

# THE MIRAE ASSET FOUNDATION - SVKM'S NMIMS ESG RESEARCH CHAIR



## **ENABLING EQUITY FOR DISABILITY INCLUSION**

**An Environmental, Social and  
Governance Perspective**

**APRIL 2026**

*who decides what is perfect?*

*“There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, their welfare is protected, their lives are free from fear and want, and that they can grow up in peace.”*

*- Former Secretary-General of the United Nations, Kofi Annan*



## Bhargav Zore

Intellectual Disability (25%)

*Bhargav's painting depicts the black, bleak, and confused manner in which he sees the current war torn world and also shows how he would like the world to be, peaceful and colorful and filled with happiness and love.*

**THE MIRAE ASSET FOUNDATION -  
SVKM'S NMIMS ESG RESEARCH CHAIR**

**ENABLING EQUITY FOR  
DISABILITY INCLUSION**

**An Environmental, Social and  
Governance Perspective**

**POLICY GUIDANCE NOTE**

**BY**

**SVKM'S NMIMS Deemed to be University  
School of Business Management, Mumbai**

**APRIL 2026**

***who decides what is perfect?***

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SVKM's NMIMS Deemed to be University  
School of Business Management

**ENABLING EQUITY FOR DISABILITY INCLUSION  
(An Environmental, Social and Governance Perspective)**

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**Editors:**

Dr. Subramania Raju Rajasulochana  
Associate Professor, School of Business Management,  
SVKM's NMIMS Mumbai  
Email: rajasulochana@sbm.nmims.edu

Dr. Mohd. Imran Khan  
Assistant Professor,  
Sarla Anil Modi School of Economics  
SVKM's NMIMS  
Email: imranwahid41@gmail.com

Dr Malika Basu  
Senior Researcher  
Email: malika.basu@di4c.org

Dr Jannet Farida Jacob  
Senior Researcher  
Email: jannetfarida@gmail.com

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(M): +91 9969392245  
Email: gpglobalize@gmail.com | Web: www.gpglobalize.in

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Persons with Disabilities Welfare Department  
R.No. 31,32,35-A, Mittal Tower, A-Wing,  
3rd Floor, Barrister Rajani Patel Marg,  
Nariman Point, Mumbai 400 021.  
Tel.: 022 40145145  
Email : sec.dkv@maharashtra.gov.in  
Website: <https://divyangkalyan.maharashtra.gov>.

## Foreword



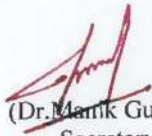
It is a matter of great satisfaction to note the publication of the policy guidance note titled "*Enabling Equity for Disability Inclusion.*" At a time when Maharashtra continues to make significant strides towards inclusive development and responsive governance, such evidence-based and action-oriented work is both timely and highly relevant.

Disability inclusion should be seen not just as welfare, but as a foundation for empowerment. In a diverse and rapidly urbanizing state like Maharashtra, persistent gaps in healthcare, education, mobility, and livelihoods call for integrated, data-driven, and actionable policies. Ensuring dignity, accessibility, and equal opportunity for persons with disabilities requires coordinated cross-departmental efforts, supported by strong institutions and clear accountability.

I commend the institution SVKM' NMIMS and faculty members for their commitment to advancing this important agenda. Their work reflects both analytical rigor and a deep sensitivity to the lived experiences of persons with disabilities, while also identifying pathways for innovation within existing governance structures.

I am confident that this publication will serve as a vital resource for informing policy design, improving service delivery, and fostering collaborative action across sectors. It is my hope that it will further catalyse efforts towards building a more accessible, inclusive, and equitable Maharashtra.

I extend my best wishes for the successful dissemination and impact of this important work.

  
(Dr. Manik Gursal)  
Secretary  
Divyang Kalyan Vibhag  
Government of Maharashtra





## Foreword



It gives me immense pleasure to introduce *"Enabling Equity for Disability Inclusion – An ESG Perspective."* This timely work underscores the critical importance of embedding disability inclusion within the broader framework of Environmental, Social, and Governance (ESG) responsibilities. In today's rapidly evolving policy and institutional landscape, disability inclusion is not merely a matter of compliance—it is a moral imperative and a strategic advantage. By aligning with ESG principles, this book demonstrates how inclusive practices can strengthen social equity, enhance institutional accountability, and contribute to sustainable development.

At SVKM's NMIMS, we firmly believe that higher education institutions must lead by example in advancing disability inclusion. Our commitment extends beyond infrastructure and accessibility; it is rooted in fostering a culture of respect, participation, and empowerment. Through initiatives such as the Disability Inclusion Project, we strive to bridge systemic gaps, promote digital accessibility, and ensure that students and stakeholders with diverse abilities can thrive in academic and professional spaces.

This book represents a significant step in consolidating evidence-based insights and actionable recommendations for policymakers, practitioners, and institutions. It reflects NMIMS's vision of being a catalyst for meaningful change—where inclusion is not tokenistic, but integral to our governance, pedagogy, and community engagement.

I commend the authors and contributors for their dedication to this cause. I am confident that *"Enabling Equity for Disability Inclusion – An ESG Perspective"* will serve as a valuable resource in shaping research and policy actions.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Meena Chintamaneni".

**Dr. Meena Chintamaneni**  
Officiating Vice-Chancellor

SVKM'S  
**Narsee Monjee Institute of Management Studies**

Deemed to be UNIVERSITY

V. L. Mehta Road, Vile Parle (West), Mumbai - 400 056, India.

Tel: (91-22) 42355555

Email: [enquiry@nmims.edu](mailto:enquiry@nmims.edu) | Web: [www.nmims.edu](http://www.nmims.edu)





## ACKNOWLEDGMENTS

This policy guidance document is the result of the dedication, commitment and insights of many stakeholders. This includes representatives from government, academia, the private sector, non-governmental organisations (NGOs), experts and many more. Many of them have experienced, witnessed, endured and overcome the challenges posed by disabilities, whether congenital or resulting from accidents. Although guided by the Rights of Persons with Disabilities (RPwD) Act, 2016 and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), various central and state schemes, policies, programme initiatives and guidelines offer support and assistance, it is ultimately the resilience, belief and persistence of persons with disabilities (PwDs) along with their families and caregivers that have enabled them to recognise their own potential and achieve success. This was reaffirmed during the work on this document.

We express our heartfelt gratitude to Dr Meena Chintamaneni, Honourable Pro Vice Chancellor and the acting VC, Shri Vile Parle Kelavani Mandal - Narsee Monjee Institute of Management Studies (SKVM-NMIMS), the Mirae Asset Foundation (MAF), Dr Meena Galliara, Director, Jasani Centre for Social Entrepreneurship & Sustainability Management and the MAF-SKVM-NMIMS, ESG (Environmental, Social and Governance) Research Chair, for their support in organising the 'Disability Inclusion Conclave and Research Symposium', 21-22 January 2026. The conclave and the symposium sowed the foundations for this document.

The Disability Inclusion Project, led by the School of Business Management (SBM), has received strong and unwavering support from various schools of NMIMS Mumbai including Sarla Anil Modi School of Economics (SAMSOE), Kirit P. Mehta School of Law (KPMSOL), Mukesh Patel School of Technology Management and Engineering (MPSTME), Balwant Sheth School of Architecture (BSSA) and Jyoti Dalal School of Liberal Arts (JDSOLA). Our special thanks to the officiating SBM Dean Dr Veena Vohra, the Director of SAMSOE Dr Amita Vaidya, the Dean of KPMSOL Dr. Durgambini Patel, the Dean of MPSTME Dr. Koteswararao Anne, the Dean of BSSA Dr. Kaiwan Mehta and the Dean of JDSOLA Dr. Rupakjyoti Borah. We acknowledge faculty members including Prof Bala Krishnamoorthy, Prof Simi Vij, Prof Arti Deo, Dr Geeta D'Souza, Prof Gabrielle Heart, Prof Gourab Ghosh, Dr Sunayan Sarkar, Prof Dhanshri Sawant, Prof Vidhi Jobanpatra and Dr Akshaya Desai, to name of view.

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- Shri. Tukaram Mundhe, IAS, Secretary of the Persons with Disabilities Welfare Department, Government of Maharashtra (GoM).
- Tmt. M. Lakshmi, IAS, Commissioner, State Commissionerate for Welfare of the Differently Abled, Chennai, Government of Tamil Nadu (GoTN).
- Ms. Bratati Harichandan, IAS (retd.), State Commissioner for Persons with Disabilities (SCPD) Odisha.
- Mr. Praveen Kumar Ambashtha, Dy Chief Commissioner for Person with Disabilities (CCPD) under the Department of Empowerment of Persons with Disabilities (DEPwD), which is under the Ministry of Social Justice and Empowerment (MoSJE), Government of India (GoI).

We are equally thankful to the thoughtfulness and consideration shown by representatives from various National Institutes (NIEPID, NIEPMD, MGM Institute of Health Sciences, IIPS, IIT-Madras),

UN agencies (UNFPA, ILO, WHO), The World Bank and Non-Governmental Organisations (NGOs) working with persons with disabilities; many of these organisations are led by them, along with individual experts, medical and legal professionals, educators and advocates for disability rights.

We are grateful to Padmashri Dr. Mithu Alur, founder of ADAPT (formerly Spastics Society of India), a pioneer in disability rights, representatives from ADAPT, Project Noor, Sol's ARC, Trinayani, Mann–Centre for Individuals with Special Needs and Forum for Autism, for their vital role in advancing disability inclusion.

It is difficult for us to acknowledge every individual by name here, whose insights and suggestions significantly enhanced our understanding of the disability sector and the writing of this document. However, certain individuals and organisations deserve mention.

Our heartfelt appreciation goes to our team of young researchers Mr. Akshat Chaturvedi, Ms Asiya Syed, Ms Mahdiyeh Askaria, Ms Rekhashree R, Ms Shradha Chakravorty and Ms Susangzenla Longkumer for their valuable contributions to the policy guidance note. We are grateful to Ms Geeta Ramakrishnan for her valuable copy writing services and creative suggestions that helped improve and enrich the document. We also thank Ms Janice Fernandez for her dedicated secretarial support to the project. Despite the demanding timeline, each member demonstrated remarkable enthusiasm, a strong willingness to learn and growing proficiency in their respective themes. We commend their efforts in developing this document and their thoughtful contributions, even under significant time constraints and the pressures of additional inputs.

We are sure that this document will guide and inspire others like us, encouraging deeper research across key gap areas to strengthen evidence-based policy advocacy.

### **Core Research Team**

**Dr. Subramania Raju Rajasulochana**  
Associate Professor, SBM-NMIMS

rajasulochana@sbm.nmims.edu

**Dr. Mohd. Imran Khan**  
Assistant Professor, SAMSOE-NMIMS

mohdimran.khan@nmims.edu

**Dr Malika Basu**  
Team Leader

malika.basu@di4c.org

**Dr Jannet Farida Jacob**  
Senior Researcher

jannetfarida@gmail.com

# PREFACE

*“Disability becomes a tragedy when society fails to provide the things we need to live our lives – job opportunities or barrier-free buildings, for example. It is not a tragedy to me that I’m living in a wheelchair.”*

**– Judith Ellen Heumann**

(An American disability rights activist, known as the “*Mother of the Disability Rights Movement*”. Author of the book, *Being Heumann: An Unrepentant Memoir of a Disability Rights Activist*)

Disability inclusion is not a one-time intervention but a continuous, evolving process that must be approached through a life cycle lens spanning childhood education, skills development, employment, independent living and care in older age. It is inherently multidisciplinary, cutting across health, education, policy, design, community and technology and requires coordinated action across institutions and systems.

A two-day event titled Disability Inclusion Conclave and Research Symposium was organised by NMIMS on 21st and 22nd January 2026. It brought together academics, practitioners, corporates, policymakers and civil society to deliberate and draw attention to key issues in the disability sector. Deliberations at the Conclave highlighted multiple research themes and purposeful narratives on disability, inclusion, diversity and equity, which collectively shaped policy directions and public perceptions.

Sessions highlighting lived experiences stood out as deeply impactful, showcasing successful initiatives while raising important questions that sparked interest in further research. To build on these insights, NMIMS engaged a team of researchers to analyse the disability landscape, policies and programmes, to identify key areas requiring investigation and evidence.

Eight themes were identified, which included:

- Legal Rights and Accountability
- Healthcare and Rehabilitation Services
- Education and Skill Development
- Workplace Inclusion and Corporate Responsibility
- Built Environment and Assistive Technology
- Digital Inclusion and Smart Technologies
- Ageing and Disability
- Social Inclusion and Community Support

The research team conducted a review of existing secondary literature and consulted various practitioners, experts and organisations, including some led by persons with disabilities (refer to Annexure 1: List of Stakeholders), to understand the life and needs of people in the disability sector as well as where they stood in the matter of disability inclusion and empowerment.

## **Document on Disability Inclusion**

This endeavour saw the creation of an exhaustive document on disability comprising 10 Chapters. Chapter I, titled Introduction, outlines the disability landscape in India, highlighting government efforts aligned with constitutional safeguards and international standards, along with the implementation of the RPwD Act and related challenges. The chapter summarises influential

factors hindering PwDs from thriving; it suggests actions for their empowerment and inclusion, reflecting the view of diverse stakeholders.

Chapters 2 through 9 form the core of this document, focusing on the eight themes that constitute the foundation for the survival and thriving of any person with disability. With this key purpose in mind, these eight themes became our focus. They are articulated in a way -

- to emphasise the significance of each theme,
- to outline existing initiatives,
- to identify gaps and challenges,
- to provide notable examples and
- to suggest select recommended actions.

Each of the thematic chapters presents concrete and actionable recommendations to strengthen disability inclusion. Many of these were echoed in secondary sources and in discussions with stakeholders from diverse sectors. This convergence of evidence and practice is what strengthens the legitimacy of disability inclusion policies.

In conclusion, the Epilogue, highlights the importance of research. It contributes to knowledge building and evidence generation. A key challenge identified is the persistent “invisibilisation” of PwDs due to a lack of accurate data, which leads to their exclusion, poor social integration and ineffective policies. The chapter proposes four focus areas for action:

- analysing intersectional disadvantages,
- aligning PwD skills with industry needs,
- addressing the needs of older persons with disabilities and
- promoting culturally responsive teaching for diverse learners.

Lastly, several contemporary issues in disability inclusion, such as delayed processing and limited coverage of the UDID card, a shortfall of trained medical professionals, lack of vocational skills and employment barriers, high out-of-pocket expenses on assistive devices, therapies and long-term care, lack of legal aid awareness, procedural delays, grievance redressal mechanisms and low awareness about available welfare schemes, are being highlighted.

It is hoped that this document will support the NMIMS team’s forthcoming research in the disability sector while also aid scholars, development practitioners and policymakers in recognising the persistent challenges faced by persons with disabilities. It underscores the urgent need for robust, evidence-based research to inform effective policy planning and implementation. As a starting point for deeper inquiry, the document opens avenues for dialogue, engagement and the addressing of critical gaps.

Advancing the disability agenda requires collaborative efforts across government, corporates, academia, communities and, most importantly, persons with disabilities themselves. The principle of “Nothing About Us Without Us” remains central to enabling equity and inclusion, ensuring that no one is left behind.

**- Dr. Subramania Raju Rajasulochana**  
Associate Professor, SBM-NMIMS

## LIST OF ABBREVIATIONS

AAM	Ayushman Arogya Mandir
ABHA	Ayushman Bharat Health Account
AB-PMJAY	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana
ADIP	Assistance to Disabled Persons for Purchase /Fitting of Aid/Appliances
ADL	Activity of Daily Limitation
AI	Artificial Intelligence
ASHA	Accredited Social Health Activist
AVAY	Atal Vayo Abhyuday Yojana
AYJNISHD	Ali Yavar Jung National Institute of Speech and Hearing Disabilities
CAPTCHAs	Completely Automated Public Turing test to tell Computers and Humans
CBR	Community-Based Rehabilitation
CHO	Community Health Officer
CRC	Composite Regional Centre
CSR	Corporate Social Responsibility
CSS	Cascading Style Sheets
DALSA	District Legal Services Authority
DDRC	District Disability Rehabilitation Centre
DDRS	Deendayal Disabled Rehabilitation Scheme
DEPwD	Department of Empowerment of Persons with Disabilities
DI	Disability Inclusion
EIC	Early Intervention Centre
EOP	Equal Opportunity Policy
ERG	Employee Resource Group
GIGW	Guidelines for Indian Government Websites
Gol	Government of India
GoM	Government of Maharashtra
GoTN	Government of Tamil Nadu
GST	Goods and Services Tax

HTML	Hyper Text Markup Language
IADL	Instrumental Activity of Daily Limitation
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
ILO	International Labour Organisation
INSC	Supreme Court of India
IoT	Internet of Things
IPHS	Indian Public Health Standards
IPSrC	Integrated Programme for Senior Citizens
ISLRTC	Indian Sign Language Research and Training Centre
LASI	Longitudinal Ageing Study in India
MeitY	Ministry of Electronics and Information Technology
MIPPA	Madrid International Plan of Action on Ageing
MJPJAY	Mahatma Jyotirao Phule Jan Arogya Yojana
MoHFW	Ministry of Health and Family Welfare
MoSJE	Ministry of Social Justice and Empowerment
MWPSC	Maintenance and Welfare of Parents and Senior Citizens Act
NBM	National Broadband Mission
NCT	National Capital Territory
NDFDC	National Divyangjan Finance and Development Corporation
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
NIEPID	National Institute for the Empowerment of Persons with Intellectual Disabilities
NIEPMD	National Institute for Empowerment of Persons with Multiple Disabilities
NIEPVD	National Institute for the Empowerment of Persons with Visual Disabilities
NILD	National Institute for Locomotor Disabilities
NIMHR	National Institute of Mental Health Rehabilitation
NIRAMAYA	National Health Insurance Scheme for Persons with Autism,

NLU	National Law University
NPHCE	National Programme for the Health Care of the Elderly
NPOP	National Policy on Older Persons
NSS	National Sample Survey
OTP	One-Time Password
PDUNIPPD	Pandit Deendayal Upadhyaya National Institute for Persons with Physical Disabilities
PM-DAKSH	Pradhan Mantri Dakshta Aur Kushalta Sampann Hitgrahi
PMGDISHA	Pradhan Mantri Gramin Digital Saksharta Abhiyan
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PMR	Physical Medicine and Rehabilitation
PRANAM	Parental Responsibility and Norms for Accountability and Monitoring
PwD	Persons with Disability
RBSK	Rashtriya Bal Swasthya Karyakram
RCI	Rehabilitation Council of India
RPwD	Rights of Persons with Disabilities
RVY	Rashtriya Vayoshri Yojana
SACRED	Senior Able Citizens for Re-Employment in Dignity
SAGE	Seniorcare Ageing Growth Engine
SALSA	State Legal Services Authority
SDG	Sustainable Development Goal
SME	Small and Medium Enterprises
TG	Transgender
UDID	Unique Disability Identification
UHC	Universal Health Coverage
UNCRPD	United Nations Convention of the Rights for Persons with Disabilities
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCAG 2.1	Web Content Accessibility Guidelines 2.1
WHO	World Health Organisation

## LIST OF DEFINITIONS

1. **Ableism:** Discrimination against disability
2. **Ageing into Disability:** People who experience disability later in life
3. **Ageing with Disability:** People who experience disabilities earlier in life
4. **Ageism:** Discrimination against age
5. **Allied Health Professionals:** Healthcare professionals who provide specialised therapeutic and diagnostic services, including physiotherapists, occupational therapists, speech therapists and rehabilitation specialists.
6. **Artificial Intelligence (AI):** AI is a technology that enables machines and computers to perform tasks that typically require human intelligence.
7. **Assistive technology (AT):** AT is a term for assistive, adaptive and rehabilitative devices such as wheelchairs, hearing aids, prosthetics or communication devices for people with disabilities and the elderly, that helps them maintain or improve their functional abilities and independence.
8. **Barrier Free environment:** Refers to the design of physical environments, products and services - such as ramps, tactile flooring, accessible toilets and adapted infrastructure, to be accessible, usable and safe for everyone, particularly individuals with physical, sensory, or cognitive disabilities.
9. **Built Environment:** This encompasses places and spaces created or modified by people, including buildings, parks and transportation systems.
10. **CAPTCHA:** It is a security mechanism used by websites to verify that a user is human and not an automated programme or both.
11. **CSS (Cascading Style Sheets):** It allows one to control the look and feel of websites, enabling design consistency across different devices. It also helps optimise performance through reusable stylesheets and allows customisation of default browser styles.
12. **Digital Accessibility:** According to the World Wide Web Consortium (W3C), digital accessibility refers to websites, tools and technologies that are designed and developed so that people with disabilities can use them.
13. **Digital Divide:** This refers to the gap between individuals or communities who have access to and can effectively use digital technologies, such as computers and the internet and those who do not.
14. **Digital Literacy:** It is the ability to find, evaluate, create and communicate information using digital technologies, combining technical skills with critical thinking and responsible online behaviour.
15. **Guidelines for Indian Government Websites (GIGW):** GIGW provides a standardised framework for designing, developing and maintaining government websites and portals in India.
16. **HTML (Hypertext Markup Language):** It is the most basic building block of the Web. It defines the meaning and structure of web content.
17. **Information and Communication Technology (ICT):** An umbrella term that extends beyond traditional information technology (IT) to include telecommunications, computing devices,

software, networks and audiovisual systems that enable users to access, manipulate and share information effectively.

