 6),children with disabilities(article 7)awareness raising (article8), accessibility(article 9) right to life (article 10)situations of risks and humanitarian emergencies(article 11),equal recognition before law(article 12)access to justice(article 13),liberty and security(article14),freedom free torture or cruel inhuman or degrading treatment of punishment (article 15) freedom from exploitation, violence and abuse(article 16)protection of integrity (article 17) liberty of movement and nationality (article 18),living 8independently and being included in the community (article 19),personal mobility(article 20) freedom of expression and opinion and access to information (article 21)respect for privacy (article 22)respect for home and family(article 23),education(article24) ,health(article 25),habilitation and rehabilitation(article 26),work and employment(article 27),adequate standard of living and social protection(article 28) ,participation in political and public life(article 29),participation in cultural life ,recreation, leisure and sport (article 30),statistics and data collection(article 31),international cooperation(article 32),national implementation and monitoring(article 33),committee on the rights of persons with disabilities (article 34),reports by state parties(article 35),consideration of reports(article 36),cooperation between state parties and the committee(article37),relationship of the committee with other bodies(article 38),report of the committee(article 39),conference of state parties(article 40),despository (article41), signature(article42),consent to be bound(article 43),regional integration organization(article 44),entry into force(article 45),reservations (article 46),amendments(article 47),denunciation (article 48),accessible format(article 49),authentic texts (article 50).

Rights of persons with disabilities act (RPWD Act 2016),is the expansion of PWD Act 1995.In this act ,the no. of disabilities has been expanded from 7 to 21 as :

1. Blindness:

It refers to the condition of total blackness of vision with the inability of a person to distinguish darkness from bright light in either eye.

2. Low-vision:

Low-vision means a condition where a person has any of the following conditions, namely:

1. 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.

2. Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

3. Leprosy Cured persons:

Leprosy is a chronic infectious disease. It mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes.

4. Hearing Impairment (deaf and hard of hearing):

Hearing impairment is a partial or total inability to hear. It is a disability which is sub-divided in two categories of deaf and hard of hearing.

"Deaf" means persons having 70 dB hearing loss in speech frequencies in both ears.

"Hard of Hearing" means person having 60 dB to 70 dB hearing loss in speech frequencies in both ears.

5. Locomotor Disability:

Locomotor Disability means problem in moving from one place to another - i.e. disability in legs. But, in general, it is taken as a disability related with bones, joints and muscles. It causes problems in person's movements (like walking, picking or holding things in hand etc.)

6. Dwarfism:

Dwarfism is a growth disorder characterized by shorter than average body height. Human beings with adult body height less than 4 feet 10 inches (147.32cm) are considered to be affected with dwarfism.

7. Intellectual Disability:

A person with an intellectual disability may have significant limitations in the skills needed to live and work in the community, including difficulties with communication, self-care, social skills, safety and self-direction.

8. Mental Illness:

Mental illness is a general term for a group of illnesses that affect the mind or brain. These illnesses, which include bipolar disorder, depression, schizophrenia, anxiety and personality disorders, affect the way a person thinks, feels and acts.

9. Autism Spectrum Disorder:

Autism is an umbrella description which includes Autistic disorder, Asperger's syndrome and atypical autism. Autism affects the way information is taken in and stored in the brain. People with autism typically have difficulties in verbal and non-verbal communication, social interactions and other activities.

10. Cerebral Palsy:

Cerebral Palsy (CP) is a disabling physical condition in which muscle coordination is impaired due to damage to the brain. It occurs at or before child birth. Cerebral Palsy is not a progressive condition; meaning it does not get worse with time.

11. Muscular Dystrophy:

Muscular Dystrophy (MD) is a group of neuromuscular genetic disorders that cause muscle weakness and overall loss of muscle mass. MD is a progressive condition; meaning that it gets worse with the passage of time.

12. Chronic Neurological conditions:

Alzheimer's disease, Parkinson's disease, dystonia, ALS (Lou Gehrig's disease), Huntington's disease, neuromuscular disease, multiple sclerosis and epilepsy etc. disabling illnesses experienced by a significant proportion of the population. Individuals living with a chronic neurological condition may experience a wide variety of symptoms that require health care services.

13. Specific Learning Disabilities (Dyslexia):

Specific Learning Disabilities is a group of disabling conditions that hampers a person's ability to learn,

listen, think, speak, write, spell, or do mathematical calculations.Examples of Specific Learning Disabilities include:

- Dyspraxia - The inability to motor plan, to make an appropriate body response.
- Dysgraphia - Difficulty with the act of writing both in the technical as well as the expressive sense. There may also be difficulty with spelling.
- Dyscalculia- Difficulty with calculations.
- Attention Deficit and Hyperactivity Disorder(ADHD)- Hyperactivity, distractibility and impulsivity

14. Multiple Sclerosis:

Multiple Sclerosis is a disabling disease that affects Central Nervous System (CNS). It inhibits the flow of information within the brain and various body parts. With time, MS can lead to the permanent damage to nerves.