18. **Intergenerational Bonding:** The reciprocal relationship, emotional connection and exchange of knowledge, values and experiences between individuals of different generations. E.g., elderly and youth.
19. **Internet of Things (IoT):** IoT refers to a network of physical devices, vehicles, appliances and other physical objects that are embedded with sensors, software and network connectivity, allowing them to collect and share data.
20. **Intersectionality:** A concept explaining how overlapping social identities – such as gender, disability, socioeconomic status, or gender identity – create compounded forms of discrimination or marginalisation.
21. **Market Viability:** Market viability refers to the likelihood that a product, service or business model will be successful and profitable in a specific market.
22. **Orthotics:** These are specialised devices designed to support and align the feet, ankles and lower legs.
23. **Paternalistic Medical Model:** A historical perspective that views disability primarily as a biological condition requiring treatment or cure, where medical professionals make decisions on behalf of individuals with disabilities rather than recognising their autonomy.
24. **Prosthetic:** A prosthetic is an artificial device – such as a limb, joint, or tooth – designed to replace a missing or damaged body part, improving function and mobility.
25. **Reasonable Accommodation:** Necessary and appropriate modifications or adjustments made in policies, environments, or services to ensure persons with disabilities can access and exercise their rights on an equal basis with others.
26. **Rehabilitation:** A set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment, including services such as physiotherapy, occupational therapy and speech therapy.
27. **Retrofitting:** Retrofitting is the process of upgrading existing buildings with new technologies or features to improve their performance, efficiency and sustainability.
28. **Rights of Persons with Disabilities Act (RPwD) 2016:** The RPwD Act enacted in India, aims to uphold the dignity of people with disabilities and prevent discrimination, replacing the 1995 Persons with Disabilities Act.
29. **Rights-Based Approach to Disability:** A framework that recognises persons with disabilities as rights holders entitled to equality, dignity and full participation in society, emphasising the removal of social, environmental and institutional barriers.
30. **Sustainable Development Goals (SDGs):** Also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet and ensure that by 2030 all people enjoy peace and prosperity.
31. **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD):** UNCRPD is a legally binding international human rights treaty adopted in 2006 that protects the rights and dignity of disabled people.
32. **Universal Design:** It is the design of buildings, products, or environments to make them accessible to all people, regardless of age, disability, or other factors.
33. **Universal Health Coverage (UHC):** A health system goal ensuring that all individuals receive

the health services they need, including prevention, treatment, rehabilitation and palliative care, without experiencing financial hardship.

34. Web Content Accessibility Guidelines (WCAG): WCAG are developed by the World Wide Web Consortium (W3C) under its Web Accessibility Initiative (WAI) to provide a universal framework for creating accessible web content.

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# 1. INTRODUCTION

## Enabling Equity for Disability Inclusion – An Environmental, Social and Governance Perspective

This is a policy guidance document that aims to provide a structured roadmap for enabling equity for disability inclusion in India through an Environmental, Social and Governance (ESG) lens. Informed by secondary research on government reports, judicial interventions and primary stakeholder consultations, this document highlights gaps between intent and actual implementation of disability-related policies and programmes in India. This document emphasises that disability inclusion is not a peripheral, but a core obligation for the state, corporates and civil society. It aims to foster a collaborative, coordinated effort among these actors to ensure that Persons with disabilities (PwDs) are integrated throughout the life cycle—from education and employment to healthcare and justice.

Trying to understand disability inclusion is a complex and daunting task. The community is not just diverse, there are many shades to the various types of disabilities. Across the community, various factors intersect, including age, cultural background, disability type, economic status, educational attainment, gender, geographic factors, religion, sexual orientation and more. Nevertheless, persons with disabilities are often perceived as a homogenous, monolithic group. The failure to recognise the diversity of the community in disability-related data collection and service delivery often reinforces social exclusion, stigma and workplace discrimination, which in turn results in loss of productivity and innovation globally. There is a dire need for a transition in policy from a welfare-oriented approach to an empowerment-focused model that recognises disabled individuals as active participants in India's growth narrative.

### DISABILITY PREVALENCE

India officially recognises 21 categories of disability under the RPwD Act, 2016<sup>(i)</sup>,

Comprehensive prevalence data is still limited. As per the Census 2011 and NSSO 2019, the prevalence of disability is estimated to be at 2.2% (2.3% rural; 2.0% urban). These national-level databases cover only broad disability categories. For instance, Census 2011 includes only visual, hearing, speech, locomotor, mental retardation, mental illness and multiple disabilities. Likewise, the NSSO 2019 report mentions 21 types of disabilities is covered by the survey, but the disaggregated data is available only for seven types of disabilities, such as locomotor, visual, hearing, speech and language, intellectual disability, mental illness and others. Similar is the case with NFHS-5 (2019-21), which reported only five types of disabilities, such as locomotor, mental, visual, speech and hearing. These existing large-scale databases do not provide information on specific categories of “invisible” disabilities (such as autism, thalassemia, haemophilia, sickle cell disease, or Parkinson's). Hence, disability prevalence at the macro level in India is likely to be under-estimated, inconsistent and based on the inclusion/exclusion of broad categories in the survey, which undermines resource allocation and policy design.

### KEY INDICATORS ON THE STATUS OF PWDS IN INDIA

PwDs face a disproportionately higher risk of poverty, social exclusion and reduced life chances due to structural, social and economic barriers. Global evidence indicates that limited employment opportunities, additional living costs associated with having a disability and barriers in accessing services contribute to persistent economic vulnerability among PwDs.[1]

The basic data on the education and employment status of PwDs in India, shown in Table 1, highlight systemic, gendered and rural-centric disparities and exclusion of PwDs.[2]

**Table 1.1 Key Indicators on Persons with Disabilities (PwDs) in India**

<b>Indicators</b>	<b>Data</b>
Estimated Population of PwDs	28.96 million (2.2% of population)
Literacy Rate in persons with  without disabilities	52.2%   65.5%
Literacy Rate in PwDs (Male   Female)	62%   40%
PwDs in Rural   Urban Areas	69.66%   30.34%
Labour Force Participation Rate in persons with  without disabilities	23.8 %  49.8%
Labour Force Participation Rate in PwDs (Male   Female)	36.0%   7.7%
<i>Source: Census of India 2011 [3], National Sample Survey Office (2019) [4] &amp; Periodic Labour Force Survey (July 2017-June 2018), p.53.[5]</i>	

First, according to NSSO (2019), the estimated prevalence of disabilities in India is 2.2% of the total population. This is much lower than the prevalence of 16% of the global population.[6] The disability data in India is clearly underestimated and under-reported, due to limitations in the methodology of the household survey, stigma and evolving definitions of disability. The upcoming Census 2027 is expected to provide a more realistic picture of disability prevalence by including all 21 categories of disabilities through trained enumerators and disaggregated data collection.[7]

Second, the literacy rate among PwD is only 52.2%, as against the national average of 65.5%. Also, a considerable gender gap is observed in literacy rates: 40% among female PwDs, compared to 62% among male PwDs. This is largely due to intersectional discrimination, weak inclusive education policy implementation and socio-cultural barriers that limit school enrolment and educational attainment among girls with disabilities.[8]

Third, the majority of PwDs reside in rural India, consistent with the overall population distribution. The interaction between personal, social and environmental factors in rural areas results in the loss of agency and inhibits PwDs from living a self-determined life, increasing dependency, combined with negative community attitudes, traps PwDs in a cycle of worthlessness and exclusion.[9]

Fourth, the labour force participation rate of PwDs in India is about 23.8 %, with a comparable rate of 49.8% in persons without disabilities for the year 2017-18. The differential employment outcomes for PwDs are associated with their disability types, gender and social compositions, levels of literacy and whether they live in rural or urban regions.[10] Also, PwDs have higher concentrations in low-paying and informal employment, or self-employment, compared to persons without disabilities.[11]

It is widely recognised that insufficient engagement of PwDs in the economy has a significant economic impact. The International Labour Organisation (ILO) estimates a 3% to 7% loss in Gross Domestic Product (GDP) for many countries due to the exclusion of PwDs from the workforce.[12] In the Indian context, the Economic Survey 2025-2026 [13] acknowledges PwDs as a significant yet underutilised segment of India’s human capital and suggests a shift from welfare-centric support to capability and employment-driven inclusion.

## **DEVELOPMENT AS A TOOL FOR DISABILITY INCLUSION**

Development serves as a powerful tool when its design incorporates human rights for all, free from discrimination. The goal of ensuring full and effective participation of PwDs in society was initially articulated in the World Programme of Action (WPA) Concerning

Disabled Persons [14], which was adopted by the United Nations General Assembly in 1982. The United Nations (UN) Declaration on the Right to Development emphasises the importance of ‘human wellbeing and dignity’ above economic considerations. The UN Convention on the Rights of Persons with Disabilities (UNCRPD), which was adopted in 2006, has since been ratified by more than 150 countries. India was one of the first nations to endorse the Convention in 2007. In 2016 [15], India enacted the Rights of Persons with Disabilities (RPwD) Act, which is aligned with the UNCRPD. The Act broadened the recognised categories of disabilities from 7 to 21, to include physical, visible, invisible and cognitive conditions. It represented a significant transformation in asserting that PwDs can live with dignity, free from discrimination and with equal opportunities. The principle of ‘Leave No One Behind,’ as echoed in the Government of India’s message of Sabka Saath, Sabka Vikas, Sabka Vishwas demonstrates India’s commitment to aligning its key national initiatives with the Sustainable Development Goals (SDGs) and translating Agenda 2030<sup>(ii)</sup> into actionable steps at all levels, thereby achieving significant development outcomes.

**ENVIRONMENTAL, SOCIAL AND GOVERNANCE (ESG) FRAMEWORK FOR DISABILITY INCLUSION**

The globally recognised pillars of disability rights and inclusion include the six principles (see table 1.2) reiterated by the UNCRPD, India’s RPwD Act, WHO reports and the Supreme Court of India jurisprudence<sup>(iii)</sup>. These principles empower persons with disabilities to engage and participate meaningfully in society.

**Table 1.2 Six principles of disability inclusion**

Dignity and Respect	Non-Discrimination and Safety
Participation and Inclusion	Opportunity and Access
Freedom to make choices	Equality and Equity

Implementing these principles requires a combination of legal enforcement, institutional reforms, cultural change, accessible environments, equitable opportunities and responsible leadership. The Environmental, Social and Governance (ESG) framework facilitates the implementation process by embedding accountability mechanisms for institutions, through structured policies, governance committees and measurable targets towards disability inclusion.[16] For the environment component, the ESG framework requires companies and governments to report on accessible infrastructure and universal design - buildings with ramps, user-friendly public transport and digital platforms compatible with screen readers - ensuring dignity, safety and opportunity for PwDs. On the social component, the ESG reporting mandates disclosure on diversity, equity and inclusion, pushing organisations to address stigma, workplace discrimination and participation gaps. It also encourages community engagement and collaboration with NGOs and PwD groups, ensuring lived experiences shape policy and practice. On the governance component, the ESG framework ties corporate governance to legal compliance and accountability towards India’s RPwD Act (2016) and Supreme Court of India rulings on accessibility and reasonable accommodation, linking disability inclusion to investor confidence and reputational value.

ILO Report (2024) [17] highlights that integrating persons with disabilities into ESG strategies enhances brand reputation, investor confidence and workforce innovation,

It frames disability inclusion as a strategic advantage rather than a compliance obligation for corporates. Governments are increasingly mandating disability inclusion through laws and procurement policies aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Examples include Section 503 of the Rehabilitation Act of 1973 [18] requirement for affirmative action in federal contracts, the UK Social Value Act 2021. [19] and Australia’s Social Procurement

Framework [20]—all of which explicitly encourage corporate spending with disability-led enterprises. Similar sustainability standards and regulatory expectations under the Business Responsibility and Sustainability Report (BRSR) have been mandated since 2021 by the Securities and Exchange Board of India (SEBI).[21]

## **ACTION TAKEN IN INDIA TOWARDS DISABILITY INCLUSION**

A significant development in India towards disability inclusion is the enactment of the RPwD Act in 2016. This Act not only expanded the definition of disability but also introduced provisions intended to ensure equal access to education, employment, health-care and other essential services. It mandated the creation of barrier-free environments and reasonable accommodations to facilitate the participation of PwDs in all areas of society. Institutional responsibility at the national level lies primarily with the Department of Empowerment of Persons with Disabilities (DEPwD) under the Ministry of Social Justice and Empowerment, which is responsible for policy formulation, coordination and oversight. State governments, through departments of social welfare, disability welfare, rural development and revenue, undertake beneficiary identification, certification, pension disbursement and implementation of state-specific schemes.[22]

India also has eight national institutes and 20 composite regional centres<sup>(iv)</sup> that offer services such as early detection, intervention, counselling and medical rehabilitation for PwDs. The Supreme Court of India has also issued rulings to ensure more rigorous enforcement of legal protections, including the appointment of State Commissioners, the creation of Special Courts, the designation of Public Prosecutors and the development of regulations.

Beyond legal reforms and accessibility initiatives, there has been a dedicated effort by the Central and State governments to provide social security measures and support services for persons with disabilities. For instance, the Accessible India Campaign (Sugamya Bharat Abhiyan), launched

on December 3, 2015, by the DEPwD, aims to improve physical infrastructure, transportation systems and digital platforms to make them more accessible for PwDs. These initiatives are crucial for removing obstacles and promoting greater inclusion in public spaces, educational institutions, workplaces and other environments. The primary focus areas include:

- 1. Built Environment Accessibility:** Improving physical spaces such as schools, medical facilities and workplaces to ensure that navigation is barrier-free for everyone.
- 2. Transportation Accessibility:** Enhancing access to various forms of transport, including air travel, buses, taxis and trains, to enable independent mobility for PwDs.
- 3. Information and Communication:** Establishing an accessible information ecosystem by enhancing website accessibility, providing audio-visual media content and ensuring that essential information is comprehensible for everyday life.
- 4. Sign Language Access:** Expanding the availability and training of sign language interpreters, as well as improving captioning and interpretation in public television news to assist the deaf and hard-of-hearing communities.

The National Education Policy (NEP) 2020 highlighted the significance of universal access, equity and quality in education, with a particular emphasis on addressing the diverse needs of learners, including those with disabilities. It promotes early childhood care and education, foundational literacy and numeracy, as well as flexible learning pathways to meet the unique learning needs of the PwD. The policy advocates for the use of assistive technologies, multi-sensory teaching methods and inclusive classroom practices to ensure meaningful engagement and improved learning outcomes for all students. Additionally, the NEP 2020 strongly emphasises the training and professional development of educators to effectively support students with disabilities and

cultivate inclusive learning environments. In addition, the numerous government welfare programmes - Deendayal Divyangjan Rehabilitation Scheme (DDRS), Divyangjan Swavalamban Yojana (DSY) and Vishesh Microfinance Yojana (VMY) offer community-based rehabilitation, deliver financial assistance, healthcare benefits, skill development and vocational training aimed at increasing accessibility and enhancing the quality of life for PwDs.

## BUDGETARY ALLOCATION FOR THE DISABILITY SECTOR

The Government of India has demonstrated its commitment to disability inclusion through targeted budgetary allocations aimed at improving accessibility, rehabilitation, education, skill development, healthcare and social protection for PwDs. Table 1.3 below presents the budget allocations for PwDs in India from 2021-2022 to 2026-2027.[23]

**Table 1.3 Union Budget allocations for Disability-related schemes over the years**

(₹ in crore)			
Year	Budget Estimate	Revised Estimate	Actual Expenditure
2020-21	1325.39	900.00	861.63
2021-22	1171.77	1044.31	1009.45
2022-23	1212.42	1015.98	989.35
2023-24	1225.15	1225.01	1143.89
2024-25	1225.27	1167.27	1083.9
2025-26	1275.00	1291.60	-
2026-27	1669.72	-	-

*Source : Notes on Demands for Grants, 2026-27, Demand No. 94 – Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India (indiabudget.gov.in)*

Although the budget increased to ₹ 1,669.72 crore in 2026-27 from ₹ 1275 crore in 2025-2026, it accounts for 0.031% only of the total national budget. India's disability budget allocations show nominal increases but real stagnation, with persistent under-utilisation and unchanged pensions undermining welfare schemes. For instance, the budget for the Indira Gandhi National Disability Pension Scheme (IGNDPS) has remained unchanged at ₹290 crore since 2012. Likewise, the Scheme for Implementation of the PwD Act (SIPDA) has a reduced budget allocation of ₹115 crore for 2025-2026, although the Supreme Court of India ruling mandates accessibility in public spaces and services .[24]

Further, it is difficult to gauge the outcomes of these budget allocations when the planning, implementation and monitoring of disability schemes vary widely across states<sup>(v)</sup>.

Some states have pioneered innovative schemes; other states lag. For example, Kerala (Aswasakiranam scheme support PwDs and their caregivers), Tamil Nadu (free laptops for students under Ulagam Ungal Kaiyil), Karnataka<sup>(vi)</sup> (State Disability Pension Scheme), Maharashtra (Niramaya Health Insurance & State Disability Allowance), Odisha (Mission Jeevan Jyoti) and West Bengal (Manabik Scheme) have programmes that focus on education, pension, skill development and assistive technology.

Despite the presence of legal frameworks and policy mandates, significant gaps persist in infrastructure, healthcare, education and employment opportunities for PwDs in India. The stigma associated with disability continues to be prevalent, resulting in discrimination and marginalisation. Cultural taboos, myths and insufficient education about the various types of disabilities often

exacerbate these misconceptions. They create obstacles to accessing education, employment and essential services while the lack of effective awareness campaigns leaves many unaware of the rights and needs of PwDs. This results in social isolation and restricted opportunities. Higher budgetary allocation is required for addressing the needs of individuals with disabilities in India, promoting inclusivity, improving the quality of life and encouraging social and economic development.

### KEY ACTIONS TO BE TAKEN FOR DISABILITY INCLUSION IDENTIFIED FROM STUDY

1. Disability data: It is most essential to be able to develop evidence-based policies to monitor the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and to measure progress towards national targets, as well as to take stock of the challenges that remain unresolved.
2. Enable justice access: Link PM-DAKSH, UDID and legal aid institutions to create disability-friendly grievance and judicial systems.
3. Scale financing & insurance: Integrate disability coverage in health financing

and micro-insurance to prevent catastrophic expenditures.

4. Accelerate universal accessibility: Enforce building codes, transport standards and digital accessibility norms across public and private sectors.
5. Boost skill-training ecosystem: Expand NAP-SDP [25] courses, industry partnerships and inclusive workplaces for meaningful employment.
6. Strengthen last-mile delivery: Expand local outreach, ensure multilingual accessibility and improve district-level awareness regarding scheme utilisation.

In summary, enabling equity in disability inclusion requires a life-course approach recognising that disadvantages often arise at key transition points, such as entering school, moving from education to employment, or ageing with a disability. It is equally important to acknowledge intersectionality: PwDs frequently face overlapping forms of discrimination based on gender, caste, class, or rural-urban divide, which compound exclusion. Addressing these challenges calls for integrated policy responses across health care, education, labour markets, urban planning and social protection, ensuring that inclusion is embedded throughout society.

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### Notes

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| <p>(i) RPwD Act, 2016 expanded definition from 7 to 21 categories, including: blindness, low vision, leprosy cured, hearing impairment, locomotor disability, dwarfism, intellectual disability, mental illness, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, specific learning disabilities, multiple sclerosis, speech and language disability, thalassemia, haemophilia, sickle cell disease, multiple disabilities, acid attack survivors and Parkinson's disease.</p> <p>(ii) Disability is referenced in various parts of the SDGs and specifically in parts related to education (Goal 4), growth and</p> | <p>employment (Goal 8), inequality (Goal 10), accessibility of human settlements (Goal 11), as well as data collection and monitoring of the SDGs (Goal 17).</p> <p>(iii) See Chapter 2, paragraph on Statutory Rights of Persons with Disabilities: Scope and Judicial Interpretation</p> <p>(iv) See Table 3.2 in Chapter 3</p> <p>(v) Notes on Demands for Grants, 2026-27, Demand No. 94 – Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India (indiabudget.gov.in)</p> |
|--|---|

- (vi) These include: Kerala (State Policy for Persons with Disabilities in 2015, focusing on community based rehabilitation and inclusive education), Tamil Nadu ( State Policy for Differently Abled Persons, 2016), Odisha (State Policy for Persons with Disabilities, 2019), Himachal Pradesh (State Policy on Disability, 2016, emphasising accessibility and livelihood), Goa (State Disability Policy emphasising accessibility in tourism and public spaces).
- (vii) Karnataka is the first state in India to draft a bill, The Karnataka Rights of Persons with Disabilities in Employment and Education Bill, 2025, specifically mandating private sector employment opportunities for persons with disabilities.
- (viii) National Action Plan for Skill Development of Persons with Disabilities (NAPSDP)

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## 2. LEGAL RIGHTS AND ACCOUNTABILITY

### Disabling barriers and enabling the rights of Persons with Disabilities

Legal rights and accountability are the pillars of an inclusive and dignified framework for persons with Disabilities (PwDs). They signify a shift from a welfare-oriented or charitable approach to a rights-based framework that recognises PwDs as equal citizens entitled to dignity, autonomy and full participation in society. Legal rights for PwDs include equality and non-discrimination, accessibility, legal capacity, access to justice, education, employment, healthcare and protection from abuse and exploitation.