Tiredness, weakness, pain, tingling, and numbness, stiffness, muscle spasms, stiffness and weakness, difficulty walking or balancing, vertigo and dizziness, problems with thinking and memory, changes in vision and hearing, vision problems, problems with thinking, learning and planning, depression and anxiety, sexual problems, bladder problems, bowel problems, speech and swallowing difficulties are some of the symptoms of MS

15. Speech and Language disability:

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.

16. Thalassemia:

Thalassemia is a genetically inherited blood disorder which is characterized by the production of less or abnormal hemoglobin. Thalassemia results in large numbers of red blood cells being destroyed, which leads to anemia. As a result of anemia, person affected with Thalassemia will have pale skin, fatigue and dark coloration of urine.

17. Hemophilia:

Hemophilia is a blood disorder characterized by the lack of blood clotting proteins. In the absence of these proteins, bleeding goes on for a longer time than normal. Hemophilia almost always occurs in males. Females are rarely affected with hemophilia.

18. Sickle Cell disease:

Sickle Cell Disease is a group of blood disorders that causes red blood cells (RBCs) to become sickle-shaped, misshapen and break down. It is a genetically transferred disease.

19. Multiple Disabilities including deaf-blindness:

Multiple Disabilities is the simultaneous occurrence of two or more different types of physical disabilities, two different mental disabilities, or a combination of physical and mental disabilities. Common examples of Multiple Disabilities are:

1. Intellectual disability and blindness, Mental retardation and orthopedic impairment.
2. Locomotor disability and speech impairment.

20. Acid Attack victim:

Acid Attack Survivors are the people (mostly women) who became the victim of the crime of acid throwing. These incidents often leave the victim with disfigured face and other body parts.

21. Parkinson's disease:

Parkinson's disease (PD) is Central Nervous System disorder which affects movement. PD is characterized

by tremors and stiffness. It is a progressive disease, which means that it worsens with time.

The Convention of Rights of Persons with Disabilities (UNCRPWD: United Nation, 2006) w.e.f. 8 May 2008) and the Biwako Millenium Framework for Action and Biwako Plus Five (ESCAP 2003) reflect a shift from a medical to social model of disability . In the medical model, individuals with certain physical, intellectual, psychological and mental conditions (impairment) are regarded as pathologic or abnormal; it is simply the abnormality conditions themselves that are the cause of all restrictions of activities. According to the medical model, disability lies in the individuals, as it is equated with those restrictions of activity. Faced with the line of thinking, individuals would feel pressured to work on 'their' restrictions, bearing the burden of adjusting to their environment through cures, treatment or rehabilitation. In contrast, the social model shifts the focus to the society; undue restrictions on behaviour of persons with impairment are seen to be imposed by: a) dominant social, political, and economics ideologies; b) cultural and religious perceptions regarding persons with disabilities; c) paternalism in social welfare systems; d) discriminations by society; e) the inaccessibility of the environment and information; and f) the lack of appropriate institutional and social arrangements. Thus in this model, disability does not lie in individuals, but in the interactions between individuals and society. In the social model, persons with disabilities are right holders, and are entitled to advocate for the removal of institutional, physical, informational and attitudinal barriers in society. Thus it is a concept based on the consequences of diseases/ infirmity on functional capacity and/ or social participation. It locates the definition of disability at the most basic level of activity/participation in core domains – defined as the ability or inability to carry out basic actions at the level of whole person (i.e. walking, climbing stairs, lifting packages, seeing a friend across the room etc). Social inclusion implies equality of opportunities and equal participation of individuals in society. It is based on the belief that people of all abilities have a right to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms .The key to social inclusion for people with disabilities is the creation of barrier free environment. The first step to create an inclusive environment is to identify and remove the barriers that may prevent individuals with disabilities from participating fully and effectively in the workplace. Barriers can be a) physical barriers -- such as, infrastructure , inaccessible buildings ,equipments or transportation b)communication barriers such as unclear instructions ,jargon or lack of alternative formats c)Attitudinal barriers such as attitude of parents ,family ,teachers and community towards persons with disabilities, stereotypes, stigmas or low expectations d)Financial barriers such as poverty of people ,lack of finances for regular visits to doctors, medication, guidance and counseling ,support gears such as wheel chairs etc. e)social barriers such as difficulty in friendship formation and social interactions ,social exclusion ,inability to demonstrate social skills, f)policy barriers such as legislation, policy and national policies that exclude or disadvantage certain groups, g)curriculum barriers such as centrally designed ,very rigid not flexible ,examination content oriented curriculum rather than --\success oriented, h)untrained teacher barrier such special provisions for training the untrained teachers, i)constraint on resources such as no provisions for lifts, ramps, barrier free environment, toilets, no provision for the use of technology such as motion sensors to open the doors, automatic door buttons for easy access through doors ,no provisions for use of digital libraries ,Braille literature and other additional resources. You can use various tools and methods such as surveys, audits, feedback or consultations to assess the accessibility and inclusiveness of your work environment and identify the areas that need improvement. Social inclusion implies equality of opportunity and equal participation of individuals in society. The key to social inclusion for people with disabilities is the creation of a barrier-free environment.

The first step to creating an inclusive environment is to identify and remove the barriers that may prevent individuals with disabilities from participating fully and effectively in the workplace. Barriers can be physical, such as inaccessible buildings, equipment, or transportation; communication, such as unclear instructions, jargon, or lack of alternative formats; attitudinal, such as stereotypes, stigma, or low expectations; or systemic, such as policies, procedures, or practices that exclude or disadvantage certain groups. You can use various tools and methods, such as surveys, audits, feedback, or consultations, to assess the accessibility and inclusiveness of your work environment and identify the areas that need improvement.

Accessibility is established in the Convention as a cross-cutting issue that enables persons with disabilities to live independently and participate fully in all aspects of life. The Preamble to the Convention emphasizes the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development. The UN Department of Economic and Social Affairs (DESA) and UN-Habitat, have been actively promoting accessibility and disability inclusion in contexts of sustainable and inclusive development for all.

To reach an accessible future, the next step is to go to scale. It is therefore encouraging to see disability inclusion is now a cross-cutting theme for the International Development Association, the World Bank's fund for the poorest countries. To further promote disability inclusion, IDA19 calls for investments in disability-disaggregated data, differentiated interventions across sectors, and promoting inclusion through accessible physical environments and technologies. Poverty is a reality for persons with disabilities. The proportion of persons with disabilities living under the national or international poverty line is higher, and in some countries double, than that of persons without disabilities.

The health and well-being of persons with disabilities are at greater risk. Persons with disabilities are three times as unlikely to receive health care when they need it. Children with disabilities are twice as more likely to have malnutrition and are ten times more likely to be seriously ill.

Education and Employment opportunities are negligible. Persons with disabilities remain less likely to attend school and complete primary education and more likely to be illiterate than persons without disabilities. The employment-to-population ratio of persons with disabilities aged 15 and older is almost half that of persons without disabilities.

Persons with disabilities are often among the most vulnerable in society, and typically face more formidable barriers to transport, housing, and other services.

It is often harder for persons with disabilities to improve their livelihoods and take advantage of economic opportunities due to the exclusion they experience (DIM, 2019).

The first step to creating an inclusive environment is to identify and remove the barriers that may prevent individuals with disabilities from participating fully and effectively in the workplace. Barriers can be physical, such as inaccessible buildings, equipment, or transportation; communication, such as unclear instructions, jargon, or lack of alternative formats; attitudinal, such as stereotypes, stigma, or low expectations; or systemic, such as policies, procedures, or practices that exclude or disadvantage certain groups. You can use various tools and methods, such as surveys, audits, feedback, or consultations, to assess the accessibility and inclusiveness of your work environment and identify the areas that need improvement.

The second step to creating an inclusive environment is to provide reasonable accommodations to individuals with disabilities who need them to perform their job duties. Reasonable accommodations are modifications or adjustments that enable an employee with a disability to enjoy equal employment

opportunities and benefits without imposing undue hardship on the employer. Examples of reasonable accommodations include flexible work hours, assistive technology, ergonomic furniture, or sign language interpreters. You can work with your human resources department and the employees themselves to determine the appropriate and effective accommodations for each situation. You should also review and update the accommodations regularly to ensure they meet the changing needs and preferences of the employees.

The third step to creating an inclusive environment is to educate and train yourself and your team on disability awareness and inclusion. Disability awareness is the knowledge and understanding of the diverse experiences, perspectives, and rights of people with disabilities. Inclusion is the practice and attitude of involving and empowering people with disabilities in all aspects of the workplace. You can use various resources and strategies, such as workshops, webinars, videos, or mentoring, to enhance your own and your team's disability awareness and inclusion skills. You should also promote a positive and respectful language and behavior that avoids stereotypes, labels, or assumptions about people with disabilities.

The fourth step to creating an inclusive environment is to communicate and collaborate effectively with individuals with disabilities in your team. Communication and collaboration are essential for any team to achieve its goals and solve its problems. However, they can also pose challenges and opportunities for inclusion. You can use various techniques and tools, such as active listening, feedback, accessibility features, or online platforms, to communicate and collaborate effectively with individuals with disabilities. You should also encourage and facilitate the participation and input of all team members in meetings, discussions, and decision-making processes. You should also recognize and celebrate the achievements and contributions of individuals with disabilities in your team.