Accountability mechanisms aim to ensure that these rights are not merely declaratory but enforceable by imposing clear obligations on the State, public authorities and private actors – and by constituting measurable systems for monitoring and evaluation. This aim is achieved by establishing mechanisms for grievance redressal, implementing monitoring, imposing penalties and ensuring judicial oversight. In the Indian context, this framework is primarily articulated through the RPwD Act, 2016. The Act operationalises constitutional guarantees, under Articles 14, 15, 16, 19 and 21 and by way of international commitments. It encompasses civil, political, economic and social rights, supported by enforceable administrative, quasi-judicial and judicial mechanisms. In doing so, it establishes a holistic legal framework aimed at transforming disability inclusion from a matter of policy discretion into a systemic matter of legally enforceable rights. At its core, this framework is guided by the principles of inclusion, accessibility, reasonable accommodation, substantive equality and the commitment to “leaving no one behind.” It intends to ensure that disability is addressed not as an individual deficit but as a matter of structural justice and social participation.

Against this backdrop of normative advancement and continuing implementation challenges, it becomes necessary to examine

the legal and policy architecture that shapes disability governance in India.

### LEGAL & POLICY FRAMEWORKS AND SCHEMES RELATED TO DISABILITY RIGHTS

India’s disability framework has gradually evolved from welfare and rehabilitation-focused laws in the 1990s to a comprehensive rights-based approach after 2016. Early legislations such as the Rehabilitation Council of India Act, 1992, the Persons with Disabilities Act, 1995 and the National Trust Act, 1999 primarily addressed regulation, welfare and limited safeguards. The adoption of the UNCRPD and the National Policy for Persons with Disabilities, 2006, marked a shift toward rights-based thinking. This evolution culminated in the RPwD Act, 2016, which now serves as the umbrella legislation supported by rules, policies and schemes (Table 2.1), along with institutional mechanisms aimed at ensuring enforceable rights and accountability.

### Statutory Rights of Persons with Disabilities: Scope and Judicial Interpretation

The RPwD Act, 2016, establishes a comprehensive and rights-based legal framework that recognises PwDs as equal and autonomous rights-holders, rather than as passive beneficiaries of welfare. At its foundation, the Act affirms the principles of equality, non-discrimination, dignity and individual autonomy and imposes a positive obligation on the State to provide reasonable accommodation. It also guarantees the right of PwDs to live independently and be included in the community while providing enhanced safeguards for women and children with disabilities, acknowledging their heightened vulnerability to exclusion and abuse. In *Patan Jamal Vali v. State of Andhra Pradesh* [1], the Supreme Court of India recognised the

**Table 2.1 Laws, Policies and Schemes for Disability Inclusion in India**

Sr. No.	Names of Legislation / Rules/Policies/Schemes	Year	Core Areas	Institutional Mechanisms Created
1	National Policy for Persons with Disabilities	2006	Policy framework for education, employment, social security and a barrier-free environment	Inter-ministerial coordination framework (policy-based, non-statutory)
2	UN Convention on the Rights of Persons with Disabilities (UNCRPD)	2006 (India ratified 2007)	International human rights framework recognising equal enjoyment of rights	Reporting obligations; influenced domestic legislative reform
3	Accessible India Campaign (Sugamya Bharat Abhiyan)	2015	Accessibility of public buildings, transport and ICT	Accessibility audits; nodal ministries; monitoring dashboards
4	National Action Plan for Skill Development of PwDs	2015	Vocational training and employability	Skill Councils; implementing agencies under Ministry of Skill Development
5	Rights of Persons with Disabilities Act	2016	Comprehensive rights-based framework; equality, accessibility, reservation, legal capacity, inclusive education	Central & State Commissioners; Advisory Boards; Special Courts; Grievance redressal mechanisms
6	Unique Disability ID (UDID) Project	2016	Standardised disability certification; digital database	Centralised national disability database; digital certification platform
7	Rights of Persons with Disabilities Rules	2017	Operationalisation of RPwD Act provisions	Procedures for certification, accessibility standards, compliance reporting
8	Mental Healthcare Act	2017	Rights-based mental healthcare; advance directives; supported decision-making	Central & State Mental Health Authorities; Mental Health Review Boards
9	Deendayal Disabled Rehabilitation Scheme (DDRS)	Ongoing (major revision 2003 onwards)	Financial support to NGOs for rehabilitation services	Grant-in-aid mechanism through Ministry of Social Justice & Empowerment

*Source compiled by authors.*

intersectional vulnerability of women with disabilities, affirming that equality must account for layered discrimination based on caste and disability.

The Act further secures a broad range of civil and political rights essential for meaningful participation in public life. These include the right to accessible voting and political participation, equal access to justice through disability-sensitive procedures and legal aid and recognition of legal capacity on an equal basis with others. By introducing the concept of supported decision-making and limited guardianship, the Act seeks to balance autonomy with necessary support, moving away from substitute decision-making models that undermine personal agency. Although Section 12 guarantees access to justice through free legal aid [2], its operationalisation in India for persons with mental illness and or disabilities, remains weak and limited.[3] Structural barriers persist within judicial institutions, including inaccessible digital documentation, non-barrier-free court infrastructure at the district level and attitudinal bias among judicial officers.

In the sphere of education, the Act mandates inclusive education at all levels, prohibits discrimination in admissions and requires reasonable accommodation and individualised support. It guarantees free education for children with benchmark disabilities between the ages of six and eighteen years and provides for reservation in higher educational institutions, reflecting a commitment to equalising opportunities and addressing structural disadvantages. Judicial interventions have meaningfully advanced the doctrine of reasonable accommodation in **Vikash Kumar v. Union Public Service Commission** [4], where the Court ruled that accommodations such as scribes cannot be denied solely because a candidate does not meet the 40% benchmark disability threshold. Similarly, in **National Federation of the Blind v. Union Public Service Commission**[5], the Court directed the provision of compensatory time and scribes in examinations.

Complementing this, the Act recognises employment and livelihood rights, prohibiting

discrimination in recruitment, promotion and service conditions, mandating reasonable accommodation at the workplace and providing for reservations in government employment. It also promotes vocational training, skill development, self-employment and specialised employment support mechanisms. In **Ravinder Kumar Dhariwal v. Union of India** [6], the Court held that persons with mental health conditions are protected against workplace discrimination and are entitled to reasonable accommodation. It clarified that Section 20(4) of the RPwD Act imposes a positive obligation on government employers to retain and suitably adjust employees who acquire disabilities during service.

The Act extends beyond education and employment to encompass social security, health, rehabilitation and cultural participation rights. It entitles PwDs to social protection measures, an adequate standard of living, accessible and priority healthcare, insurance schemes and comprehensive rehabilitation services. It also recognises the right of PwDs to participate in cultural life, recreation, leisure and sports, reinforcing the understanding of inclusion as extending to all aspects of social life.

A key feature of the Act is its strong emphasis on accessibility as a cross-cutting right. It mandates accessibility of the physical environment, transportation systems, information and communication technologies and public services, thereby addressing environmental and systemic barriers that limit participation. The **Javed Abidi v. Union of India** recognised that persons with disabilities are entitled to equal access to public facilities and transport, affirming that accessibility is a fundamental aspect of equality and dignity. [7] The Supreme Court of India directed the government and airlines to provide facilities and concessions for persons with disabilities, reinforcing the objectives of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. For persons with benchmark disabilities and those with high support needs, the Act provides for affirmative action measures and tailored support services, ensuring that

equality is substantive rather than merely formal. On this point, **Jeeja Ghosh v. Union of India** affirmed the right of persons with disabilities to accessible air travel and mandated disability-sensitive protocols. [8] Further, in **Rajive Raturi v. Union of India** [9], the Court treated accessibility of public infrastructure as a statutory obligation, directing accessibility audits and structural modifications. The Court identified deficiencies in the operationalisation of accessibility standards and directed the redrafting of Rule 15.

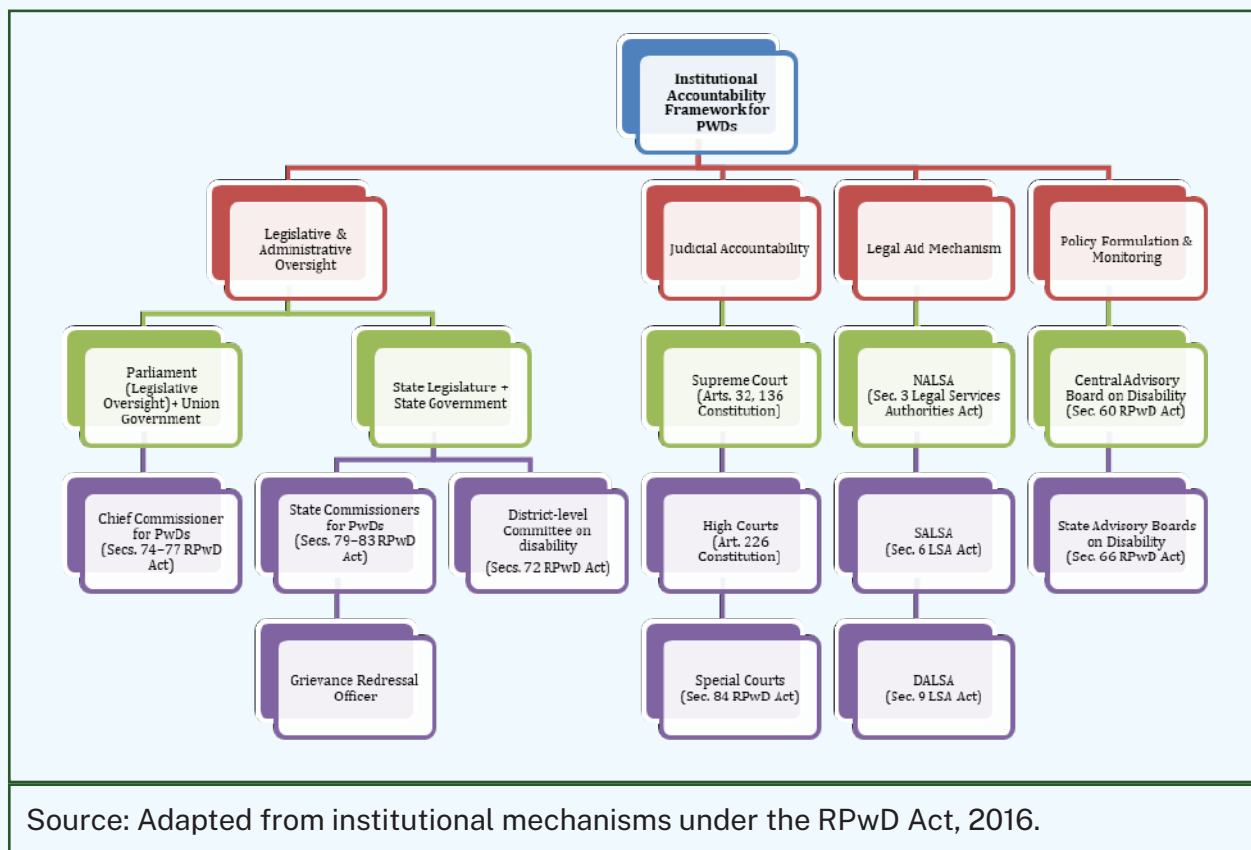
While the Rights of Persons with Disabilities (RPwD) Act, 2016 establishes an extensive framework of civil, political, economic, social and cultural rights for persons with disabilities, the effective realisation of these rights ultimately depends on institutional oversight and enforcement.[10] While judicial pronouncements have consistently affirmed and advanced the rights of PwDs, they also reveal certain structural limitations.

First, judicial intervention remains largely remedial and reactive, addressing violations only after they occur rather than ensuring proactive enforcement of rights. Second, a significant proportion of PwDs often situated within socio-economically disadvantaged groups face substantial barriers in accessing justice. Their marginalization, coupled with limited awareness, financial constraints and systemic inaccessibility, frequently prevents them from approaching courts for the enforcement of their rights. The Act has established a multi-layered accountability architecture designed to monitor compliance, address grievances and ensure that statutory obligations imposed on public authorities are meaningfully implemented.

### ACCOUNTABILITY MECHANISMS

The accountability framework under the RPwD Act, 2016, is designed as a multi-tiered institutional structure operating across the Union, State and district levels

Figure 2.1 Institutional Accountability Framework for PwD



Source: Adapted from institutional mechanisms under the RPwD Act, 2016.

(See Figure 2.1). Rather than relying solely on judicial enforcement, the Act distributes responsibility across administrative, quasi-judicial, advisory and judicial bodies, thereby embedding accountability within governance processes.

### **Central and State Commissioners for Persons with Disabilities**

At the apex of the enforcement structure are the Chief Commissioner for Persons with Disabilities at the Central level and State Commissioners at the state level. These authorities function as quasi-judicial oversight bodies empowered to:

- Inquire into complaints of rights violations.
- Take suo motu cognisance of non-compliance.
- Summon officials and call for records.
- Issue recommendations to public authorities.
- Submit annual and special reports to Parliament and State Legislatures.

Accountability flows through this mechanism by requiring public authorities to respond within a prescribed timeframe and, where recommendations are not implemented, to record reasons for non-compliance. The reporting obligation links executive action to legislative scrutiny, creating vertical accountability between administrative departments and representative institutions.

The recommendation of the Commissioners, though binding in general, may not be acted upon by the concerned authority when it has valid reasons for not accepting such a recommendation, which needs to be communicated to the authority and the aggrieved.[11] This relegates the rights of the individual to the discretion of the authority, where the term “valid reasons” itself lacks any yardstick.[12] Further, the effectiveness of this mechanism depends on regular appointments, adequate staffing, timely disposal of complaints and follow-up on recommendations. Chief Commissioner and State Commissioners’ offices are often under-resourced. The Chief Commissioner is empowered only to recommend corrective measures and cannot directly adjudicate

or impose penalties. In the absence of Special Courts at the state level, the Chief Commissioner has limited means to deter non-compliance, as their authority extends only to petitioning for judicial review rather than directly adjudicating cases or issuing punitive resolutions.[13] The maximum monetary penalty for violation of the RPwD Act 2016 is ₹ 5 lakhs, which is negligible for large corporations and does not meaningfully deter non-compliance.[14]

### **Advisory Boards and Inter-Departmental Coordination**

The Act establishes Central and State Advisory Boards on Disability, along with District-Level Committees, to facilitate policy coordination and review. These bodies are intended to ensure horizontal accountability across departments such as education, employment, health, transport and urban development.

Accountability in this structure flows through policy review, inter-ministerial consultation and participatory representation of persons with disabilities. By integrating disability considerations into sectoral decision-making, these boards aim to prevent rights violations at the policy formulation stage rather than merely respond to them. The operational strength of these mechanisms depends on regular meetings, active participation and effective coordination between Union and State authorities. Where coordination is limited, implementation may become fragmented across departments.

### **Ministerial and Departmental Authorities**

Primary responsibility for implementation rests with line ministries and state departments, including departments of social justice, education, labour, health, urban development and transport. These authorities are required to:

Ensure non-discrimination and reasonable accommodation.

- Implement accessibility standards.
- Appoint Grievance Redressal Officers.
- Maintain compliance records.

- Conduct social audits where applicable.

Accountability at this level flows internally through departmental monitoring and externally through oversight by Commissioners and legislative reporting. Since implementation occurs within routine administrative functioning, the quality of compliance is closely tied to institutional capacity, budgetary allocation and clarity of standard operating procedures. The State Advisory Boards envisaged under the Act have not been fully operationalised as platforms for inter-departmental coordination, thereby weakening horizontal accountability.

### **Special Courts and Judicial Oversight**

The Act provides for designation of Special Courts for offences under the statute and appointment of Special Public Prosecutors. Judicial accountability functions as a corrective mechanism where administrative remedies fail. Statutory appeals and writ jurisdiction further ensure that administrative decisions remain subject to judicial scrutiny.

Courts thus reinforce the enforceability of rights; however, judicial oversight remains reactive and case-driven. The systemic impact of court interventions depends on whether executive authorities internalise judicial directions into policy and administrative practice.

### **Legal Services Authorities (SALSA/ DALSA)**

Access to justice is further supported by State Legal Services Authorities (SALSA) and District Legal Services Authorities (DALSA), which are mandated to provide free legal aid to eligible persons, including persons with disabilities. These bodies act as facilitators of rights enforcement by assisting beneficiaries in navigating grievance redressal mechanisms and court processes<sup>(i)</sup>. Accountability within this framework depends not only on the availability of legal aid but also on the accessibility of legal services infrastructure, disability-sensitive procedures and proactive outreach.

The accountability framework established under the RPwD Act, 2016 reflects a

deliberate attempt to embed disability rights enforcement within the institutional architecture of governance rather than relying solely on judicial intervention. Through the coordinated functioning of commissioners, advisory bodies, ministerial authorities, judicial institutions and legal services mechanisms, the Act creates a system of both vertical and horizontal accountability aimed at monitoring compliance and addressing violations of disability rights. However, the effectiveness of this framework depends significantly on institutional capacity, coordinated administrative action and sustained monitoring of implementation across sectors. The degree to which persons with disabilities utilise these mechanisms is closely linked to awareness, physical accessibility and institutional responsiveness.

### **GOOD PRACTICES AND EXAMPLES**

One of the good practices for disability inclusion in the Indian context is the **Project Ability Empowerment**, launched by the Supreme Court of India. Eight National Law Universities were entrusted with the responsibility of conducting region-wise monitoring of institutions housing persons with disabilities to assess compliance with the RPwD Act, 2016. These universities are required to undertake field-based assessments across their allocated regions, evaluating institutional conditions on parameters such as healthcare access, educational inclusion, physical and digital accessibility, rehabilitation services and protection against abuse and neglect. They are expected to compile their findings into a consolidated report within six months. This direction has been issued in **Reena Banerjee and Another v. Government of NCT of Delhi and Others** by the Supreme Court of India on 12 September 2025.[15]

Section 21 of the Rights of Persons with Disabilities Act, 2016, read with Rule 8 of the RPwD Rules, 2017, imposes a mandatory and enforceable obligation on both government establishments and private establishments employing twenty or more persons to adopt an **Equal Opportunity Policy** for PwD. This policy must not be a symbolic declaration

but a functional compliance document that concretely sets out workplace measures ensuring substantive equality, including identification of suitable posts, accessible facilities and amenities, fair and transparent recruitment and promotion processes, training and transfer preferences, special leave and housing benefits where applicable, provision of assistive devices, barrier-free access and appointment of a designated liaison officer responsible for disability inclusion. The law further requires public visibility of the policy, preferably through the establishment's website or prominently within its premises and regulatory accountability through registration of the policy with the Chief Commissioner or State Commissioner. The Supreme Court of India has published a *Handbook Concerning Persons with Disabilities*, [16] which outlines inclusive workplace practices and accountability mechanisms for institutions.

## **GAPS AND CHALLENGES**

- 1. Implementation and governance constraints:** Despite a comprehensive legal framework, the full realisation of disability rights remains limited due to gaps in institutional capacity, weak inter-departmental coordination, insufficient awareness initiatives and inadequate monitoring and enforcement mechanisms. [17]
- 2. Delays in accessibility compliance and reasonable accommodation:** Accessible India Campaign launched in 2015, set targets to make 50% of government buildings in state capitals accessible by July 2018 and all public buildings fully accessible by March 2022. However, progress was far behind schedule, with many public buildings, transport systems and ICT platforms still inaccessible. [18] Likewise, delays and denials of accommodations in India are systemic, attributed to a lack of awareness, institutional resistance, ambiguity regarding undue burden and weak enforcement mechanisms. [19]
- 3. Absence of a structured accessibility audit ecosystem:** Accessibility audits

are sporadic and dependent on voluntary compliance. The limited availability of certified accessibility auditors and the absence of mandatory departmental accessibility audits undermine effective compliance and accountability. [20]

- 4. Structural invisibility in public spaces:** PwDs often remain absent from public spaces because infrastructure is inaccessible while infrastructure continues to remain inaccessible, their absence perpetuates invisibility in policy planning, creating a cycle of exclusion. [21]
- 5. Limited reporting and prosecution of disability-based discrimination and abuse:** Low awareness of rights, procedural barriers and weak enforcement mechanisms contribute to significant under-reporting of violations and perpetuate invisibility in policy. [22]
- 6. Delays in issuance of disability certificates and Unique Disability ID (UDID) Scheme registration:** Backlogs in medical assessment boards, administrative bottlenecks and digital verification challenges delay certification, even though these documents function as vital gateways to statutory benefits and welfare schemes<sup>(ii)</sup>.
- 7. Limited access to legal aid and support mechanisms:** Many persons with disabilities face barriers in accessing affordable and specialised legal assistance to pursue complaints, enforce rights and seek remedies under the Act<sup>(iii)</sup>.

## **RECOMMENDATIONS**

- 1. Strengthening grievance redressal and enforcement mechanisms:** Enhance institutional capacity and accessibility of complaint mechanisms under the Rights of Persons with Disabilities Act, 2016 to ensure timely and effective resolution of disability rights violations.
- 2. Strengthening the UDID Ecosystem:** The use of mobile certification units, community outreach and integration with the national health information system is

a necessary step to reach more people in the country, particularly rural areas. Also, inter-departmental data integration must be improved to streamline access to welfare schemes, reduce duplication and enable evidence-based policymaking.

**3. Mandatory Training for Institutional Accountability:** Ensure that all district level authorities are trained on the provisions and implementation procedures of RPwD Act, 2016 so that they are fully aware of the Act and the infrastructure required to implement it. Similarly, it is very important that all Heads of Schools, Police Stations and Primary Health Centres (PHCs) are made to undergo mandatory training so that all stakeholders are aware of their roles and responsibilities. In other words, the implementation of the Act must not be a matter of individual effort but of institutional accountability.