The fifth step to creating an inclusive environment is to foster a culture of inclusion in your team and organization. A culture of inclusion is a set of values, beliefs, and norms that promote and support the diversity, accessibility, and inclusion of all employees. You can foster a culture of inclusion by modeling and reinforcing inclusive behaviors and practices, such as empathy, respect, flexibility, and collaboration. You can also create and sustain a network of allies and advocates, such as peer support groups, employee resource groups, or diversity committees, that can provide guidance, support, and feedback on inclusion issues and initiatives. You can also leverage and integrate the diverse talents, perspectives, and experiences of individuals with disabilities in your team and organization to enhance innovation, productivity, and engagement.

With every year focusing on a unique theme for the International Day of Persons with Disabilities, the theme for 2021 is “Leadership and participation of persons with disabilities toward an inclusive, accessible and sustainable post-COVID-19 world.”

67% of C-suite executives believe they’ve built a supportive workplace that enables their disabled employees to thrive with the right technology, environment and support, only 41% of employees with disabilities agree. Further, 76% of employees with disabilities and 80% of executives with disabilities are not fully open about their disabilities at work.

Research has found that for many people with disabilities, finding and sustaining work is a challenge. “Indeed, it has been estimated that in the United States (US), only one in three (34.9 percent) individuals with disabilities are employed compared to 76 percent of their counterparts without disabilities, and this disparity appears to be increasing over time,” the research noted. Canada indicates a better picture with the corresponding statistics being 49% vs. 79% percent, with the European Union being close at 47.3% vs. 66.9%.

People with disabilities do not fit into the usual way of social life, which adversely affects their social situation and access to public goods. The social status of people with persistent health problems who are not able to lead a normal life and fully exercise their rights is discriminated against, and the disabled themselves actually constitute a group of people excluded from public life, being on the periphery of society. Social exclusion of persons with disabilities is often accompanied by stigma and negative identity, which is enshrined in the legal and cultural system and social institutions. Certain symbols and attributes of persons with disabilities in the form of technical means of rehabilitation (wheelchairs, crutches), language of social communication (sign language), internal culture (subculture) distinguish persons with disabilities from other members of society; designs not only internal public space, but also external space, and thus institutionalizes strata.

Disability therefore involves processes of social exclusion. In a situation of social exclusion, inclusion is intended to minimize differences between citizens. It is important to understand that social inclusion does not develop in a single subsystem or structure of society, but is the result of the development of all social systems at macro, meso and micro levels . With this in mind, (F. Farrington, 2002) discloses social inclusion as a multidimensional phenomenon involving the interactions of the economic, political, socio cultural, social, territorial and symbolic subsystems of society. The most important reason for the de facto inequality of persons with disabilities is the existence of numerous social barriers in society, which prevent, on the one hand, access to basic urban and social resources and, on the other, the possibility of being included in social ties and interactions to the same extent as other people. These barriers lead to social exclusion and social dependence, and have a negative impact on both the quality of life of people with disabilities and on relations with persons with disabilities in local communities. The removal of these barriers is a key point of inclusion for persons with disabilities.

The process of inclusion and accessibility has been carried out in accordance with the countries program "Inclusion and Accessible Environment." The program includes a set of measures aimed at creating conditions for the realization of the fundamental rights and freedoms of persons with disabilities, their independent life and the full participation of persons with disabilities in the life of the country [Nevayeva , 2015]. Given the ongoing inclusive processes taking place in modern India, it is important to understand the existing obstacles and difficulties faced by persons with disabilities, as well as the peculiarities of including these persons in society.

- Ensure accessibility through universal design of buildings, facilities, services and consultations. Provide reasonable accommodation as well as mobile or outreach services to facilitate access to services, delivery of assistance and feedback and complaint mechanisms.
- Ensure information in accessible formats and channels.
- Ensure protection-sensitive and inclusive targeting.
- Design activities in a manner that allows persons with disabilities to remain together with their care-givers, families, kinship groups and other support networks.
- Always allow persons with disabilities to be accompanied by a person of their choice if they require such support.
- Promote an organizational culture that respects the dignity, rights and capacities of persons with disabilities, including through training of staff.
- Ensure a functional referral system for individual protection assistance and specialized services.

A key function of the DIPAS is to establish a vision of a disability-inclusive world by 2030. It presents that vision, as well as a strategic framework that introduces the overarching goals, objectives and strategic

priorities that will help guide UNICEF work and investments in disability-inclusive development for all children.

The UNICEF Disability Inclusion Strategy, and the annexed Accountability Framework for Disability Inclusion, the Disability Inclusion Policy commits UNICEF to bold and innovative action with and for children with disabilities. All nations, societies, systems, communities, families and individuals promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms and actively work to ensure the inclusion, leadership and meaningful participation of all children with disabilities in all contexts on an equal basis with others (Giddens A 2013).The rights of children and adults with disabilities to live in supportive and inclusive families and communities are fully realized, and individuals and communities have the tools, equipment, resources and capacity to build a more inclusive world. Ableism and other forms of stigma and discrimination against persons with disabilities have been eliminated, and children with disabilities live in a world free from barriers, stigma and discrimination of all kinds.

UNICEF recognizes its mandate and responsibility to work with and for children with disabilities, their families, caregivers and communities, to support successful transitions through early childhood into and through education and into independent living as adults, by creating an enabling environment where inclusivity and diversity are embraced. This vision will necessitate expanding the organization's ability to work holistically and across sectors, taking a twin-track approach and using both disability-targeted and disability inclusive actions to ensure that children with disabilities are met at every turn with accessible information, AT, targeted outreach and engagement, policy and community support, social protection and inclusive programming. Children with disabilities are empowered and recognized as their own best advocates, and seen as essential to the expansion and sustainability of inclusion. UNICEF aims to create enabling environments for children with disabilities to participate fully in their communities and to bring their lived experiences to decision making processes. Ensuring the right to meaningful participation and leadership requires investments in, access to and the removal of barriers to education and communication, targeted and integrated skills-building, access to AT and support services, the availability of peer groups and role models, particularly for girls with disabilities, who may face additional barriers, and prioritized partnerships with OPDs and organizations of parents, families and caregivers, children with disabilities at all levels.

NICEF is fully committed to empowering children with disabilities throughout childhood and adolescence, including: Elevating and amplifying the voices and ongoing leadership of young advocates with disabilities, their networks and organizations, by establishing prioritized funding mechanisms and partnerships, Expanding agency, by building leadership skills and capacity, as well as expanding the representation and participation of children in OPDs, including in development processes and cluster coordination, and humanitarian coordination platforms, among others Increasing assets through accessible digital platforms as well as economic empowerment interventions targeting adolescents and youth with disabilities directly, such as through cash plus transfer programmes, or indirectly, such as through financial literacy training, skills for employability and mentorship programmes. UNICEF embraces a full life-cycle approach to child development, and therefore recognizes the ongoing support needed by children with disabilities and their parents, families and caregivers to overcome barriers and ensure healthy and successful transitions throughout the life course. This includes early identification and intervention; access to appropriate AT; support to cover disability-related expenses; the provision of inclusive and accessible sexual and reproductive health services and information; the delivery of mental health and psychosocial support and services that centre on the rights and dignity of children and persons with disabilities; family-

friendly policies that allow parents to have adequate time, resources and services to care and provide for their children; and a society free from stigma and discrimination. As children with disabilities transition into and during adolescence, they may require age-appropriate support that allows them to be as autonomous as their peers without disabilities. When transitioning to adulthood, they may need support services to live independently, vocational skills and inclusive workplaces. At all ages, children and adults can benefit from the elimination of ableism and the associated stigma and discrimination within communities and social structures. This will require not only continued investments in inclusive and gender-transformative early childhood development (ECD), health, nutrition, social protection, education, WASH and child protection, but also social innovation and norm changes to develop disability-inclusive and responsive support services and systems.

Disability Related Legislation in India

At present, there are following laws in our country to safeguard the rights of disabled persons:

1. The mental Health Act, 1987—this is an act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision with respect to their property and affairs, and for matters connected therewith or incidental thereto.
2. The Rehabilitation Council Act of India (RCI, 1992)—The Act was created to provide for the constitution of the Rehabilitation Council of India for regulating training of the Rehabilitation Professional and maintaining of a Central Rehabilitation Registrar and related issues.
3. The Persons with Disabilities (Equal Opportunities, Full Participation and Protection of Rights) Act, 1995—The act is guided by the philosophy of empowering persons with disabilities and their associates. The endeavour of the Act has been to introduce an instrument for promoting equality and participation of persons with disability on the one hand, and eliminating discrimination of all kinds, on the other.
4. The National Trust (For Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities) Act, 1999—The trust aims to provide total care to persons with mental retardation and cerebral palsy and also manage the properties bequeathed to the trust. The Trust also supports programmes that promotes independence and address the concerns of those special persons who do not have family support. The Trust will be empowered to receive grants.