**4. Institutionalising accessibility statements in government decision-making:** Require ministries and public authorities to include disability accessibility and inclusion assessments in policy formulation, public infrastructure planning and

digital governance. The realisation of the rights of PwD depends on recognising the diverse avenues through which inclusion must be pursued. While legal frameworks such as the RPwD Act, 2016 establishes the foundation for equality and non-discrimination, the nuances of these rights emerge through their application across multiple domains of social life, including inclusive education, equitable employment opportunities, accessible public infrastructure and emerging technological spaces such as artificial intelligence. At the same time, the effectiveness of these legal guarantees cannot rest solely on statutory provisions or institutional enforcement. It requires the social responsibility of members of society to respect dignity, eliminate barriers and promote inclusive practices in everyday interactions.

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## Notes

- (i) Persons with Disabilities often find redressal mechanisms inaccessible due to physical distance or bureaucratic procedures. If the district level grievance redressal officer can be made more accessible and visible to the public along with mobile grievance camps and multilingual online platforms, it can address the demands of PwDs better.
- (ii) Major UDID applications backlog in Maharashtra with nearly 2 lakh cases awaiting approval | Pune News - The Times of India
- (iii) For millions of persons with disabilities, the justice system continues to remain elusive: Study

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## 3. HEALTH CARE AND REHABILITATION

### Providing quality interventions and comprehensive rehabilitation

The World Health Organisation (WHO) explicitly recognises disability as a health equity and human rights issue and advocates integration of disability inclusion into health systems governance, planning and monitoring processes.[1][2] Persons with Disabilities (PwDs) are more likely to experience premature death, poorer health outcomes and are disproportionately affected by health emergencies. WHO's Rehabilitation 2030 [3] highlights the global unmet needs of rehabilitative services and the importance of enhancing health systems in low-and middle-income countries to deliver these services.[4] Rehabilitative services are an essential component of Universal Health Coverage (UHC) and primary health care plays a critical role in expanding coverage, improving access and achieving health for all.[5] Equitable access to healthcare and rehabilitative services, without financial hardship, lies at the core of any rights-based public services, particularly for enabling PwDs to participate fully in society.

Inclusive healthcare is the design and delivery of promotive, preventive, curative, rehabilitative and palliative services in ways that are accessible, affordable, acceptable and of equitable quality for all, including PwDs, across the life course and at all system levels. Rehabilitative services serve as a corollary to healthcare, comprising an integrated range of services, including physical therapy, occupational therapy and psychosocial support, aimed at enabling PwDs to maintain optimal functional levels.

#### CURRENT SCENARIO

In India, PwDs not only have higher unmet health needs and are vulnerable to co-morbidities, but also have systematically poorer access to healthcare and rehabilitation than the general population.[6] Studies highlight critical gaps in the healthcare system of India, posing multi-layered barriers such as physical, geographic, attitudinal and

financial barriers to healthcare access for PwDs.[7] For instance, about 15% among persons with visual disabilities had no access to disability-related healthcare, with access being worse for older adults, women, scheduled tribes and the poorest.[8]

Affordability remains a major barrier to health care access among PwDs. About one-fifth (20.32%) of household monthly consumption goes to disability-related, out-of-pocket expenses, pushing more than half (57.1%) of the households with PwDs into catastrophic health expenditure and almost one-fifth (19.1%) below the poverty line due to disability treatment care expenditure.[9] Access to health care among PwDs in India becomes more difficult, with 40% of them struggling to use public transport and incurring high indirect costs on transportation [10] and limited insurance coverage of prosthetic and orthotic rehabilitation services [11] [12], reducing healthcare utilisation and increasing vulnerability to financial shocks.

Rehabilitation and physical medicine & rehabilitation (PMR) services are heavily concentrated in urban tertiary centres, leaving rural and semi-urban populations with limited access.[13] Ignorance of community-based rehabilitation services and referral pathways [14], as well as social stigma, beliefs and gender norms [15] [16], further delay access to healthcare and rehabilitation services. Poor accessibility of health care facilities is another major barrier, with poor physical design, ramps missing or poorly designed, doorways too narrow for wheelchairs, accessible toilets absent and examination tables that cannot accommodate people with mobility limitations.[17] There is, thus, a need to decentralise community-based rehabilitations, integrate disability into mainstream health programmes and insurance, improve accessibility of transport and buildings and actively target the vulnerable PwD segment.

## Life-Cycle Approach to Disability and Health

India's disability-related health programmes show progress in adopting a life cycle approach(i), but empirical evidence highlights persistent gaps in early detection, continuity of care and ageing-related services. For example, in infancy and childhood, early screening for congenital disabilities and detection of developmental delays through programmes like the Rashtriya Bal Swasthya Karyakram (RBSK) [18], are critical to preventing permanent functional losses during formative years. Yet shortages of community health workers, poor referral links, inconsistent use of anthropometric measurements and inadequate use of information, education and communication materials limit the effectiveness of RBSK.[19] About 22 Cross-Disability Early Intervention Centres (CDEICs) are operational nationally, providing early screening, therapy and family support for children aged between 0 and 6 years.[20]

As individuals with disabilities transition into adolescence and adulthood, providing accessible and quality Sexual and Reproductive Health (SRH) information, goods and services to persons with disabilities is an obligation under international human rights standards, including the UNCRPD) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).[21] Women with disabilities face a “double burden” and require accessible maternal healthcare, as they have historically faced higher risks of reproductive rights violations and forced sterilisation.[22] In India, the SRH, particularly of women with disabilities, has been an issue of deep-rooted silence [23] and women with functional difficulties have a greater odds of experiencing intimate partner physical, sexual and emotional violence and mental health concerns.[24] Also, women with disabilities have lower odds of attending at least three antenatal checkup visits than women without disabilities in the Indian context, due to access issues like physical barriers, financial costs, transportation barriers, negative attitudes from family and healthcare providers and societal attitudes.[25]

India's population ageing is rapidly increasing in India, with strong association between multimorbidity (simultaneous presence of two or more chronic conditions) and disability .[26] The Longitudinal Ageing Study in India (LASI) Wave-1 shows 40% of older adults (aged 60+) experience at least one physical or mental impairment [27], highlighting the growing need for rehabilitative services such as home-based physiotherapy and long-term care support. Yet the geriatric disability care system in India is fragmented, with an urban-rural divide in access to medical services.[28]

## LEGAL AND POLICY FRAMEWORK

India, in line with the RPwD Act (2016) recognises the need to strengthen its disability inclusive health services (shown in Table 1). The UNCRPD principles in India mandate non-discrimination, accessibility, reasonable accommodation, equal opportunity policies and access to appropriate healthcare for PwDs (Article 25) and comprehensive rehabilitation and rehabilitation services starting at the earliest possible stage (Article 26).[29] These rights/principles are operationalised through sectoral programmes administered by the Ministry of Health and Family Welfare (MoHFW) and the Department of Empowerment of Persons with Disabilities (DEPwD), creating an institutional mechanism that converges at district and facility levels.

RPwD Act Section Policy Focus India's UHC program Ayushman Bharat has two pillars: i) Health & Wellness Centres (HWCs) [30] provide comprehensive primary care, including preventive, promotive, curative, rehabilitative and palliative services, supported by telemedicine and referral networks. HWCs are mandated with early detection of growth abnormalities during antenatal, neonatal and paediatric stages, developmental delays and disabilities and provide timely referral.[31] ii) The publicly-funded health insurance scheme Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY) provides broad financial protection up to ₹ 5 Lakhs per family for secondary and tertiary hospitalisation in a year; though inclusive, over 80% of PwDs are not covered

**Table 3.1 Health and Rehabilitation Service under the RPwD Act**

RPwD Act	Policy Focus	Mandatory Service Guarantee
Section 3	Equality	Prohibits discrimination on the ground of disability and ensures the right to life with dignity.
Section 25	Healthcare	Mandates free healthcare and priority in treatment; requires barrier-free access in all hospitals.
Section 27	Rehabilitation	Directs the government to organise rehabilitation services for health, education and employment.
Sections 40-46	Accessibility	Establishes mandatory standards for physical environment and transport; sets timeframes for barrier-free access.
<p><i>Source: Government of India. The Rights of Persons with Disabilities Act, 2016. [<a href="https://niepvd.nic.in/the-rights-of-persons-with-disabilities-rpwd-act-2016/">https://niepvd.nic.in/the-rights-of-persons-with-disabilities-rpwd-act-2016/</a>]</i></p>		

and 42% lack awareness about the scheme<sup>(iii)</sup>. Complementing PM-JAY for cashless hospitalisation needs, the Niramaya Health Insurance Scheme under the National Trust Act provides affordable ₹1 lakh coverage for PwD, with no pre-insurance medical test required.[32] [33]

The Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) scheme<sup>(iii)</sup> provides financial assistance to PwDs for purchasing aids and appliances, which is critical for their functional independence and mobility. Yet this scheme operates largely outside mainstream health financing, with exclusion risks of those PwD who do not meet ADIP's narrow eligibility criteria<sup>(iv)</sup>.

Rehabilitation care in India is delivered through a tiered system, involving National Institutes, Statutory Bodies, Medical Boards and District Disability Rehabilitation Centres (Table 2), based on a standardised medical assessment protocol and a well-defined clinical pathway that connects the diagnosis to clinical interventions.

**GAPS AND CHALLENGES**

**Skewed healthcare spending impedes comprehensive primary care:** India spends around 2.1% of its GDP on public healthcare, despite record allocation of ₹ 1,06,530

crore to healthcare in the 2026-07 budget allocation.[35] The increased spending is skewed toward high-tech premier tertiary care, in particular, setting up NIMHAN 2.0 in North India while primary healthcare remains underfunded, overlooking systemic gaps of staff shortages, medicine stock-outs and crumbling infrastructure.[36] The ability of Health and Wellness Centres (HWCs) to provide a range of promotive, preventive, curative, rehabilitative and palliative services for all citizens, including PwD, is undermined. In rural India, much of primary care and rehabilitation care are provided by untrained providers lacking formal medical qualifications, posing substantial patient safety risks.

**Shortages of manpower remain unaddressed:** Healthcare and rehabilitation services in India are considerably undermined by a shortage of healthcare personnel. India has only 20.6 healthcare workers per 10,000 population, significantly below the WHO-recommended 44.5 health systems must possess adequate levels and we must ensure a fair distribution of human resources aimed at healthcare facilities. We conducted a scoping review to map the current state of human resources for health (HRH). Similar 30-40% shortages of allied health professionals, such as optometrists, physiotherapists, occupational therapists, speech-language pathologists, counsellors, laboratory technicians, etc., who

<b>Table 3.2 Organisation of Rehabilitation Services in India</b>		
<b>Tiers</b>	<b>Institutions / Bodies</b>	<b>Functions</b>
<b>Tire 1 - Statutory Bodies</b>	<ul style="list-style-type: none"> <li>• Office of the Chief Commissioner for Persons with Disabilities, New Delhi</li> <li>• National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, New Delhi</li> <li>• Rehabilitation Council of India (RCI), New Delhi</li> </ul>	CCPD safeguards disability rights under the RPwD Act, 2016 and monitors compliance across ministries and states, & handles grievances, ensures accessibility standards and advises government on inclusion policies. The National Trust provides legal guardianship, community living and caregiver support, for persons with severe disabilities. The RCI regulates and standardises training programmes for rehabilitation professionals nationwide, maintains the Central Rehabilitation Register and ensures quality assurance in education and practice.
<b>Tire 2 - National Institutes</b>	<ul style="list-style-type: none"> <li>• Ali Yavar Jung National Institute of Speech &amp; Hearing Disabilities (Divyangjan) (AYJNISHD)</li> <li>• Pandit Deen Dayal Upadhyaya National Institute for Persons with Physical Disabilities (D), New Delhi</li> <li>• National Institute for the Empowerment of Persons with Intellectual Disabilities (D), Secunderabad</li> <li>• National Institute for the Empowerment of Persons with Visual Disabilities (D), Dehradun</li> <li>• National Institute for Locomotor Disabilities(D), Kolkata</li> <li>• National Institute for Rehabilitation Training and Research (NIRTAR), Cuttack</li> <li>• National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai</li> <li>• National Institute of Mental Health and Rehabilitation (NIMHR)</li> <li>• Indian Sign Language Research &amp; Training Centre (ISLRTC)</li> </ul>	These are autonomous institutes focusing on specific types of disabilities domain (speech/hearing, physical, intellectual, visual, locomotor, multiple, mental health and communication), combining clinical services, training, research and empowerment to strengthen India's rehabilitation ecosystem. These national institutes are central to UDID implementation – they certify disabilities, train medical boards, feed verified data into the national registry and ensure that rehabilitation services and entitlements are linked to UDID-certified beneficiaries.
<b>Tire 3 - Central Public Sector Enterprises (CPSEs)</b>	<ul style="list-style-type: none"> <li>• Artificial Limbs Manufacturing Corporation of India (ALIMCO)</li> <li>• National Divyangjan Finance and Development Corporation (NDFDC), Faridabad</li> </ul>	ALIMCO manufactures and distributes prosthetics and assistive devices nationwide while the NDFDC provides concessional financial support to empower persons with disabilities through income-generating activities.

<b>Tire 4 - Composite Regional Centre (CRC)</b>	21 CRCs are operational across different states as below: <ul style="list-style-type: none"> <li>• CRC – Kozhikode, Kerala</li> <li>• CRC – Bhopal, Madhya Pradesh</li> <li>• CRC – Lucknow, Uttar Pradesh</li> <li>• CRC – Guwahati, Assam</li> <li>• CRC – Patna, Bihar</li> <li>• CRC – Ahmedabad, Gujarat</li> <li>• CRC – Ranchi, Jharkhand</li> <li>• CRC – Shillong, Meghalaya</li> <li>• CRC – Srinagar, Jammu &amp; Kashmir</li> <li>• CRC – Gorakhpur, Uttar Pradesh</li> <li>• CRC – Andaman &amp; Nicobar Islands (Port Blair)</li> <li>• CRC – Nagpur, Maharashtra</li> <li>• CRC – Rajnandgaon, Chhattisgarh</li> <li>• CRC – Imphal, Manipur</li> <li>• CRC – Davangere, Karnataka</li> <li>• CRC – Balangir, Odisha</li> <li>• CRC – Dharwad, Karnataka</li> <li>• CRC – Vijayawada, Andhra Pradesh</li> <li>• CRC – Una, Himachal Pradesh</li> <li>• CRC – Leh, Ladakh</li> <li>• CRC – Varanasi, Uttar Pradesh</li> </ul>	CRCs spread across the country act as the regional outreach centres of the National Institutes, delivering rehabilitation, counselling and vocational training closer to the community level.
<b>Tire 5 - District Disability Rehabilitation Centre (DDRC)</b>	87 DDRCs are functional across different states of India.[34]	Provide early intervention, physiotherapy, occupational therapy, speech therapy, distribution of aids/appliances and community outreach. Serve as an operational backbone for local rehabilitation with NGO partnerships.

*Source-compiled by authors*

provide essential diagnostic, therapeutic and rehabilitative services, have been noted.[37] The 2021 National Commission for Allied and Healthcare Professions (NCAHP) Act aims to standardise education and practice across the country, yet its effective enforcement, along with investments in training, better retention strategies and professional recognition, remains a concern. Further, the exclusion of Physical Medicine and Rehabilitation (PMR) from the mandatory undergraduate medical curriculum [38] undermines future physicians' ability to care for people with disabilities, recommend appropriate referrals and improve patient outcomes through multidisciplinary medical knowledge.

**Persistent challenges with UDID:** The UDID

project<sup>(v)</sup> was envisioned as a transformative step to create a national database and a single, universally accepted ID, replacing fragmented systems and improving transparency and access to benefits. Despite gazette-notified disability assessment guidelines.[39] the UDID system continues to face a significant backlog, with lakhs of applications pending across states due to delays in medical certification and card issuance stages, Aadhaar-based e-KYC requirements and uneven adoption of digital processes.[40] The pendency is particularly high in states with weaker institutional capacity, where disability boards are slow to issue certificates, creating bottlenecks in UDID card generation. With rampant issuance and circulation of fraudulent or fake certificates/ exaggerated disability claims to

unfairly secure admissions and jobs under reserved quotas, the Central government revised Standard Operating Procedures (SOPs), mandating strict prevention measures, including digital validation, mandatory medical assessments and zero tolerance for misuse.[41] Accessing UDID has become a challenge in the community of PwDs, either due to a lack of awareness or difficulties in navigating the online application process, particularly in rural areas with issues of connectivity and digital literacy. Experiences of repeated visits to distant district hospitals, long waits, inconsistent assessments and the humiliation of having one's impairment doubted, particularly for people with less visible or fluctuating impairments such as mental illness or certain neurological conditions.[42] Thus, the ground-level challenges highlight gaps in enforcement and legacy issues of fake or unverifiable certificates. UDID is a **gateway document** for entitlements, but its credibility is undermined by fraud and misuse. Digitisation improves transparency but risks **digital exclusion** in rural and marginalised communities. NGOs play a critical role in **verification and facilitation**, but their contribution is not formally integrated into policy.

**Inaccessible Public health facilities:** Chhattisgarh, Gujarat and Uttar Pradesh have shown particularly high numbers of non-operational facilities. By 2019-20, Uttar Pradesh alone recorded over 2,000 inactive health facilities, a figure that reflects deepening systemic failure rather than an isolated administrative lapse. For persons with disabilities, who already face greater difficulty travelling to seek care, the closure or inactivation of even a nearby centre can mean the complete removal of accessible healthcare from their lives. This pattern of facility inactivity is not confined to one region. It reflects a national pattern of infrastructure that has been built without the accompanying investment in staffing, supplies, maintenance and management needed to keep it operational. For a person with a visual, locomotor, or hearing impairment living in a district where the local sub-centre is inactive, the only option becomes a longer, more expensive and often

inaccessible journey to a higher-level facility.

**Access to healthcare for women with disabilities:** Women with disabilities faced different sociocultural (erroneous assumptions, negative attitudes, being ignored, being judged, violence, abuse, insult, impoliteness and low health literacy), financial (poverty, unemployment, high transportation costs) and structural (lack of insurance coverage, inaccessible equipment and transportation facilities, lack of knowledge, lack of information, lack of transparency and communicative problems) factors which impacted their access healthcare.[43]

Women with disabilities are not a homogeneous group. Needs differ across physical, sensory and intellectual disabilities, but healthcare systems often adopt a "one-size-fits-all" approach. Prejudices questioning the sexuality, consent, or parenting ability of women with disabilities. Delayed care for gynaecological issues, contraception, pregnancy and STI screening increased vulnerability to sexual violence and unintended pregnancies. They suffer erosion of dignity and autonomy when privacy and consent are ignored.[44]

## **GOOD PRACTICES AND EXAMPLES**

Integrated multidisciplinary models of rehabilitation care are increasing at the district and community level. A notable example is the Divyang Bhavan Foundation (DBF) [45], established by the Pimpri Chinchwad Municipal Corporation as a Section 8 entity, represents a one stop solution centre for disability inclusion in India. Located in Pune, it functions as a comprehensive, cross-disability rehabilitation centre serving all categories of disabilities, offering integrated services such as therapy, assistive devices, skill development and rehabilitation. It reflects a lifecycle approach aimed at enhancing independence, employability and social inclusion of persons with disabilities. DBF operates in a Purple Tag Building - a novel initiative aimed at setting accessibility and inclusivity standards for buildings, similar to the Green Tag certification. Similar initiatives of modern multi-purpose DDRC have been started in Uttarakhand.[46] Another good practice is

related to palliative care for life-limiting conditions, including Cerebral Palsy, Mental Retardation and Sickle Cell Anaemia.[47]

In India, several tools and guidelines are available for assessing disabilities. These include the Binet-Kamath Test of Intelligence (BKT), the Vineland Social Maturity Scale (VSMS) and the Wechsler's Intelligence Scale for Children (WISC-IV) for assessing Specific Learning Disabilities (SLD). The NIEPID Indian Test of Intelligence (NITI) and the Grade Level Assessment Device (GLAD) are also used for assessing both intellectual disability and SLD. These tools are part of the Revised Guidelines for Assessment of Disabilities introduced in March 2024, which have been updated to include new assessments and provide a comprehensive framework for disability assessment in India. [48]

NIEPID has developed CAT-AID and CVAT – Comprehensive Assessment Tool for Adults with Intellectual Disabilities and Comprehensive Assessment of Vocational Potentials in Adults with Intellectual Disabilities. Tools like CAT-AID and CVAT expand assessment beyond childhood learning disabilities to adult intellectual and vocational capacities, aligning policy with lifelong inclusion and employability goals. [49]

These updated disability assessment tools in India are crucial for standardising evaluation across diverse disabilities, ensuring compliance with the RPwD Act, 2016 and strengthening the credibility of certification for entitlements, education and employment. They also expand coverage to adult vocational potential, making disability policy more holistic and future-oriented. By embedding comprehensive, culturally relevant tools, India strengthens its disability inclusion framework, ensuring that certification translates into real access to entitlements, health, education and livelihoods. This is a cornerstone for moving from symbolic recognition to practical enforcement of rights.