Initiatives Taken by the Government

1. The British Lunacy Act 1912 was repealed only in 1987 with The Mental Health Act precluding the persons with mental retardation from the Act This gave an impetus to afford more services for persons with intellectual disability and a move from the medical model to a educational model.
2. The Rehabilitation Council of India Act 1992 is responsible for providing qualified professions trained in the accredited institutions following the standard curriculum developed by it. The trained professionals registering with the Rehabilitation Council of India, was also made mandatory.
3. The Persons with Disability Act 1995 defines the various disabilities and delineates the array of services required for persons with disability, from that of prevention of adult life requirements. It has become mandatory, the provision of all services in barrier free environments.
4. The National Trust Act, 1999 provides guardianship for the persons with disabilities, and includes in its list of disabilities, autism, cerebral palsy, mental retardation and multiple disabilities.

5. In the Education for All, Sarva Shiksha Abhiyan (SSA) Scheme, 2001, a country wide mammoth project, persons with disabilities are included in the classroom situations in mainstream schools.
6. In the Integrated Education for Disabled Children (IEDC) Scheme, the children with disabilities study in a special section in mainstream school.
7. Around 200 District Disability Rehabilitation Centres (DDRC) 2003, have been established wherever services had yet to be strengthen.
8. In regions where services were scarce 6 Composite Rehabilitation Centres, 1998-99 have been established to provide services for persons with disabilities, of all categories and
9. The National Institute for the Mentally Handicapped, 1985 was established for material and manpower development.

A theoretical framework was developed to guide the mapping exercise in India. The framework conceptualized inclusive education through four main domains: (1) Enabling Environment, (2) Demand, (3) Service Delivery, and (4) Measuring and Monitoring Quality. Cross-cutting issues, albeit brief, were included in the review to provide an overview of the intersectionality between disability and gender, and disability and humanitarian issues. This country profile on India was developed as part of this regional mapping study on disability inclusive education. It aims to provide a snapshot of the key policies, practices and strategies implemented from 2010 to 2020 to ensure children with disabilities learn in inclusive settings in India. More information on the methodology and theoretical framework underpinning the mapping survey can be found in the full report, Mapping of Disability-Inclusive Education Practices in South Asia.

As the second largest country in the world in terms of population, one of India's competitive assets is its human capital. Over the years, the country has shown significant reforms in improving its human capital through critical advances in literacy8 and the provision of free and compulsory education for all children between the ages of 6 and 14 years.9 Despite these achievements, challenges in achieving quality educational outcomes remain. UNICEF reported that about 135.5 million children and adolescents live in urban slums or periurban areas and are equally deprived as those living in rural areas in access to basic social country context services, including quality education (Zhigunova, 2020). Poor quality teaching and learning practices have been identified as key challenges in the education system, alongside the low school attendance rate due to child marriage, child labour and various reports of abuse.11 These challenges affect vulnerable groups such as children with disabilities,12 compounded by various inaccessibility issues, negative attitudes and practices towards disability, among other factors.13 In spite of these challenges, India remains committed to affirming the rights of all children to quality education, including children with disabilities.

The Constitution of India guarantees education for all children aged 6 to 14 years (Article 21A). Although it prohibits discrimination "on grounds only of religion, race, caste, language or any of them" (Article 29.2) in access to state or state-supported educational institutions, the constitution lacks explicit mention of antidiscrimination of persons with disabilities in educational institutions. The main domestic laws enacted after the ratification of CRPD in 2007 support inclusive education, albeit in varying degrees: The Right of Children to Free and Compulsory Education Act 2009 (RTE Act, 2009) echoes the promotion of "free and compulsory education for all children in a neighborhood school", but is silent on specific provisions to support children with disabilities in school, such as reasonable accommodation and assistive devices, among others. State-level RTE rules provide for specific interventions for children with disabilities. Transportation for children with disabilities and participation of school management

committees in implementing inclusive education are guaranteed by almost all states. Only 1 out of 29 states referred to special schools. An UNESCO report describes the Rights of Persons with Disabilities Act 2016 to be highly aligned with CRPD (RPWD Act; 2016).

While there is no specific policy on inclusive education, the RPWD 2016 Act, provides a strong legislative framework for inclusive education, defining it as "a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities.