## RECOMMENDATIONS

1. **India's disability data systems need reform** to become more reflective and actionable. The UNCRPD Article 31 calls for data collection and disaggregation to ensure the rights of persons with disabilities. The disaggregated disability data is valuable in describing the functional status of the population by sex, age, type and degree of disability, date of onset and cause of disability, disaggregating outcome indicators, identifying participation gaps and related factors and evaluating the outcomes of interventions.[50] This requires updating data at regular intervals, adopting consistent definitions across agencies and ensuring sectoral disaggregation to highlight diverse experiences. Compatibility between existing datasets must be enhanced, with new datasets created and made openly accessible. Finally, relevant indicators across health, education, employment and social inclusion should be developed to capture individual realities and challenges faced by persons with disabilities.
2. **Expand insurance schemes** to include rehabilitation packages such as physiotherapy, occupational therapy, assistive devices, vocational training, to ensure that PWDs regain or enhance functionality, aligning with the social model of disability. Insurance coverage reduces financial stress and prevents exclusion due to affordability gaps. From a governance perspective, integrating rehabilitation into insurance schemes creates a continuum of care, complementing existing programmes like ALIMCO and DDRCs and ensuring that entitlements are not fragmented.
3. **Emphasize the importance of inclusivity and accessibility in public health facilities:**
  - Facilities must receive full disbursements if they meet basic accessibility standards such as height-adjustable examination tables, tactile floor indicators and accessible toilets aligned with the

Harmonized Guidelines 2021. This ensures accessibility becomes a non-negotiable requirement.

- Universal design standards in healthcare facilities and equipment must be mandated through enforceable regulations, ensuring compliance with the RPwD Act 2016 and CRPD.
4. **Strengthening gender-sensitive disability inclusion:** To address systemic bias, governments must require mandatory disability and SRHR training for healthcare providers, integrating these modules into medical education and continuous professional development. National health strategies should incorporate dis-

ability-specific protocols, making SRH services responsive to the diverse needs of women with disabilities. Institutional partnerships with women-led disability rights organisations are essential for participatory policymaking and monitoring, ensuring lived experiences inform service delivery.

5. **Dedicated budget allocations:** for accessible SRH services must be institutionalised, linking financial commitments to measurable inclusion outcomes. Together, these measures operationalise rights into enforceable policy instruments, shifting the focus of SRHR from symbolic recognition to practical, equitable access.

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## Notes

- (i) A life-cycle approach to designing healthcare and rehabilitation services for PwD considers the entire lifespan from childhood to old age, ensuring continuity of care, with interventions matched to developmental stages.
- (ii) Over 80 per cent of disabled people lack health insurance in India: Survey
- (iii) The Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) Scheme is a central sector scheme designed to provide subsidised assistive devices such as prosthetics, hearing aids, wheelchairs and educational kits. Started in 1981, the ADIP scheme provides scientifically manufactured and certified assistive devices to persons with disabilities. Its goal is to reduce disability effects, prevent secondary complications and promote independent functioning, rehabilitation and economic participation. The scheme also supports corrective surgeries before device provision. Implementation is carried out through ALIMCO and a network of national institutes, regional centres, state corporations and NGOs. Revised in September 2024, ADIP has been approved for continuation until March 2026 under the 15th Finance Commission.
- (iv) Scheme of Assistance to Persons with Disabilities for Purchase/Fitting of Aids /Appliances (ADIP Scheme): Indian citizen of any gender and age, must possess Disability certificate, monthly income not exceed Rs. 22,500/-, who have not received the assistance during the last 3 years and for children below 18 years of age this limit will be 1 year. However, in interactions with XRCVC, it was revealed that the applicants were intimidated by the cumbersome paper works involved in the application process.
- (v) The UDID system is based on the assessment process for calculating the percentage of disability by hospitals and medical boards and uses a colour-coded scheme that immediately communicates the severity of a person's disability to service providers, employers and officials. There are three categories:
  - White card (below 40% disability): Issued to those who do not meet the benchmark disability threshold. While they are not eligible for most government benefit schemes, the white card acknowledges the condition and may allow access to certain healthcare and rehabilitation programs.

- Yellow card (40–80% disability): The most common category, covering those who qualify for standard disability benefits including educational concessions, employment reservations and various government schemes.
- Blue card (above 80% disability): Issued for severe disabilities, this card provides access to the full range of government entitlements, including priority access to assistive technology, higher pension amounts and enhanced reservations.

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## 4. EDUCATION AND SKILL DEVELOPMENT

### **Inclusive, equitable quality education and industry-relevant skill programmes for PwDs**

Education and skill development are key pillars for advancing the economic empowerment and social inclusion of persons with disabilities (PwDs). Ensuring inclusive and equitable quality education for all lies at the core of 2030 SDG 4.[1] and is directly related to social inclusion and labour market participation. In the disability context, education refers not merely to physical access to educational institutions but to inclusive systems that accommodate diverse learning needs through appropriate curricula, pedagogical adaptations, assistive technologies and trained human resources. [2] Skill development encompasses life skills through non-formal education [3] as well as vocational training, higher education-linked skilling and continuous capacity-building [4] aimed at enhancing employability, entrepreneurship and livelihood opportunities for PwDs.

Inclusive education begins in early childhood development (0-6 years) with early identification and access to preschool services<sup>(i)</sup>. In India, early childhood development services, particularly for children from lower-income households, remain fragmented and with a wide range of providers and significant variation in quality and infrastructure.[5] Only 10.1% PwD attended the pre-school intervention programme as per NSSO (2019). The schooling (6-18) years establishes essential cognitive and social foundations. In India, children with disabilities rarely progress beyond primary school. In particular, children with autism and cerebral palsy and girls with disabilities, are least likely to be enrolled in schools.[6] Inaccessible school buildings, lack of inclusive classroom practices, shortage of trained special educators and limited assistive learning resources are key barriers that inhibit inclusive education, particularly in rural areas.[7] These early barriers contribute to higher dropout rates and low literacy levels in PwDs, with limited

opportunities to build new skills and lesser preparedness for higher education. The transition to post-secondary education (18+ years), vocational training and employment represents the most critical juncture for economic inclusion. It is at this stage that systemic barriers ranging from inadequate architectural (e.g., accessible campuses, ramps, rails, washrooms) [8], limited access and participation in the STEM (Science, Technology, Engineering and Mathematics) field, [9] and perceived employability [10] restrict the ability of PwDs to enter and thrive in higher education and dampen their readiness for skill-development programmes. Inclusive education is not a single intervention but a continuum of support, beginning in early childhood and extending through school, higher education and skill development.

### **CURRENT SCENARIO**

As pointed out earlier in Chapter 1, the literacy rate in PwDs of age 7 years and above is 52.2%, as against 65.5% in persons without disabilities in India. Among children with disabilities aged 5 to 19 years, 61% attend school, 12% drop out and 27% never enrol in any educational institution. Notably, 50% of children with mental disabilities never receive formal education.[11] Access to school education for children with disabilities is hindered by systemic barriers such as inadequate facilities, insufficient teacher training and socio-cultural stigma, which lower their enrolment and retention. The Unified District Information on School Education (UDISE+) data for 2024-25 highlights an increase of 3.3% in the enrolment of Children with Special Needs (CWSN), from 21.9 lakh in 2020-2021 to 22.7 lakh in 2021-2022.[12] However, CWSN enrolment constitutes less than 2% across levels, against an expected 2.5-3%, translating to significant shortfalls. At the primary level, CWSN represent 2% of 104 million students, dropping to 1.4% in higher secondary (of 37 million).[13]

Likewise, in the case of secondary education and vocational/technical training, PwDs have very low representation, shown in Table 4.1. Only 19.3% of PwDs complete their education

beyond the secondary level and technical education or training, both formal and informal, among PwDs is quite low in India.

**Table 4.1 Status of in education and vocational/technical training in PwD**

Indicator	Category	Male (%)	Female (%)	Total (%)
Percentage of persons aged 15 years and above with disability	Having the highest level of completed education: Secondary and above	24.3	12.6	19.3
	With technical education	1.6	0.6	1.2
Percentage of persons of age 15–59 years with disability who received vocational/technical training	Formal vocational/technical training	1.6	1.0	1.4
	Other than formal vocational/technical training	2.0	1.2	1.7
<i>Source: NSSO (2019) [14]</i>				

Enrolment of PwD in central universities is 3.8 %, in state universities is 1.9 % and in private universities is only 1.1%, as against 5% reservation for students with benchmark disabilities, as per the 2016 RPwD Act.[15] The gross enrolment ratio at primary, secondary and tertiary levels of PwDs in India is lower than expected.

### LEGAL AND POLICY FRAMEWORK

The RPwD Act, 2016, positions education as a fundamental right rather than a charitable service. Among its provisions, the Act underscores the right to free and compulsory education for children with disabilities, with 5% reservation of seats in Government and Government-aided higher education institutions. The Act mandates reasonable accommodation and support services in educational institutions and calls for barrier-free physical and communication environments.[16] The institutional framework for inclusive education for children with disabilities is anchored in the National Education Policy (NEP) 2020.[17] The policy integrates disability inclusion as part of its equity agenda, mandating that education systems at all levels be flexible and accommodating of diverse learning needs, remove barriers to participation and make provision for special educators,

appropriate infrastructure and suitable technological interventions. NEP 2020 calls for a “**schooling system** that accommodates diversity”, including children with special needs and recommends:

- Universal access to quality education for children with disabilities from early childhood through secondary and higher levels.
- Teacher preparation and capacity building for inclusive pedagogy that accounts for different learning styles and support requirements.
- Development of inclusive curriculum frameworks, accessible learning materials, resource centres and assistive technology support.
- Inclusive classroom practices<sup>(iii)</sup> that focus on participation, not just enrolment.[18]

The Samagra Shiksha, which subsumes erstwhile Sarva Shiksha Abhiyan (SSA), Right to Education (RTE) Act and Rashtriya Madhyamik Shiksha Abhiyan (RMSA) scheme, has the core objective of covering all CWSN in a continuum from classes I to XII. Interventions under the scheme include identification and assessment of CWSN, provision of aids, appliances, corrective surgeries, Braille books, large print books and

uniforms, therapeutic services, development of teaching-learning material, assistive devices & equipments, environment building and orientation programme to create positive attitude and awareness about nature and needs of CWSN, purchase/development of instructional materials, in-service training of special educators and general teachers on curriculum adaptation, stipend for girls with special needs etc. It specifically provides ₹ 3500 per child norm per year for inclusive education of CWSN.

At the level of **higher education** in India, there are built-in safeguards and support mechanisms for students with disabilities. These include:

- Horizontal reservation/quota provisions in central and state universities, ensuring PwDs are included across disciplines, including STEM and professional courses. However, persistent bias exists towards PwDs who are taken to be “suited” only for the humanities and not STEM<sup>(iii)</sup>.
- Academic accommodations such as extended time, scribes, provision of assistive devices and flexible subject options are administered by boards like CBSE, aligned with the RPwD Act.
- Dedicated programmes at National Institutions such as the National Institute of Empowerment of Persons with Intellectual Disabilities (NIEPID), offering postgraduate and diploma courses in special education, rehabilitation psychology and inclusive systems, contributing to specialised human resource development.[19] The provisions of the RPwD Act are being implemented through a network of National Institutes and Composite Regional Centres under the DEPwD, Ministry of Social Justice and Empowerment. These institutions serve as apex centres for rehabilitation services, inclusive education, professional training, research and skill development, providing life-cycle support across disability categories. Collectively, they operationalise a multidisciplinary and increasingly cross-disability model that integrates clinical care, early intervention,

higher education, vocational training and community outreach.

- The Accessibility Code for Educational Institutions (2024), [20] issued by the DEPwD, specifies norms relating to physical infrastructure, digital platforms, information and communication systems and grievance redress mechanisms to ensure compliance with the RPwD Act. These guidelines reinforce the broader objectives of the Accessible India Campaign (Sugamya Bharat Abhiyan) in the education sector.

In the domain of **skill development**, the National Action Plan for Skill Development of Persons with Disabilities (NAP-SDP) [21] provides a strategic framework to promote market-relevant skills, industry partnerships and certification pathways aligned with the National Skill Qualification Framework (NSQF). The plan emphasises convergence of multiple ministries (Social Justice, Labour, Education, Rural Development, Urban Affairs, Skill Development), sector skill councils and training providers to improve employability outcomes for PwDs.[22] The Skill Council for Persons with Disability (SCPwD) operational since 2015, aims to address the skilling gap, providing the right tools and work environment to effectively perform their jobs; it has created ‘Skill Grid’, a structured framework used to map, assess and organise the skills of Persons with Disabilities across various job roles and training levels. [23] Skill training is imparted through various government and non-government organisations (NGOs) empanelled as training partners with the SCPwD.

The Divyangjan Kaushal Yojana plans to offer tailored, industry-relevant training to 20,000 persons with disabilities over five years. It covers skill development for sectors such as information technology, animation, visual effects, gaming and comics, hospitality and food and beverages as suitable for task-oriented roles for PwDs<sup>(iv)</sup>.

Pradhan Mantri Dakshta Aur Kushalta Sampann Hitgrahi (PM-DAKSH) Yojana [24] is a centrally sponsored skill development initiative launched in 2021 by the Department

of Social Justice and Empowerment (DoSJE), Government of India, to enhance the employability and income-generating capacity of socially and economically vulnerable groups. The scheme is implemented through government training institutes, Sector Skill Councils and empanelled training partners and is aligned with the broader Skill India Mission framework. While not disability-exclusive, persons with disabilities belonging to socially and economically vulnerable categories may participate, subject to eligibility and accessibility provisions.

### **Skill development initiatives by NGOs**

Youth4Jobs is a not-for-profit organization established in 2012 that focuses on improving the employability and economic inclusion of young PwDs and other marginalized youth in India. Founded with the objective of bridging the gap between disability and employment, Youth4Jobs operates at the intersection of skill development, employer sensitisation and inclusive workforce placement.[25]

### **GAPS AND CHALLENGES**

Despite a progressive legal and policy framework, multiple structural and systemic challenges continue to constrain the effectiveness of education and skill development initiatives for PwDs in India.

**Shortage of qualified special educators and limited inclusive pedagogy:** The Unified District Information System for Education Plus (UDISE+) has consistently reported gaps in the availability of qualified special educators at the elementary and secondary levels, particularly in rural and government schools<sup>(v)</sup>. Without systematic and quality pre-service and in-service training on universal design for learning, differentiated instruction and classroom accommodations, inclusive education remains uneven in practice. Inclusion requires mainstream teacher training. Training regular teachers in disability pedagogy is essential to prevent children from being routed to special schools by default. Policies must prioritize equipping regular teachers as well with skills to handle diverse disabilities.

**Inadequate accessible infrastructure and**

**assistive technologies:** While progress has been made under the Accessible India Campaign (Sugamya Bharat Abhiyan), UDISE+ data indicate that a significant proportion of schools lack ramps, accessible toilets, tactile pathways, or ICT-enabled assistive tools<sup>(vi)</sup>. Despite guidelines and standards by the University Grants Commission (UGC) for PwD (e.g., wheelchair accessibility, accessible and inclusive curriculum etc) in higher education institutions, [26] considerable gaps exist in functional accessibility<sup>(vii)</sup>. The limited availability and high cost of assistive devices further exacerbate exclusion, particularly for students from economically weaker backgrounds.

**Skill development programmes and weak alignment with labour market demand.** The National Sample Survey (NSS) 76th Round found significantly lower labour force participation rates among PwDs (22.8%) compared to the general population, reflecting structural barriers to employment (Ministry of Statistics and Programme Implementation [MoSPI], 2019). Evaluations of skilling initiatives suggest that training modules are frequently supply-driven rather than industry-linked, resulting in low post-training placement rates (National Skill Development Corporation [NSDC], 2021). This disconnect reduces the economic returns to training and weakens incentives for enrolment. There is a need to modernise vocational curricula toward market-relevant skills, ensuring economic independence and dignity for PwDs<sup>(viii)</sup>.

**Disproportionate concentration of advanced training facilities and specialised rehabilitation centres in urban areas create geographic inequities.** Rural PwDs face mobility constraints, limited digital access and higher transaction costs in accessing formal training institutions. Such disparities contribute to lower enrolment and completion rates in secondary, tertiary and vocational streams (MoSPI, 2019). AISHE (2021-22) reports<sup>(ix)</sup> that there were approximately 88,748 students with disabilities enrolled in Indian tertiary institutions, up from 79,035 PwD enrolments in 2020-21. However, the enrolment figures for school education shows that the number of CWSN students enrolled

from pre-primary to class XII in 2020-21 was 21,91,198 and in 2021-22 was 22,66,794<sup>(x)</sup>. This reflects both low participation and attrition between secondary and higher education (Department of Higher Education, Ministry of Education, 2023).

**Fragmented data systems impede effective tracking of education-to-employment transitions.** Data on PwDs are collected through multiple platforms – UDISE+, AISHE, NSS and skill mission databases – without integrated identifiers or longitudinal tracking mechanisms. Hence, disability disaggregated transition and participation data in higher education including STEM fields remain sparse. This fragmentation constrains evidence-based policymaking and outcome evaluation, particularly in assessing whether educational attainment translates into sustainable employment.

**Employer biases and inadequate workplace accommodations undermine placement and retention outcomes.** Studies published in peer-reviewed journals and reports by international agencies note that attitudinal barriers, misconceptions about productivity and limited awareness of reasonable accommodation obligations remain significant constraints in the labour market (International Labour Organization [ILO], 2019). Even where reservation policies or incentives exist, weak enforcement and limited employer engagement reduce their effectiveness.

Collectively, these gaps weaken the continuum from inclusive education to productive livelihood. Addressing them requires coordinated reforms spanning teacher training, infrastructure investment, labour market alignment, data integration and employer sensitisation.

## **GOOD PRACTICES AND EXAMPLES**

Several Indian states have adopted notable strategies that strengthen the continuum from inclusive schooling to skill development and labour market inclusion.

**Integrated Early Intervention and Cross-Sector Mobilisation:** Systematic screening and early intervention mechanisms to identify

children with disabilities and connect them with inclusive schooling pathways. Kerala offers a life-cycle model of disability inclusion anchored in its State Policy for Persons with Disabilities (2015) and implemented through the Kerala Social Security Mission. The policy focuses on early identification, inclusive schooling and assisted transitions from school to higher education. The state integrates disability support services across health, education and local governance departments.[27] Madhya Pradesh conducts district-level early identification camps with school and health linkages, combining district outreach on disability-inclusive skill training and rural livelihoods, which is particularly important for informal sector inclusion.[28] The Government of Maharashtra is training grassroots workers (Anganwadi, ASHA) using early intervention kits with posters in the regional language.[29] These are viewed as effective strategies for scaling early detection and inclusion, aligning with NEP 2020's emphasis on preschool integration.

**Accessible and Inclusive Learning Materials:** The National Council of Educational Research and Training (NCERT) has developed an innovative, inclusive material in the foundational year called Barkha: A Reading Series for 'All'. [30] Based on the concept of Universal Design for Learning (UDL) with inclusive features such as tactile and high resolution visuals, text in accessible scripts etc, available in print and digital versions at the NCERT website [31] and the epathshala portal.[32] It enables CWSN to read comfortably and at one's own pace, in a non-threatening environment with meaning and pleasure.

**Financial Barrier Reduction for School Participation:** Provision of scholarships, reader and transport allowances, assistive technology support and additional support stipends to reduce dropout and exclusion. Tamil Nadu has implemented robust inclusive education programmes through Samagra Shiksha, including scholarships, transport and reader allowances and assistive technology support (Department of School Education and Literacy, Government of India, 2025). Uttar Pradesh has expanded

disability scholarships for school and tertiary education to reduce financial barriers.[33]

**Strengthening Inclusive Higher Education Systems:** Establishment of Disability Support Cells, accessibility audits, assistive technology access and accommodations such as scribe support, extended exam time and digital accessibility. Karnataka has mandated accessibility audits in public universities and institutionalised assistive technology support across campuses, aligning with statutory standards under the RPwD Act (Government of Karnataka, 2023). Kerala has institutionalised Disability Support Cells in universities, expanded access to assistive devices and deployed resource teachers to strengthen classroom inclusion.[34] Tamil Nadu [35] has established University disability support frameworks in state universities.

**Industry-Linked Skill Development and Employment Pathways:** Demand-driven training, employer engagement and programmes aligned with labour market needs (STEM, services, retail, IT/BPO, manufacturing). Partnerships between technical training centres and local IT/industry hubs in Bengaluru have increased PwD participation in STEM-related, digital and services sector skills, incorporating employer feedback into curriculum design. [36] Tamil Nadu's skill development mission ensures PwDs are included in government-supported vocational training and employer placement schemes.[37] Punjab ensures that vocational training under the state skill mission is integrated with regional industry clusters in manufacturing and services, preparing PwDs for sector-specific roles [38] Gujarat has adopted industry-linked skilling models for PwDs through its state skill mission, incorporating employer demand analysis into training offerings and placement support.[39] The state also supports access to credit and self-employment through enterprise development initiatives that mesh with vocational training outcomes<sup>(xi)</sup>.

**Data Tracking and Monitoring Systems:** Establishment of data systems that disaggregate disability enrolment, retention and progression to inform policy, planning

and targeted interventions. Assam has strengthened its data tracking of children with disabilities to improve enrolment and retention. Skill development pathways for PwDs are increasingly linked to state livelihoods programmes and self-help group networks, reinforcing economic inclusion beyond wage employment.[40]

**Single-window integrated digital interface:** Digital platform to consolidate and deliver various government schemes, services and benefits for persons with disabilities.

A novel initiative by the Government of Maharashtra, the Divyang Sahayak Portal is a single-window digital platform developed to consolidate and deliver various government schemes, services and benefits for persons with disabilities in one integrated interface. The portal operates through a standardized digital system designed to ensure transparent, efficient and time-bound service delivery. Its primary objective is to simplify access to government welfare services by making them available at a single point, thereby enhancing convenience, reducing procedural barriers and promoting the empowerment of PwDs.[41]

**Dedicated department for PwDs:** Maharashtra's establishment of a dedicated Divyang Kalyan Vibhag (Department for the Welfare of Persons with Disabilities) in 2022 and Tamil Nadu's Department for the Welfare of Differently Abled Persons reflects institutional consolidation and administrative prioritisation. The states have thus sought to streamline policy coordination and facilitate convergence across education, skill development, social protection and district-level service delivery, demonstrating how dedicated departmental structures can improve coherence and responsiveness.

An international example would be UNESCO's Inclusive Education in Action, a global initiative that supports the development of inclusive education systems by translating international commitments into practical policy guidance and educational practices. Developed by UNESCO in collaboration with the European Agency for Special Needs and Inclusive Education, the initiative functions as

an online knowledge platform that compiles case studies, policy tools and research on inclusive education from different countries. It promotes the principle that all learners including persons with disabilities and other marginalized groups, have the right to equitable, quality education within mainstream education systems. The initiative aligns with global commitments such as United Nations' SDG 4, which emphasizes inclusive and equitable education for all. By sharing practical examples and policy guidance on inclusive curricula, teacher training and education governance, the platform helps governments and institutions strengthen inclusive education policies and remove systemic barriers to learning and participation.

## **RECOMMENDATIONS**

Future policy efforts must move beyond expanding enrolment to strengthening the quality, relevance and continuity of education and skill development pathways for persons with disabilities. A central priority is building inclusive capacity within mainstream educational and training institutions so that accessibility and reasonable accommodation become integral to system design rather than add-on interventions. This requires systematic investments in accessible infrastructure, assistive and digital learning technologies and sustained capacity-building of faculty, trainers and administrative staff. Inclusive capacity must be embedded across higher education institutions, Industrial Training Institutes and skill centres to ensure that persons with disabilities can participate meaningfully and complete their courses.

**Institutionalise inclusive capacity-building across mainstream education and skill systems.** This can be achieved by mandating minimum accessibility and inclusion standards for higher education institutions and skill training providers, supported by dedicated funding windows. Faculty and trainer development programmes should include compulsory modules on inclusive pedagogy, universal design for learning and the use of assistive technologies. Regular accessibility audits and compliance reporting

can strengthen accountability and ensure that inclusion is mainstreamed rather than confined to specialised institutions.

**Strengthen education-to-employment linkages through industry collaboration, market-aligned and technology-enabled skill development.** Skill programmes for persons with disabilities should be designed in closer collaboration with industry to ensure alignment with current and emerging labour market demand, including digital, service-sector and green economy roles. Technology-enabled training, blended learning models and adaptive skilling platforms can help overcome geographic and mobility barriers, particularly for women and rural PwDs. Simplifying certification and enrolment processes, alongside targeted outreach and career guidance, would further enhance participation and completion. Structured employer engagement, including internships, apprenticeships and placement-linked training, can improve transition outcomes.

**Establish outcome-oriented monitoring and coordination mechanisms across education, skill and employment systems.** Monitoring frameworks should move beyond input and output indicators to track outcomes such as course completion, job placement rates, employment quality, income stability and job retention for persons with disabilities. This requires improved data integration across ministries and departments, with disability-disaggregated indicators embedded in education and labour management information systems. Clear institutional responsibilities for tracking outcomes and periodic review mechanisms can support evidence-based policy adjustments and continuous improvement.

Together, these directions emphasise system-level reform, market relevance and accountability. By strengthening inclusive capacity, aligning skills with employment opportunities and institutionalising outcome-based monitoring, education and skill development policies can more effectively contribute to the economic inclusion and long-term well-being of persons with disabilities.

## Notes

- (i) Scaling cross-disability early intervention centres (EICs) with integrated services (speech, audiology, psychology, OT, physiotherapy) is essential for holistic education outcomes.
- (ii) Capturing and sharing success stories of students with disabilities helps institutions demonstrate the real impact of inclusive class practices and strengthens the case for continued investment in accessible, high quality schooling.
- (iii) One of the respondents highlighted the issue of curricular downgrading at primary and secondary levels for PwD candidates, undermining STEM participation.
- (iv) This also aligns with the Divyan Sahara Yojna and the amended Apprenticeship Act (2025), which mandate 5% reservation in skill courses.
- (v) To address the gap, there is a need to incentivise training, improve remuneration and have structured career ladders to create quality special educators. Certification pathways like Rehabilitation Council of India (RCI) diplomas are crucial for legitimizing practitioners and expanding the pool of qualified special educators, addressing the shortage and curbing shadow education practices.
- (vi) As of 2024-25 data only 54.94 percentage of schools have ramps with handrail facility and only 33.39 percentage have functional CWSN friendly toilets for CWSN students (Fact Sheet Report Unified District Information System for Education 2024-25).
- (vii) One respondent (PwD) noted that ramps end in thresholds, making them unusable and emphasised that no university or course is fully accessible in terms of teaching, study material and infrastructure.
- (viii) Most special schools for intellectual disabilities offer basic, non-profitable vocational skills like candle making and greeting cards
- (ix) AISHE 2021-22 is the most recent finalised data available; AISHE reports for 2022-23, 2023-24 and 2024-25 have not yet been officially released, so more recent national figures on PwD participation in higher education are not yet available.
- (x) Number of CWSN students from Foundational to Secondary level in 2024-25 was 21,49,258.
- (xi) Self-employment is a critical pathway for disability inclusion. Policies must expand access to finance, mentorship and business training for PwD entrepreneurs.

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## 5. WORKPLACE INCLUSION AND CORPORATE RESPONSIBILITY

### Diversity and equity within organisational structures

Workplace inclusion refers to the design of organisational policies, practices and work environments that enable persons with disabilities (PwDs) to participate on an equal basis with others across all stages of employment including recruitment, retention, promotion, workplace design, communication and organisational culture. It combines principles of accessibility (physical, digital and communicative), reasonable accommodation, non-discrimination and proactive hiring and retention practices.

Globally, PwDs constitute approximately 10 percent of the world's population, i.e., nearly 650 million people, with an estimated 450 million being of working age. The International Labour Organization (ILO), in its Code of Practice on Managing Disability in the Workplace [1], characterises a person with a disability as *“an individual whose prospects of securing, returning to, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical, sensory, intellectual or mental impairment”*.

#### CURRENT SCENARIO

In January 2026, the Supreme Court of India, in a significant ruling [2] emphasised that the rights and inclusion of PwDs must form an integral part of Corporate Social Responsibility (CSR) frameworks in India. The judgment reinforces the idea that disability inclusion is not a welfare initiative, but a core human rights obligation that aligns with constitutional principles. The Honourable Court observed that corporate entities must regard the inclusion of PwDs as a strategic and ethical responsibility rather than a compliance-driven exercise.

Disability inclusion is gaining importance as a critical aspect of company policies and practices. In the workplace, it relies on three key principles: an inclusive organisation

with accessible policies and environments; inclusive individuals who show respect and empathy; and inclusive stakeholders who engage meaningfully in accessibility efforts. These elements make inclusion a collective responsibility throughout the organisation and its relationships.[3]

Workplace inclusion for PwDs is therefore both a human rights obligation aligning with constitutional values of equality and non-discrimination and a business imperative, aligning with environmental, social and governance (ESG) perspectives - and corporate social responsibility (CSR) commitments to create more innovative and resilient workplaces<sup>(i)</sup>. In India, CSR has a partial statutory character for eligible companies under Section 135 of the Companies Act, 2013,[5] making corporate responsibility toward social inclusion a legal as well as an ethical concern.

India is committed to advancing workplace inclusion for PwDs through international conventions and national laws. As a signatory to the UNCRPD [6] India upholds the right to work on equal terms, ensuring accessible labour markets.

The Rights of Persons with Disabilities Act (2016) establishes a legal framework that prohibits discrimination and promotes equal opportunities. While India has not ratified ILO Conventions C159 - Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159),[7] it aligns its policies with international standards emphasising equal opportunity, non-discrimination and accessible work environments. The RPwD Act provides the legal framework and mandates equal opportunities in recruitment, career advancement and workplace accessibility. It defines a “person with disability” as a person with long-term physical, mental, intellectual, or sensory impairment which, in interaction

with barriers, hinders their full and effective participation in society equally with others.

### **Reasonable Accommodation under UNCRPD**

The concept of reasonable accommodation is central to workplace disability inclusion. Article 2 of the UNCRPD, 2006, defines reasonable accommodation as “necessary and appropriate modification and adjustments, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.” The Convention further establishes that the denial of reasonable accommodation constitutes a form of discrimination, unless such accommodation imposes a disproportionate or undue burden (UNCRPD, 2006).

The UNCRPD places clear obligations on States and, by extension, on private enterprises. Article 4 requires States Parties to take all appropriate measures to eliminate discrimination on the basis of disability by any person, organisation or private enterprise. Article 9 mandates that private entities offering facilities and services to the public ensure accessibility across physical, informational and communicative environments. Article 21 urges States to encourage private enterprises, including those operating through digital platforms, to provide information and services in accessible and usable formats. Most directly, Article 27 recognises the right of persons with disabilities to work on an equal basis with others, including the right to employment in work environments that are open, inclusive and accessible.

### **Disability Inclusion in ESG Reporting**

Disability inclusion has become an essential part of company policies. The Securities and Exchange Board of India (SEBI) mandates disability-related disclosures under the Business Responsibility and Sustainability Reporting (BRSR) framework. Applicable to India’s top 1,000 listed companies, the framework embeds disability inclusion into ESG disclosures, making it measurable

and reportable.[8] Under SEBI’s BRSR framework, companies must disclose whether they have an Equal Opportunity Policy as per the RPwD Act, 2016 and provide a web link to the policy. They must also report on workplace accessibility for employees and visitors, inclusive hiring practices, assistive technologies and grievance redressal mechanisms.[9] One study finds that a positive association between diversity, equity and inclusion (DEI) and ESG performance is observed in sectors such as communication services, consumer discretionary, consumer staples and information technology, energy, healthcare, industrials and real estate. [10] Another study found that Indian ESG index companies extensively report on health, safety and training but display a limited and inconsistent disclosure on the human capital disclosure (HCD) practices, indicating selective disclosure practices, with firms prioritising safer domains while underreporting sensitive issues.[11] The issues surrounding prioritising disability inclusion in the workplace are complex and necessitate customised support strategies such as effective communication, coordination and workload sharing.

With the right ecosystem and support in place, organisations can break down barriers and create opportunities for PwD talent. They can thus lead by example and create a positive ripple effect throughout society and simultaneously develop stronger, more compassionate businesses.

### **Work Force Participation in PWDs**

Only 22.8% of persons with disabilities participate in the workforce compared to 47.31% of nondisabled individuals (National Statistical Office. 2019). Women with disabilities face even greater exclusion, with employment rates at 7.4% compared to 34.5% for men with disabilities. This stark gender disparity reflects compounded barriers. PwDs limited access to quality education and vocational training (as highlighted in chapter 4), which restricts their access to formal employment. The NSSO 76th Round (2018) survey indicates that PwDs are disproportionately engaged in self-

employment, casual labour and agricultural activities while their participation in regular salaried jobs remains much lower than the population without disabilities.[12]

Largely, whether it pertains to physical infrastructure, digital platforms, or communication systems, the accessibility of workplaces for PwDs remains inconsistent.[13] Further, social audits evaluating built environment and workplace accessibility in accordance with the RPwD Act 2016 are not yet commonly conducted in India.[14] Furthermore, the awareness and implementation of reasonable accommodations for PwDs, such as flexible hours, modified duties, or assistive technologies, remain limited. Often, employers view these adjustments as costs rather than investments, which hinders inclusion.[15]

The RPwD Act 2016 mandates 4% reservation for PwDs in government jobs and promotes inclusion in the private sector<sup>(iii)</sup>. However, enforcement and implementation remain uneven across sectors. India's approach is therefore anchored in law but requires stronger action from organisations to embed inclusion into recruitment, retention, workplace design and culture.[16] Karnataka is set to become the first state in India to pass a bill that mandates a 5% job reservation for PwDs in the private sector<sup>(iv)</sup>. This initiative seeks to improve employment opportunities for PwDs and foster workforce diversity and inclusion.

While disability inclusion is not yet a mainstream CSR priority in India, available evidence shows that CSR initiatives have played a limited but important role in encouraging private-sector engagement with disability inclusion, particularly through partnerships with non-governmental organisations (NGOs), health interventions and targeted employment programmes.[17]

Corporate Social Responsibility (CSR) investments have been flowing in the disability sector and is found to be most effective when directed towards the provision of artificial limbs or mobility aids along with skilling programmes or, when education and

vocational training customised to individuals' needs and capacities.[18] CSR investments are being linked to clearly defined and measurable employment outcomes rather than as an isolated philanthropic activities.

Empirical insights from corporate disclosures further illustrate evolving CSR practices related to disability inclusion. A content analysis of annual reports of NIFTY-listed companies reveals a growing emphasis on disability-related initiatives over time. In 2013–14, approximately 86% of organisations reported disability inclusion efforts, compared to 78% in 2012–13 and 44% in 2011–12. Internal initiatives—such as inclusive recruitment, employee training and the provision of reasonable accommodation—were disclosed by nearly 78% of firms while 54% reported external, CSR-oriented disability inclusion initiatives.[19] This trend has been reinforced by regulatory and policy measures designed to strengthen private sector participation in disability inclusion. The Equal Opportunity Policy framework requires private-sector employers with 20 or more employees to identify jobs suitable for persons with disabilities and to make reasonable accessibility arrangements. In addition, the central government provides incentives to private employers, including the payment of the employer's contribution to eligible employees' retirement funds for a specified period, to promote the recruitment and retention of PwDs.[20]

There are striking similarities between the companies' approaches to disability inclusion despite differences in their geographical location and industrial sector. Three lessons are recurrently learnt [21] :

- It is important to address and dispel myths about working with PwDs, as misconceptions undermine inclusion initiatives.
- Involving PwDs in the creation and implementation of initiatives enhances its effectiveness, making inclusion essential for success.
- Initiatives are more likely to gain traction when operational managers, rather than

just HR or CSR departments, lead and integrate initiatives into daily business practices.

## GAPS AND CHALLENGES

Disability inclusion must be integrated into organizational employment practices. PwDs ought to be hired based on their skills and competencies, rather than to fulfil compliance obligations. Recruiting solely to meet quota requirements may inadvertently reinforce differential treatment and limit career advancement, in the workplace. Industry experts<sup>(v)</sup> reaffirm the following as some of the primary existing challenges related to workplace inclusion.

**Policy Enforcement:** Although the Rights of Persons with Disabilities (RPwD) Act, 2016, prohibits discrimination and mandates equal opportunity, monitoring of compliance in the private sector is limited. As a result, many companies do not implement the law in spirit or practice.

**Structural Gaps:** The Rights of Persons with Disabilities Act (2016) sets out clear obligations, but enforcement of the Act in the private sector remains weak. Most private sector organisations are yet to carry out accessibility audits. This implies that many workplaces do not carry out systemic checks to ensure that their physical infrastructure, digital systems and communication platforms are accessible to PwDs.[22]

**Cultural and Awareness Gaps:** Stigma and misconceptions about the productivity of PwDs continue to shape workplace attitudes. Many employers still assume that PwDs cannot perform at par, or that accommodating them will be too costly<sup>(vi)</sup>. This lack of awareness not only limits hiring practices but also hinders organisations from acknowledging the value and varied skills that PwDs bring to the workforce.

**Gender-Specific Barriers:** Women with disabilities face additional hurdles. They are often excluded from training programmes, overlooked for leadership roles and workplace policies seldom consider their sexual and reproductive health needs. This exacerbates the challenges they already

experience in both entering and remaining in the workforce.

**Skill Development:** Vocational training opportunities remain limited and outdated. Few programmes are tailored to different types of disabilities or aligned with emerging industries, leaving many PwDs without the skills needed for modern jobs.

**Data Gaps:** India lacks detailed, disability-specific employment data. Without reliable statistics, it is hard to design effective policies, track progress, or hold organisations accountable for inclusion.

## GOOD PRACTICES AND EXAMPLES

Disability inclusion is increasingly recognised as a key aspect of CSR and ESG frameworks. The Supreme Court of India (2026 INSC 53) affirmed that inclusion is both a constitutional duty and a corporate responsibility, imposing legal and ethical obligations on organisations to ensure equitable participation for persons with disabilities.

Most organisations report minimal progress on disability inclusion. However, several Indian companies are setting benchmarks by integrating inclusion into their core strategies. Tata Consultancy Services (TCS) [23] focuses on hiring and empowering individuals with disabilities through its “Diversity and Inclusion” initiative, which includes accessible infrastructure and specialised training programmes. Infosys [24] and Wipro [25] are ensuring accessibility in their facilities with assistive devices and support systems for employees with disabilities. Lemon Tree Hotels [26] exemplifies this commitment, with over 20% of its workforce made up of individuals with disabilities, proving that inclusion can drive organisational success and social impact. Godrej Properties [27] has improved its physical infrastructure with ramps and tactile flooring for better accessibility. Since starting its hiring efforts for PwD employees in 2022, the company now employs 7.5% specially abled individuals. Digital accessibility has also been enhanced with assistive technologies like JAWS (Job Access With Speech) and NVDA (Nonvisual Desktop Access) for visually impaired

employees.

These and other companies<sup>(vii)</sup> in the public sector are demonstrating that disability inclusion is a strategic advantage, not just a compliance obligation. By promoting accessibility and equal opportunity, they show how corporates can lead in creating inclusive and high-performing workplaces.

Good practices of companies creating inclusive workplaces for employees with disabilities must be shared widely with other companies and employers' organisations, so they can benefit from existing experiences and lessons learned. The formation of the India Business and Disability Network (IBDN) [28] under Confederation of India Industries (CII) is one effective way through which employers can support each other, share insights, learn from each other and engage in collaborative efforts to move the disability inclusion agenda forward. These national networks follow the same logic as the GBDN which can also assist with its unique disability inclusion expertise and knowledge in setting up business and disability networks in countries where they are not yet in place.

These national networks operate on the same principles as the ILO's Global Business and Disability Network<sup>(viii)</sup>, [29] which help enterprises achieve business success while simultaneously creating equal opportunities for people with disabilities.

India can also learn from the European Union's Corporate Sustainability Reporting Directive (CSRD), [30] which highlights disability in social sustainability. The directive requires companies to report on sustainability impacts, including the inclusion of PwDs, using the European Sustainability Reporting Standards (ESRS) and aligning with the UN CRPD definition of disability. Key reporting areas include:

1. **Workforce Data:** number and percentage of employees with disabilities, along with diversity factors like gender
2. **Policies and actions:** commitments to non-discrimination, accessibility, inclusion and affirmative action

3. **Governance:** how top leadership incorporates disability perspectives in strategy, risk oversight and decision-making.
4. **Engagement:** processes for consulting employees or workers' representatives, particularly those from marginalised groups.
5. **Targets and monitoring:** SMART goals for disability inclusion and accessibility, aligned with ESRS S1 (Own Workforce), S2 (Value Chain Workers) and S4 (Consumers and End Users).

By adapting these principles, Indian companies can align their sustainability reporting practices with international standards<sup>(ix)</sup>, ensuring they meet the CSRD and ESRS requirements while also addressing the needs and rights of persons with disabilities.

## RECOMMENDATIONS

1. **Highlight stories and achievements** of employees with disabilities to foster a culture of acceptance and inspiration. All companies and organisations must have a thorough policy that addresses recruitment, retention and career advancement for employees with disabilities. In addition, it sets scope to celebrate diversity by highlighting their stories and accomplishments. It promotes a culture of acceptance and inspiration. Specifically, the following guidelines are recommended for the long-term, sustainable development of disability inclusion, which must be prioritised in CSR planning and implementation.
2. **Enforce Policies, Track Progress:** Companies must follow the law on disability rights i.e. The RPwD Act and there must be independent checks. Alongside this, collecting data on how many persons with disabilities are employed will help guide future action and show what is working and what still needs attention.
3. **Construct Reasonable Accommodations:** In order to address diverse disabilities,

organisations need to recognise their requirements and consequently implement reasonable accommodations. These may range from providing flexible work arrangements to making physical modifications (such as ramps, adapted furniture and accessible parking) to guarantee workplace accessibility. In addition, supportive services include the provision of assistive technology, sign-language interpreters and flexible leave policies to improve work-life balance.

4. **Focus on Inclusive Hiring and Skills Development:** Organisations must write their job advertisements in clear, accessible language and train managers to interview fairly without bias. At the same time, vocational training programmes must prepare PwDs for jobs in fast-growing sectors such as IT, green industries and services<sup>(x)</sup>.
5. **Support Women with Disabilities:** Women with disabilities often face double barriers and discrimination. Organisations must create programmes that help them grow into leadership roles and provide workplace support including health support, ensuring they are not left behind in inclusion efforts.
6. **Build Leadership Commitment and redefine Workplace Culture:** Inclusion works when leaders believe in it<sup>(xi)</sup>. Senior management and HR professionals must be trained on the benefits of employing PwDs and held accountable for results. Awareness programmes can challenge stereotypes and help build a culture where diversity is celebrated and respected<sup>(xii)</sup>.

7. **Strengthen Accountability and Partnerships:** Companies must report their disability inclusion efforts in CSR and ESG disclosures incorporating detailed disability-specific employment data for informed decision-making and progress must be made visible. Collaboration with NGOs and government agencies is essential to exchange ideas and scale up successful models of inclusion.