While the focus on children with disabilities is notable, it is recommended to broaden the conceptualization of inclusive education as a process that encompasses all learners and not only those with disabilities. Furthermore, the law sets out a definition of disability referring to the definition advocated by CRPD. The RPWD Act 2016, expressly mandates all education institutions funded or recognized by the government and local authorities to provide inclusive education; admit children with disabilities (aged 6–18 years, beyond the 14 years age limit of the RTE Act, 2016) without discrimination; provide reasonable accommodation; ensure accessibility of facilities, infrastructure and transportation; and provide individualized support when necessary and attendants for children with high support needs (UN Convention RPWD,2010). Specific measures to promote inclusive education are articulated, ranging from identifying children with disabilities; establishing teacher training institutions and building capacities of teachers, professionals and staff at all levels of the system; setting up resource centres; promoting use of and providing free assistive learning materials and devices and alternative modes of communication (e.g., Braille, sign language); providing scholarships; and modifying curriculum and assessment methods. The law endorses education in the neighborhood school and special education as approaches for supporting the learning of children with disabilities. According to the RTE Act 2009, home based education is recommended for children with multiple or severe disabilities. The National Education Policy (NEP) 2020 reaffirms the provisions in the RPWD Ac, 2016 regarding inclusive education. The policy takes on a broader inclusion perspective and aims to achieve learning for all, particularly addressing the exclusion of socio-economically disadvantaged groups (Nevayeva D A 2015). The policy emphasizes the importance of inclusion of children with disabilities from early childhood education to higher education, with the provision of assistive devices and teaching and learning materials. Samagra Shiksha is India's flagship education programme implemented throughout the country through a single State Implementation Society at the state/union territory level. It subsumes three previous schemes: 1. Sarva Shiksha Abhiyan (SSA) 2. Rashtriya Madhyamik Shiksha Abhiyan 3. Teacher Education The schemes were the primary strategies of the country to move towards the achievement of Sustainable Development Goal 4 targets. The Ministry of Education21 (MoE) envisions universal access, equity and quality, as well as vocationalizing education and strengthening teacher education institutes. Inclusive education is among the major interventions identified under Samagra Shiksha.22 A zero-rejection policy has been adopted under Samagra Shiksha.23 This ensures that no child is left behind. A continuum of educational options, learning aids and tools, mobility assistance and other support services are being made available to students with disabilities. "This includes education through an open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part-time classes, Community Based Rehabilitation (CBR) and vocational education."

1. Assistive devices, equipment and teaching and learning materials
2. Braille stationery material
3. Corrective surgeries

4. Environment building programme
5. Escort allowance
6. Identification and assessment (medical assessment camps)
7. In-service training of regular and special educators
8. Orientation of principals, educational administrators, parents/guardians
9. Provision of aids and appliances
10. Purchase/development of instructional and training materials
11. Reader allowance
12. Salaries
13. Sports events and exposure visits
14. Stipends for girls
15. Therapeutic services and resource rooms.

The Department of Empowerment of Persons with Disabilities in the Ministry of Social Justice and Empowerment is establishing a national database for persons with disabilities. The issuance of a unique disability identity card for all persons with disabilities is envisaged to increase transparency, efficiency and tracking the progress of service delivery. A useful tool for monitoring children with disabilities, the national database could link to the Unified District Information System for Education Plus (UDISE+) to enable the development of comprehensive profiles of children in school and track those who remain outside the education system. The national database can be the centralized source of uniform information on children with disabilities and presents an opportunity for better coordination among education, health and social protection ministries. It should be noted, however, that in the database, the identification of disability is based on medical categories. The Washington Group on Disability Statistics (WG) question sets have not yet been integrated into the major data collection initiatives in the country (Ainscow, 2004). Adopting one disability measurement tool, such as the WG questions, across all databases, national surveys and censuses will generate more reliable statistics on children with disabilities.

References

1. Transforming Our World: The 2030 Agenda for Sustainable Development. Available at https://sustainabledevelopment.un.org/content/documents/7891Transforming%20Our%20World.pdf
2. UNICEF Disability Inclusion Policy and Strategy: (2022–2030).
3. UNESCO (2020). Institute for Statistics, 'Education and Disability: Analysis of Data from 49 Countries', Information Paper No.49, 2018, http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf, accessed 18 December.
4. G V Zhigunova (2020). Features of inclusion of people with disabilities in regional conditions. IOP Conference Series: Earth and Environmental Science
5. UNESCO, (2020). Global Education Monitoring Report, Inclusion and Education: All means all, 3rd ed., United Nations Educational, Scientific and Cultural Organization, Paris, , https://unesdoc.unesco.org/ark:/48223/pf0000373718
6. UNESCO (2020). Institute for Statistics, 'Education and Disability: Analysis of Data from 49 Countries', Information Paper No.49, 2018, http://uis.unesco.org/sites/default/files/documents/ip49-education-disability-2018-en.pdf, accessed 18 December.
7. Samarthyam, 'Welcome to Samarthyam', 2020, www.samarthyam.com.
8. National Education Policy 2020.