Workplace inclusion for PwD is not a matter of rights alone but a powerful driver of innovation, productivity and sustainable corporate growth. India must now move beyond fragmented compliance to a systemic, internationally aligned approach that integrates ILO standards, UNCRPD commitments and global ESG accountability frameworks.

For disability inclusion in workplaces to be successful, it is also essential that companies can operate in a policy environment that is conducive and enabling. A frequently raised issue by companies, including large multinational corporations, is the challenge of finding suitable PwD candidates who possess the necessary skills. Without focused skill development initiatives<sup>(xiii)</sup>, the talent pipeline remains restricted. To address this issue, it is imperative that government and corporate entities collaborate on inclusive vocational education and training systems, particularly in emerging sectors such as IT, manufacturing and services, which can integrate persons with disabilities into mainstream skill development and employment opportunities.

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## Notes

- (i) Corporate Social Responsibility (CSR) refers to the way corporations integrate social, environmental and governance concerns into their business operations and interactions with stakeholders. In the context of disability, CSR encompasses inclusive hiring practices, workplace accessibility investments, disability-focused community programmes, supplier diversity and transparent disability reporting
- (ii) Article 27 (Work and Employment). States Parties recognise the right of persons with disabilities to work on an equal basis with others; this includes

- the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realisation of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-27-work-and-employment.html>
- (iii) The RPWD Act, 2016 mandates a 4% reservation in government jobs for persons with disabilities (those with at least 40% of a specified disability). There is no explicit mention of criteria for the private sector. However, it is generally expected that the same principles of equal opportunity and non-discrimination apply to private sector employment.
  - (iv) The draft bill requires private companies with 20 or more employees to reserve 5% of positions for PwDs, in line with the Rights of Persons with Disabilities Act, 2016.
  - (v) See Annexure 1: List of Stakeholders
  - (vi) Even highly qualified disabled professionals, including accessibility leaders, face systemic exclusion in mainstream employment. Therefore, the jobs that they may get are far from skilled or appropriate to their qualifications. Also, workplace inclusion gets undermined when organisations predetermine which jobs persons with disabilities can or cannot do. In interaction with disability rights groups/advocates; reiterated by Padmashree, Dr Mithu Alur, a pioneer in Developmental Disabilities and founder chairperson of ADAPT – Able Disabled All People Together.
  - (vii) A Public Sector Bank, Bank of Baroda has put in place various measures to support its specially abled employees such as convenient place of posting, tailored job assignments, conducting training programmes/ online workshops, payment of conveyance allowance, amongst many other measures to promote an equitable and inclusive environment. Some PwD employees have attained Leadership positions like Branch Head and Vertical Head in the Bank.
  - (viii) The ILO GBDN, which includes IBDN, is a collaborative group of employers, business networks and organisations for people with disabilities. It promotes workplace inclusion, highlighting benefits like talent access, enhanced innovation and improved reputation. GBDN, can also provide its specialised expertise and knowledge in disability inclusion to assist in the formation of business and disability networks in regions where such initiatives have not yet been established.
  - (ix) Inclusive Reporting: A Business Guide to Disability and the European Sustainability Reporting Standards, Inclusive Reporting: A Business Guide to Disability and the European Sustainability Reporting Standards
  - (x) While hiring organisations must also consider career advancement, leadership pipelines and long-term career sustainability for employees with disabilities. Continuous upskilling, mentorship, customised career paths and monitoring promotion data can help in creating a supportive and growth-oriented ecosystem that improves retention, unlocks high-potential talent and ensures that professionals with disabilities can advance into leadership positions.
  - (xi) Leadership commitment to disability rights can: establish a culture where diversity is celebrated; allocate resources for disability-friendly initiatives; hold teams accountable for achieving inclusion goals; create a balanced & supportive workplace for every member.
  - (xii) Attitudinal change is critical. Even if screen readers and assistive devices are provided, attitudinal barriers are more serious. The point is, technology alone

cannot ensure inclusion; workplace cultures and attitudes must change and disabled persons must also be made

part of decision-making processes.

(xiii) As shared by a respondent.

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## 6. BUILT ENVIRONMENT AND ASSISTIVE TECHNOLOGY

### Inclusive environment with access to assistive technology

Built environment encompassing public and private infrastructure, such as buildings, transport systems and public spaces, plays a crucial role in shaping accessibility. When infrastructure is designed with universal accessibility principles, it reduces physical barriers for PwDs and expands their participation across sectors, from schooling and skill development to employment, healthcare utilisation and social and cultural integration. Accessibility is not a discretionary “favour” or a special concession; it is an essential condition for equal participation in social, economic and civic life. This rights-based understanding aligns closely with the principles articulated in the UNCRPD, which provides the global normative framework for accessibility and inclusion. Correspondingly, according to WHO [1], assistive technology (AT) is an umbrella term for assistive products and their related systems and services that help to maintain or improve an individual’s functioning, thus enabling their health, well-being, inclusion and participation. Further, improving access to AT can contribute to the achievement of sustainable development goals (SDG) and to ensuring no one is left behind. Combined, accessible environments and assistive technologies empower individuals to engage meaningfully with their communities, enhancing agency, productivity and well-being.

Building on this foundation, the United Nations (UN) frames accessibility within the built environment as both a precondition and an enabler of the accessibility of all human rights. Under Article 9 of the United Nations Convention on the Rights of Persons with Disabilities, states are obligated to ensure access to the physical environment, transportation, information and communications and other facilities and services open to the public, in both urban and rural areas. Accessibility is thus conceptualised not merely as physical

adaptation, but as the removal of structural barriers that prevent PwDs from living independently and participating fully in all aspects of life. The UN’s broader sustainable development agenda further situates accessible infrastructure as integral to inclusive cities, reduced inequalities and equitable public service delivery (United Nations, 2006; World Health Organization & UNICEF, 2022).

In the Indian context, this normative commitment is operationalised through the Harmonised Guidelines and Standards for Universal Accessibility<sup>(i)</sup> in India [2][3], notified by the Ministry of Housing and Urban Affairs (MoHUA). The Harmonised Guidelines provide technical specifications for barrier-free design across public buildings, transport infrastructure and urban spaces, aligning national building standards with universal design principles. By consolidating accessibility standards into a single reference framework, the guidelines aim to ensure consistency in planning, retrofitting and implementation across states and sectors.[4] Their adoption signals a shift from piecemeal compliance toward mainstreaming accessibility within infrastructure development processes.

Accessible school buildings, classrooms and sanitation facilities directly influence enrolment, retention and learning outcomes for children with disabilities. Barrier-free hospitals, primary health centres and diagnostic facilities enable timely healthcare access and continuity of treatment. Inclusive workplaces and public transport systems determine whether PwDs can participate in formal employment and livelihood opportunities. Similarly, accessible public spaces, recreational centres and civic institutions facilitate social participation, community engagement and political inclusion.

In this sense, the built environment serves as the structural backbone of inclusion: without accessible infrastructure, legal rights to education, health, work and participation remain difficult to realise in practice. Ensuring universal accessibility within infrastructure systems is therefore central to advancing substantive equality and enabling PwDs to participate as equal citizens in social and economic life.

India's approach to accessibility is shaped by recent national and global evidence. Studies such as the ICMR Report on Sustainable Provision of Assistive Technology (2024) [5], the Lancet Regional Health – Southeast Asia study on Assistive Technology access [6] and the WHO Multi-country Rapid Assistive Technology Assessment (rATA) 2019-2021: findings from a consultative review [7] highlight persistent gaps in built environment accessibility and device availability. Global analyses, including the 2022 WHO Global Report on Assistive Technology, the 2023 WHO/UNICEF Global Report on Children with Disabilities [8] and the 2018 UN Flagship Report on Disability and Development [9], point to similar systemic barriers and emphasise the need for inclusive, universally designed public infrastructure. Together, these reports provide a strong evidence base for strengthening India's accessibility standards and implementation frameworks.

## **CURRENT SCENARIO**

The Government of India's efforts toward building an inclusive and equitable environment for PwDs have evolved progressively over time, reflecting a growing understanding of accessibility as both a rights-based obligation and a development imperative. As early as 1972, the establishment of Artificial Limbs Manufacturing Corporation of India (ALIMCO) marked an important step in institutionalising domestic production of assistive devices. As a public sector enterprise mandated to manufacture mobility aids, prosthetics, orthotics and rehabilitation devices at scale and at affordable cost, ALIMCO helped stabilise India's assistive technology supply chain and ensured consistent access for

economically vulnerable populations. Over time, however, broader sectoral analyses have indicated that India's assistive technology market continues to face structural constraints, including limited domestic innovation pipelines, dependence on imports for advanced devices and fragmented private manufacturing participation.[10] These factors influence both product diversity and geographic penetration<sup>(ii)</sup>.

Later, in 1981, the Government introduced structured financial support mechanisms to expand individual access to assistive products. The Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) Scheme, implemented through accredited agencies under the DEwPD, created a central institutional channel for providing assistive devices to eligible PwDs.[11] From a policy standpoint, the significance of ADIP lies in positioning assistive technology as a practical enabler of participation, supporting access to education, livelihoods and independent living. Its effectiveness, however, depends not only on budgetary allocations but also on institutional capacity to assess individual needs, a mechanism to ensure appropriate fitting and successful outreach to populations across diverse geographic contexts. In this sense, the scheme represents a shift from viewing assistive devices purely as welfare support toward embedding them as basic needs within broader development planning.

The understanding of accessibility expanded gradually beyond individual devices to include systemic and infrastructural barriers and the Government launched the Accessible India Campaign (Sugamya Bharat Abhiyan) in 2015. [12] The campaign signalled a more explicit focus on retrofitting and mainstreaming accessibility<sup>(iii)</sup> within public infrastructure systems, including government buildings, transportation networks and public spaces. As a flagship initiative, it established measurable targets for enhancing physical accessibility and promoting compliance audits. While it marked a significant policy commitment toward improving the built environment, implementation has remained uneven across states, with variability in audit

quality, retrofitting timelines and monitoring mechanisms. Practical accessibility challenges such as the absence of functional accessible toilets, ramps or signage in certain public institutions continue to inhibit easy, everyday navigability of built spaces for PwDs.

District Disability Rehabilitation Centres (DDRCs) are crucial for delivering AT, offering mobility aids, therapeutic services and user training. However, access and supply are inconsistent across many districts. It is vital to enhance standardised supply chains to

ensure equitable distribution and prevent shortages<sup>(iv)</sup>.

More recently, efforts have moved toward greater standardisation of AT provisioning through the development of the National List of Essential Assistive Products by the Indian Council of Medical Research (ICMR) in 2023. The list (Table 6.1) identifies priority assistive devices across functional domains including mobility, sensory support, communication and daily living aids—and provides a structured reference for public provisioning and planning.[13]

**Table 6.1 List of Assistive Products**

<b>S. No.</b>	<b>Assistive Product Category</b>	<b>Illustrative Types / Applications</b>
1	Hearing aids	Digital hearing aids and accessories for sensory-neural hearing loss
2	Visual aids	Low-vision spectacles, optical/digital magnifiers
3	Wheelchairs	Manual (push/single propulsion) and bimodal wheelchairs
4	Walkers and rollators	Walking frames and rollators for mobility support
5	Canes for visually impaired	White/red canes with ultrasonic/laser features
6	Canes/sticks for locomotion	Quad canes and walking sticks for balance and mobility
7	Crutches	Axillary and elbow crutches for temporary or long-term mobility support
8	Orthoses	Cervical orthoses, off-loader knee orthoses
9	Prostheses	Trans-tibial prosthetic limbs
10	Therapeutic footwear	Supportive footwear for chronic mobility conditions
11	Braille aids	Braille reading materials and Braille display devices
12	Tactile/audio signage	Accessible navigation and information signage
13	Portable ramps	Transfer and mobility ramps
14	Tricycles	Manual and powered tricycles for extended mobility
15	Assistive phones	Modified smartphones and simplified cognitive-support phones
16	Cochlear implants	Hearing restoration devices for severe hearing loss
17	Deaf-blind communicators	Communication devices for dual sensory impairment
18	Rail bars and bedside guards	Balance, transfer and fall-prevention supports
19	Modified commode chairs	Toileting support devices

20	Fall detectors	Monitoring devices for safety during daily living
21	Incontinence products	Absorbent products for self-care and medical use
<i>Source: Indian Council of Medical Research. (2023). National List of Essential Assistive Products.</i>		

By cataloguing essential AT products, India aligns its domestic policy with global essential assistive product frameworks and supports greater consistency across procurement and scheme alignment at national and state levels. At the same time, effective utilisation of this reference framework depends on integration with delivery systems, supply chains, trained personnel and follow-up support mechanisms. Regional variations in service infrastructure and professional capacity continue to influence how comprehensively these priority products reach end users.[14]

Together, these initiatives reflect a gradual evolution from manufacturing-focused provision to financial assistance mechanisms, infrastructure retrofitting, digital standardisation and product prioritisation frameworks. The trajectory illustrates an expanding policy understanding that building an inclusive and equitable environment requires coordinated attention to production systems, institutional delivery mechanisms, accessible infrastructure and reliable beneficiary data.

## GAPS AND CHALLENGES

While India’s policy architecture has evolved to recognise assistive technology and accessibility as central to inclusive growth, translating these frameworks into sustained and equitable access presents systemic challenges. The unmet need for AT is substantial in India, especially among those with visual impairments. The unmet needs for AT are higher in women, older adults, rural populations and those experiencing severe functional limitations. Majority of users incur out-of-pocket payments to obtain AT and affordability and limited availability were the common barriers among those unable to obtain AT.[15]

A major constraint lies in the limitations of existing disability data systems, which

restrict the ability to accurately assess true demand, identify rural–urban disparities and evaluate the long-term impact of AT interventions. Current mechanisms remain largely certification-focused and do not consistently capture functional needs, unmet demand, or utilisation outcomes. This affects planning precision and weakens monitoring capacity across schemes and sectors. Strengthening standardised data collection practices, alongside building technical capacity for disability measurement and functional assessment, would significantly enhance evidence-based policymaking, improve resource allocation and enable more responsive accessibility and assistive technology planning across contexts.

**Market viability:** Cost considerations continue to shape both the supply and uptake of assistive technology. Representatives from manufacturing industry have indicated that production involves specialised inputs, compliance with technical standards and relatively low-volume demand, all of which elevate unit costs. At the same time, awareness of assistive products remains uneven, particularly in rural areas, limiting predictable demand. This combination constrains economies of scale and affects pricing sustainability.

Existing initiatives including public provisioning mechanisms and the ICMR’s National List of Essential Assistive Products provide structural clarity on priority devices. However, without parallel strengthening of demand generation and market visibility, supply-side efforts alone may not achieve optimal reach. Sectoral assessments have similarly observed persistent supply-demand imbalances within assistive technology markets, particularly in low- and middle-income settings.[16]

**Awareness and last-mile delivery capacity:** Despite multiple schemes and institutional

mechanisms, awareness of assistive products and access pathways remains variable across communities. Interactions with stakeholders<sup>(v)</sup> suggest that many potential beneficiaries are either unfamiliar with available devices or uncertain about application processes. In rural contexts, limited digital familiarity and documentation challenges impact enrolment under delivery platforms such as UDID-linked systems. Civil society organisations frequently support beneficiaries in navigating application requirements, reflecting the importance of assisted access mechanisms. Embedding assistive technology awareness within routine public health communication, district disability offices and community-based rehabilitation networks would strengthen uptake and reduce reliance on informal intermediaries. Enhancing local service capacity would further ensure that devices listed under national frameworks move towards effective user access.

**Data and monitoring constraints:** Effective planning for accessibility and assistive technology depends on reliable and comprehensive data. Without such data, governments and institutions cannot accurately identify barriers, allocate resources, or design environments and services that genuinely respond to diverse functional requirements. However, disability data systems in India remain limited in scope and consistency, with existing mechanisms focused largely on beneficiary registration rather than unmet need, functional outcomes or patterns of assistive technology use.

A key challenge is the **limited availability of trained professionals** with expertise in disability measurement and functional assessment, which affects both the quality and consistency of data collection. As observed in regional analyses, disability prevalence reported in national census data is often significantly lower than global estimates (approximately 15%), reflecting under-reporting and inconsistencies in disability definitions and measurement approaches.[17]

While the Accessible India Campaign marked an important step toward improving

accessibility in public infrastructure, gaps in regular audits and compliance monitoring have affected its implementation in practice. As highlighted by an industry expert with lived experience as a PwDs, accessibility challenges were encountered even within a reputed government institution, illustrating how limited monitoring can influence practical accessibility outcomes. Strengthening systematic audits and accountability mechanisms would therefore be important to ensure that accessibility standards actually translate into functional barrier-free environments.

**Underutilisation:** The existence of an essential product list by ICMR alone does not guarantee equitable access. Effective utilisation depends on how well this reference framework is integrated into delivery systems, supply chains and capacity building, including device distribution, user assessment and fitting and follow-up support.

Factors such as regional variations in service infrastructure, availability of trained professionals and mechanisms for capturing user needs can influence how comprehensively these priority products reach end users. Strengthening these operational linkages will be important to translate the standardisation embodied in the list into tangible improvements in assistive access across contexts.

## **GOOD PRACTICES AND EXAMPLES**

Some states in India are beginning to adopt more proactive and ecosystem-oriented approaches to address persistent challenges in accessibility and assistive technology. Rather than relying solely on scheme-based delivery, these efforts reflect a growing recognition that sustainable inclusion requires cross-sectoral coordination, market development, institutional capacity building and integration within mainstream development planning.

One such example is the national workshop on developing an assistive technology ecosystem hosted by Government of Maharashtra in collaboration with the NITI

Aayog.[18] The initiative moved beyond product distribution narratives and focused on ecosystem strengthening, including manufacturing, innovation, research collaboration and state-level implementation pathways. By convening policymakers, industry representatives, research institutions and international partners, the platform reflected an understanding that affordability, supply constraints and awareness gaps must be addressed through coordinated structural responses rather than isolated interventions.

Another example of proactive accessibility planning within India is the Barrier-Free Tourism Project in Kerala, which has deliberately integrated universal access into mainstream economic infrastructure. Kerala Tourism initiated the project to make key tourist destinations accessible for persons with disabilities and elderly visitors, aligning with the global call for “Tourism for All.” In the first phase, approximately 70 major tourist sites including beaches, heritage sites and hill viewpoints were equipped with accessibility features such as wheelchair-friendly ramps, accessible toilets, tactile walkways, braille signage and assistive devices such as wheelchairs and walking aids.[19][20] The state allocated dedicated funds (around ₹9 crore in the early phases) to retrofit existing infrastructure and coordinate with district tourism councils to ensure implementation.[21] These interventions helped Kerala become the first Indian state to implement accessibility standards in line with United Nations World Tourism Organisation guidelines and receive international recognition for inclusive tourism. [22] From a policy perspective, Kerala’s approach illustrates how accessibility can be embedded within sectoral development strategies rather than treated as an add-on: by setting measurable targets (number of sites made inclusive), earmarking dedicated resources and partnering with local councils for on-ground rollout, the initiative strengthens both awareness and practical access. It also demonstrates how accessibility interventions can be aligned with economic objectives, given that Kerala attracts millions of domestic and foreign

tourists annually, including an estimated 10 percent of visitors who are elderly or differently abled highlighting the market and social rationale for inclusive infrastructure investment.

Another relevant example is the accessibility-focused urban planning guidance developed by the National Institute of Urban Affairs (NIUA),[23] which has worked on integrating universal accessibility within city planning and municipal governance frameworks. The NIUA resource document on accessible urban development emphasises embedding accessibility within master planning processes, street design, public transport integration and municipal service delivery systems rather than treating it as a retrofitting exercise. By positioning accessibility within routine urban planning instruments such as development control regulations, mobility plans and smart city proposals, the framework encourages cities to institutionalise barrier-free standards right from the design stage. From a policy perspective, this approach reflects a structural shift from compliance-based accessibility toward planning-led inclusion. It highlights the importance of inter-departmental coordination, urban local body capacity building and alignment between accessibility standards and broader urban missions. Importantly, it reinforces the idea that inclusive built environments are not solely the responsibility of disability-specific departments but must be mainstreamed across housing, transport, public works and municipal governance systems. As cities increasingly expand infrastructure investments, embedding accessibility within planning frameworks at the outset reduces long-term retrofitting costs and improves equitable access to public spaces, services and economic opportunities.

Also, there are NeoMotion wheelchair innovations that illustrate how well-designed assistive technology can expand mobility and participation.[24] There are multiple examples of the device transforming wheelchair users’ daily lives by enabling independent mobility, access to employment and participation in sports and community activities<sup>(vi)</sup>. Similarly, emerging solutions like Kibo and tactile

books highlight how accessible technology can bridge learning gaps for children and young with disabilities<sup>(vii)</sup>.