9. UNESCO, (2020). Global Education Monitoring Report, Inclusion and Education: All means all, 3rd ed., United Nations Educational, Scientific and Cultural Organization, Paris, , https://unesdoc.unesco.org/ark:/48223/pf0000373718.
10. Yoma S M (2019). Participación de las personas usuarias en políticas públicas de salud mental: una revisión integrativa User participation in public policies of mental health: an integrative review Ciencia & Saude Coletiva 24(7) 2499-2512
11. Disability inclusion matters to achieve an accessible future for all December 3, (2019)
12. Nastina E A (2019). Disability and subjective well-being in Russia: verification of the social model // The Journal of Social Policy Studies 17(4) 615-628
13. Nastina E A (2019). Disability and subjective well-being in Russia: verification of the social model // The Journal of Social Policy Studies 17(4) 615-628
14. UNESCO (2019). New Delhi, N for Nose: State of the Education Report for India, Children with Disabilities, United Nations Educational, Scientific and Cultural Organization New Delhi Cluster Office, New Delhi, 2019, https://unesdoc.unesco.org/ ark:/48223/pf0000368780?posInSet=1&queryId=61d8f754-79af-400a-ae81-8b3700e24397.
15. South Asia Youth Skills & Solutions Forum, United Nations Children's Fund and Ernst & Young India (2019). 'Developing Skills in Youth to Succeed in the Evolving South Asian Economy: India Country Report', www.unicef.org/rosa/media/4496/file/India%20 Country%20Report.pdf.
16. UNESCO (2018). Institute for Statistics database, 'Out-of-School rates and numbers by SDG region.
17. Rights of Persons with Disabilities Act (2016).
18. Resolution of the Government of the Russian Federation N 1297 of 1 December (2015) On Approval of the State Program of the Russian Federation. Affordable Environment "for 2011 - 2020" Guarant Available from: https://base.garant.ru/77673671/ [Accessed 20 March 2019]
19. Resolution of the Government of the Russian Federation N 1297 of 1 December (2015) On Approval of the State Program of the Russian Federation. Affordable Environment "for 2011 - 2020" Guarant Available from: https://base.garant.ru/77673671/ [Accessed 20 March 2019]
20. Asian Development Bank (2015), Human Capital Development in the People's Republic of China and India: Achievements, prospects, and policy challenges, Asian Development Bank, Mandaluyong City, www.adb.org/sites/default/files/publication/178614/ human-capital-prc-india.pdf.
21. Nevayeva D A (2015) Social exclusion of elderly persons (based on the materials of sociological research in the Altay region) (Barnaul) p 205
22. UNICEF (2014), Teachers, Inclusive, Child-Centred Teaching and Pedagogy, Webinar 12 – Companion Technical Booklet, United Nations Children's Fund, New York.
23. Secretariat for the Convention on the Rights of Persons with Disabilities (2014), Division for Social Policy and Development of the Department of Economic and Social Affairs of the United Nations (DESA),.
24. The World Urbanization Prospects (2014). United Nations Department of Economic and Social Affairs.
25. Secretary-General's Special Envoy on Disability and Accessibility (Feb.2014), 8th session of the Opening Working Group of the General Assembly on the Sustainable Development Goals.
26. Secretary-General's Bulletin (ST/SGB/2014/3) on Employment and accessibility for staff members with disabilities in the United Nations Secretariat

27. Sanjeev and Kumar, (2013).'Inclusive Education in India'. 43 UNICEF India, UNICEF Annual Report – India, New Delhi, www.unicef.org/about/annualreport.
28. Giddens A (2013). The Third Way. The Renewal of Social Democracy (Cambridge: Polity Press) p 176
29. Murray, B. (2012). Brief profile on people with disabilities. Employment for social justice and a Fair globalization paper. International Labour Office, Geneva From http://www.ilo.org/employment/Whatwedo/Publications/WCMS_140958/lang--en/index.htm
30. Zhigunova G V (2011). Social identification of persons with disabilities In the world of scientific discoveries 5.1 488-489
31. World Health Organization and The World Bank (2011), World Report on Disability, World Health Organization, Geneva.
32. Understanding the UN Convention on the Rights of Persons with Disabilities (2010), Marianne Schultze, Handicap International http://www.internationaldisabilityalliance. org/sites/default/files/documents/hi_crpd_manual.pdf
33. United Nations, Convention on the Rights of Persons with Disabilities and Optional Protocol, (2006).
34. Assembly, U. G. (2006). Convention on the Rights of Persons with Disabilities. *Ga Res*, *61*, 106.
35. Ainscow, M. (2004), Special Needs in the Classroom: A teacher education guide, United Nations Educational, Scientific and Cultural Organization..
36. Farrington F (2002). Towards a Useful Definition: Advantages and Criticisms of "Social Exclusion" Geo View 5-20 Available from: http://www.socsci.flinders.edu.au/geog/geos/farrington.html [Accessed 20 March 2019]
37. United Nations, (1948). Universal Declaration of Human Rights
38. Singal, Challenges and Opportunities'.General Assembly resolution A/RES/68/3, the United Nations Ibid., A/RES/68/3