## RECOMMENDATIONS

- 1. Introduce targeted market development:** The ADIP scheme provides financial support for individual device acquisition. Broader market dynamics for assistive technology remain under-developed. International policy research highlights that assistive technology ecosystems benefit from coordinated strategies that extend beyond individual subsidies to include innovation incentives, diversified procurement mechanisms and systematic policy frameworks.[25] Countries strengthening assistive technology access have focused not only on product catalogues, but also on national plans, public procurement mechanisms and service delivery systems that can shape markets and encourage local production. Aligning similar incentives at the state level such as R&D grants for assistive technology startups, innovation challenges with guaranteed procurement commitments and collaboration platforms linking industry with rehabilitation institutions could help address structural cost pressures and improve affordability in India's assistive technology market.
- 2. Strengthening data mechanism:** A critical future direction is the institutionalisation of a standardised, function-based disability measurement and assistive technology monitoring framework at the state level. Medical definitions and eligibility criteria can vary across administrative units and over time. Function-based tools use standardised questions, improving consistency across districts and surveys. This allows for more reliable comparisons and better resource allocation. A relevant international example is the adoption of the Washington Group Short Set (WGSS) of disability questions in national censuses and surveys across countries such as the United Kingdom and Australia. By measuring functional difficulties rather than only medically certified disabilities,

these countries have improved prevalence estimation, international comparability and policy targeting.[26] The World Health Organization and UNICEF [27] (2022) further recommend integrating assistive technology indicators into routine health information systems to track access, utilisation and unmet need. Such reforms would move monitoring from certification-based enumeration toward needs-based planning, enabling more accurate demand forecasting, better rural–urban targeting and stronger evidence-based decision-making.

- 3. Strengthen Innovation and Affordability of Devices:** Assistive devices are essential enablers of inclusion. Governments, also the private sector actors, must invest in accessible design, support local manufacturing and reduce financial and distribution barriers so that PwDs can access reliable, high-quality devices. Ensuring the availability of appropriate assistive technology is essential for enabling meaningful participation in education, employment, community life and decision-making spaces<sup>(viii)</sup>.
- 4. Strengthen the enforcement of standardised accessibility guidelines:** Move beyond basic ramps to full accessibility audits across all public and educational infrastructure, with clear penalties for non-compliance. For instance, current government guidelines for disability-inclusive health facilities focus largely on physical features such as ramps and tactile pathways but often overlook accessible transport and communication systems. Policies must ensure that inclusive facilities address the full range of requirements transport access, communication supports and independent navigation so that infrastructure is genuinely functional rather than symbolic.
- 5. Increase awareness and capacity building within primary and community health platforms/centres:** To address uneven awareness and last-mile delivery constraints, assistive technology identification and referral must be

systematically embedded within routine public health and community outreach systems rather than functioning primarily through application-driven or scheme-based pathways. This would involve integrating basic functional screening

for assistive needs into primary health centres (PHCs), Health and Wellness Centres, district hospitals and community health worker networks, supported by structured referral linkages to district disability offices<sup>(ix)</sup>.

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## Notes

- (i) The Harmonised Guidelines and Standards for Universal Accessibility (2016) are aligned with the National Building Code of India 2016 ([https://www.bis.gov.in/standards/technical-department/\\_trashed/national-building-code/?lang=en](https://www.bis.gov.in/standards/technical-department/_trashed/national-building-code/?lang=en)), which embeds accessibility requirements – particularly in its provisions on building design, development controls and barrier-free access.
- (ii) Procedural and logistical timelines in device provision can sometimes be prolonged, affecting timely access for beneficiaries.
- (iii) Accessibility needs to be built into design and construction standards from the start, because retrofitting is costly and can result in incomplete compliance. Universal design must be a non-negotiable requirement for all public infrastructure. Even when accessible features are built, their effectiveness can be compromised by inadequate operational sustainability. Without long-term funding, maintenance and trained staff, ramps, lifts and accessible toilets can become unusable. Strengthening both design standards and operational systems is critical to ensuring that accessible infrastructure remains functional, reliable and usable for persons with disabilities.
- (iv) In states like Uttar Pradesh, recent funding to expand DDRCs aims to improve access to assistive technologies at the district level. This strategy showcases DDRCs as effective community hubs for device provision, training and follow-up services, contingent upon strengthening supply systems, monitoring resource allocation and advocacy.
- (v) See Annexure 1 – List of Stakeholders.
- (vi) In an interaction with a NeoMotion wheelchair user whose experience demonstrates how accessible, context-appropriate assistive devices can restore dignity, support livelihoods and open pathways to sports and cultural inclusion.
- (vii) Despite these innovations, access remains uneven. Policy frameworks need to incentivise low-cost AT innovation and ensure that such devices are distributed equitably across schools, universities and community settings. Strengthening these pathways is essential to move from isolated success stories to system-wide inclusion.
- (viii) Ensuring availability must go hand-in-hand with training, awareness and attitudinal-change efforts, as well as linking assistive technology provision to vocational training and employment pathways, so that devices are used effectively and contribute to broader inclusion outcomes.
- (ix) Evidence from South Asia indicates that limited frontline capacity and procedural complexity significantly influence uptake of assistive services (Karki et al., 2021). Institutionalising assisted access within primary systems would therefore reduce reliance on informal intermediaries, improve rural enrolment and ensure that assistive devices listed under national frameworks translate into actual user access.

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# 7. DIGITAL INCLUSION AND SMART TECHNOLOGIES

## Enabling PwDs to leverage digital tools and technologies

In today's evolving digital world, demand and use of digital devices such as Information Communication and Technology (ICT) and smart technologies have become central to having access to employment, education and healthcare as well as to support dignified living. ICT includes the use of devices, applications, or content that enable access to information or communication via radio, television, mobile phones, network hardware, or software, as per the UN Flagship Report on Disability and Development, 2024. Smart technology refers to technologies such as Artificial Intelligence (AI), the Internet of Things (IoT) and Digital and ICT that enable the collection of contextual data via embedded sensors and the remote analysis of this data through smart technology-based applications and products. The United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) 2006 recognises the importance of ICT for human rights and fundamental freedoms. Article 4(g) states the need for an increase in access and use of ICTs, requiring the removal of barriers in design, production and distribution of ICT.[1]

For PwDs, ICT applications enhance education, information, accessibility, employment, awareness, participation, recreation and cooperation, enriching daily life opportunities.[2] Yet digital accessibility, among PwDs remains a concern. According to the UN 2024 Report [3], the availability and use of the internet as an ICT service and the use of smart technology applications for assistance with features such as text-to-speech, voice recognition, change in contrast and colour schemes, touch and gesture input that are embedded in ICT devices help in better navigation and use of digital devices. [4] With a rise in the digital platform and smart systems, according to the World Health Organization (WHO) 2022 Report, 2.5 billion people globally require at least one assistive device and this estimate is expected to rise

by 2050.[5] ICT provides the channel and smart technology helps in removing barriers, making them inseparable for a digitally inclusive environment, leading to increased communication, access to information and equitable participation in society.[6]

### CURRENT SCENARIO

India embarked on digital transformation in 2015 through strengthening digital infrastructure, delivering government services digitally and empowering citizens through digital literacy and employment.[7] While India's digital ecosystem of internet use and smartphone adoption continues to rise, the majority of government websites are found to be inaccessible, in accordance with the Web Content Accessibility Guidelines (WCAG) of the World Wide Web Consortium (W3C).[8] The BB100 State of Digital Accessibility in India 2025 report found a vast section of India's digital ecosystem still excludes users with visual, hearing, motor, or cognitive disabilities. Notably, 64% of issues were at the most basic WCAG Level A; error clusters included colour contrast, links, keyboard operability, ARIA implementation and image descriptions.[9] A primary survey on the role of ICTs in the lives of PwDs highlighted that PwDs had access to smartphones, used digital services independently primarily for entertainment and online services rather than education or business purposes; accessed internet banking but awareness of social welfare schemes was low; and many expressed hesitancy toward learning and adopting new technology.[10]

Further, individuals with limited mobility or physical disabilities often depend more on hardware adaptations than on software modifications to access digital environments. Examples of these adjustments include adaptive keyboards, foot pedals, mouth sticks, or input devices that utilize eye

tracking to navigate the virtual world, as well as voice recognition software that supports greater independence in communication and digital participation.[11]

Also, digital literacy is essential for PwDs for using ICTs to live, learn and work in a society. Digital literacy is not a binary concept but has multiple levels- apprentice level enables individuals to operate digital devices such as mobile phones, tablets and others, send and receive emails and conduct internet searches for information; basic level involves using mainstream devices, communication apps and assistive technologies, comparable to primary school or mild disability maturity; intermediate level is about creating documents, managing data, using social media and effectively handling digital information through browsers, search engines, email and spreadsheets; advanced level is having skills in using digital tools for tasks like programming, data analysis and multimedia production; and expert level entails a deep mastery of tools and the capacity to innovate by creating new digital solutions, alongwith computational thinking and advanced problem-solving, involving skills such as data representation, algorithmic design, information analysis and the ability to generalize solutions across diverse domains of learning.[12] Digital Literacy Empowerment Programs (DLEPs) [13] usually focus on teaching fundamental computer skills, internet use, online safety and digital communication, with the aim to close the digital divide and allow people to fully participate in the digital space. Such initiatives, provided by educational institutions, NGOs and government agencies, often include training workshops and online courses, as well as resources to help especially learners from vulnerable sections, including people with physical or mental disabilities.

Affordability and access are the twin difficulties that PwD face in their access to ICTs. High cost of devices and data subscriptions, along with limited or no access to electricity, internet connectivity, or mobile networks, restricts the adoption of ICTs in rural areas [14], particularly in low-income

households with PwDs. Further, cultural and gender norms can restrict access to ICTs and smartphones for women.[15] For women with disabilities, these norms are intensified by physical and social barriers,[16] leaving them doubly disadvantaged in digital inclusion.

The expansion of digital platforms and assistive technologies has led to an increase in collection and processing of personal data related to disability status and assistive device usage. The Digital Personal Data Protection Act, 2023 provides a regulatory framework governing the processing of personal digital data in India and seeks to strengthen individuals' control over their information.[17] Strong privacy safeguards are important to ensure that PwDs can participate safely and confidently in digital environments.

## **LEGAL & ACCOUNTABILITY FRAMEWORKS**

Recognising the importance of digital accessibility, the Government of India has introduced several policies and initiatives to promote an inclusive digital environment.

### **Guidelines for Indian Government Websites and Apps (GIGW) - 2009**

GIGW 1.0 aimed at standardising services on government platforms. It covers the entire lifecycle of a website and includes blueprints for its design, development, implementation and maintenance. It was developed by the National Informatics Centre (NIC) under the Ministry of Electronics and Information Technology (MeitY). In 2018 it was updated to GIGW 2.0 to align more closely with Worldwide Web Consortium (W3C) accessibility standards. The most recent GIGW 3.0 (2025) aims to enhance user interface and user experience (UI and UX).[18]

### **National Policy on Universal Electronic Accessibility 2013**

The National Policy on Universal Electronic Accessibility 2013 initiative by India's Ministry of Electronics and Information Technology (MeitY) seeks to eliminate digital discrimination by ensuring equal access

to electronics and ICTs through promoting universal accessibility and design. This will be enabled by the creation of Electronics & ICT Centres, R&D programmes and schemes with a focus on disabled women and children. The policy operationalises India's obligations under the UNCRPD.[19]

### **RPwD Act 2016**

As the National Policy on Universal Electronic Accessibility (2013) sets the policy guideline pathway, the RPwD Act 2016, as a legal mandate, provides a broader description of ICT. RPwD act 2016 states the need to create a user-friendly interface of ICT platforms, communication systems and digital services for PwDs. It also emphasizes the necessity of ensuring access to inclusive digital communication and services through its timely implementation and effective monitoring.[20]

### **IS 17802 - 2023**

IS-17802, introduced by the Bureau of Indian Standards (BIS) in 2023, is India's ICT Accessibility Standard. IS 17802 focuses on the broader spectrum of ICT by enabling inclusive and equal access by design, usability and satisfaction for websites, mobile applications, software and hardware. IS-17802 compliance can be followed by public and private organisations including government portals, educational institutions, banking and healthcare sector.[21]

### **Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMDISHA) - 2019 & The National Broadband Mission (NBM) - 2025**

To boost India's digital economy, digital literacy is essential. Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA) aimed to provide digital literacy in six crore rural households. The implementation of PMGDISHA led to increased adoption of ICT and other digital media. The National Broadband Mission (NBM), launched by the government on 17th November 2019, aimed to improve digital infrastructure and bridge the digital divide in rural areas, making broadband affordable and accessible for all. This scheme led to a rise in broadband subscribers from 66 cr to 94.49 cr. National

Broadband Mission 2.0 was launched on 17th January 2025 to enable the fast-track expansion of the digital infrastructure.[22]

### **The Supreme Court of India on digital access**

The need for a better digital environment and the right to digital access as part of fundamental rights was highlighted by the Supreme Court of India during the Pragna Prasun & Ors. v. Union of India and Amar Jain v. Union of India & Ors. case. The petitioners stated that they faced barriers during the e-KYC process for essential services as digital platforms require facial recognition, CAPTCHAs and OTPs. There were 20 directives made applicable to all sectors for KYC, including alternative authentication methods, offline KYC options and full compliance with international accessibility standards such as WCAG 2.1.[23] Accessibility features are often tokenistic for example, ramps built with steep gradients or raised thresholds that still block wheelchair user. This indicates a compliance mindset rather than one of ensuring inclusion.

### **GAPS AND CHALLENGES**

**Accessibility Gap in Digital Platforms:** Many government and public websites still fail to meet accessibility standards required for websites. A research study assessing Indian e-government websites found significant non-compliance with Web Content Accessibility Guidelines (WCAG)<sup>(i)</sup>, thus restricting the portal access for PwDs.

**Need for affordable devices and technologies:** Affordability of devices and digital services continues to influence digital inclusion in India, particularly among vulnerable groups, thereby impacting their digital participation. [24]

**Disability-Inclusive Data Gap:** A major barrier to understanding the current scenario for digital inclusion is the lack of disability-disaggregated data on digital access and digital skills. Many ICT surveys measure connectivity but do not capture disability status which is a key determinant in understanding digital access among PwDs. [25]

**Data Privacy and Autonomy Concerns:** With the growing use of digital devices, the concerns around data privacy have become increasingly significant. The Digital Personal Data Protection Act provides provisions to safeguard personal data. However, concerns remain regarding autonomy for PwDs. The act introduces stricter consent requirements for children and raises concerns regarding the autonomy of PwDs in providing consent for data processing, particularly in contexts involving legal guardianship.[26]

## **GOOD PRACTICES AND EXAMPLES**

In recent years, the Government of India has introduced several initiatives that aim at promoting digital inclusion through improving digital accessibility for PwDs using ICT and Smart technologies. Under this section, a few of these initiatives are discussed:

Platforms such as Sugamya Bharat Application and Divyang Sahayak Portal have been developed to facilitate access to information. Sugamya Bharat Application collects issues raised due to the inaccessibility of government and private-sector infrastructure and services. Whereas, Divyang Sahayak Portal developed by the Department for Welfare of Persons with Disabilities, is an integrated online portal and mobile application that helps in providing access to information on the schemes available and ensures more transparent and accessible availability of services for PwDs. [27]

For education, initiatives such as E- Saadhya (Saral Anukulaney Adhyayan) [28] offer an adaptable and accessible e-learning software created for special education schools to aid the learning needs of children with autism and mild intellectual disabilities. It has a user-friendly interface and accessibility features such as better navigation and voice support in different languages, such as Hindi, Telugu and Kannada. It is currently being used in 15 states in partnership with the National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID). Another initiative such as Shruti-Drishti [29] is a software system that integrates Text-to-Speech (TTS) and Text-to-Braille (TTB) for

the visually impaired. This software has been provided to blind women's schools across India and is implemented in different phases. In Maharashtra, schools such as The Poona School & Home for the Blind, Girls, Kothrud in Pune; Smt. Kamla Mehata Dadar School for the Blind in Mumbai; SNTD Women's University Juhu Road in Mumbai were among those that were equipped with the software through this project.

To eliminate language barriers, emerging accessibility tools such as Bhashini (BHASHA INterfacefor India) [30] developed by the Ministry of Electronics and Information Technology (MeitY) is an AI-powered language translation platform that helps eliminate language, literacy and digital barriers. It is based on the 'voice-first' system, allowing real-time translation and enabling access to uninterpreted communication and digital services. It is based on a crowdsourcing model called 'Bhasha Daan' through which linguistic data is collected through citizens. It supports 22 languages including Marathi and Hindi.

Similarly for literacy, initiatives such as Sugamya Pustakalaya [31] provide accessible digital libraries that enable individuals with visual impairments and other print disabilities to access educational and informational resources in accessible formats. There are over 6,53,234 books available for download in the chosen formats.

There are also initiatives like Sugamya Digital,[32] which works to bridge the digital divide by ensuring that people of all abilities, ages and backgrounds can participate fully in the digital world. By providing end-to-end accessibility solutions for websites, mobile apps, documents and workplaces in line with WCAG, ADA and GIGW standards<sup>(iii)</sup> and having enabled accessibility for more than 3,000 websites it demonstrates how private-sector innovation can drive large-scale, practical digital inclusion. In addition, there are organisations that convert study materials into DAISY (Digital Accessible Information System) format, develop tactile maps for subjects like geography and provide subtitles or sign-language interpretation for learners with hearing impairments. These initiatives

can make mainstream education more inclusive for students with diverse disabilities and facilitate the integration of marginalised groups and PwDs into competitive domains such as Union Public Service Commission (UPSC), Banking and other examinations.

## RECOMMENDATIONS

Increase in digital skills through digital literacy: Digital inclusion requires not only access to digital devices but also the skills to navigate through the devices to get the utmost benefit by using them efficiently (International Telecommunication Union, 2024). There is an immediate need for a wider reach of PMGDISHA programmes to encourage greater digital literacy.

Strict implementation of accessibility standards across all platforms with timely monitoring: There is a need to ensure all websites are following the accessibility standards which require coordination between the Ministry of Electronics and Information Technology, the Department of Empowerment of Persons with Disabilities and the National Informatics Centre. Develop Disability-Inclusive Digital Data Systems: There is a need for state-wise data on disability. Data on access to different types of digital devices and technologies, as well as their usage and associated barriers, would enable the government to take appropriate steps to ensure equitable access.

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## Notes

- (i) A persistent gap is the failure of institutions to follow WCAG and the Harmonised Guidelines for barrier-free infrastructure.
- (ii) WCAG stands for Web Content Accessibility Guidelines; ADA - Americans with Disabilities Act; GIGW - Guidelines for Indian Government Websites.

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## 8. AGEING AND DISABILITY

### Accessible environments and supportive care system for older persons with Ageing

Is inevitable, universal and a later phase of the cycle of life. As global life expectancy increases, there is a significant demographic revolution with an unprecedented rise in the elderly population across the world, resulting in what is now termed “population ageing”, which is associated with the rise in the proportion of the population termed as “old”, usually at 60 or 65 years and above. This significant rise in the elderly population is associated with key factors such as better healthcare facilities, easy availability of life-saving drugs, control of various communicable diseases, better awareness and supply of nutrition and an overall better standard of living, leading to a drastic reduction in mortality rates and an increase in the life expectancy of people. Although ageing, in a way, generally reflects longer and healthier lives, it is simultaneously associated with chronic and degenerative disease, leading to a gradual decrease in mobility and mental capacity, resulting in the emergence of several complex health states requiring better geriatric care. Thus, constructing the right policies and programmes for the well-being of the older generations is one of the immediate priorities of the government and relevant stakeholders.

Ageing and disability are interconnected processes that unfold across the life course. Some people experience disabilities earlier in life, referred to as “ageing with disability” and may experience further health problems in old age. Others acquire disabilities later in life, often due to age-related degeneration described as “ageing into disability”. This calls for a need to understand the life-course perspective, whereby the life experiences of persons with intersecting age-related disabilities are considered in order to construct a holistic approach towards addressing the issues. These challenges are compounded by the intersectionality of ageing and disability. [1] Ageism (discrimination against age) and

ableism (discrimination against disability) together result in double discrimination. Along with the physical limitations, cognitive decline, elderly PwD experience attitudinal, environmental and barriers, particularly in areas of accessibility and social inclusion. These obstacles expose them to a heightened risk of abuse and neglect, often restricting their ability to participate fully and equally in society. Ageing and disability thus emerge as a critical issue at the intersection of human rights, social justice and inclusive development, aligning with the SDG principles of Leaving No One Behind.

### CURRENT SCENARIO

The percentage of the elderly in India has been increasing in recent years and the trend is likely to continue in the coming decades. The population of Senior Citizens (aged 60 and above) is 10.38 Crore, which is expected to rise to over 17.32 Crore by 2026, as per the report of the Technical Group on Population Projections.[2] The 2011 Census data [3] projected the elderly population with disabilities to be over 5.37 million, which is approximately 5.18% of the total population of senior citizens (103.8 million). The Longitudinal Ageing Study in India (LASI) Wave 1 reported that 10.5 % of individuals aged 60 and above have at least one physical or mental impairment, ranging from locomotor, mental, visual, hearing, to speech impairments.[4] Additionally, 23.8% of older persons in India have at least one Activity of Daily Limitation (ADL), 43.8% have at least one Instrumental Activity of Daily Limitation (IADL) and 10.1% use assistive devices for physical disabilities.[5]

The government has significantly expanded its framework for supporting the elderly disabled, transitioning from a welfare-based approach to empowerment and rights-based initiatives. The current scenario is characterised by a comprehensive legal

framework which includes the Rights of Persons with Disabilities (RPWD) Act, 2016 (recognising 21 categories), Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (MWPSC) and the Integrated Programme for Senior Citizens (IPSc) which are being strengthened by new initiatives such as Atal Vayo Abhyuday Yojna (AVAY), the expansion of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, Rashtriya Vayoshri Yojana (RVY), Assistance to Disabled Persons for Purchase /Fitting of Aids /Appliances (ADIP) and digital tool. It shows a concerted effort to integrate technology such as Unique Disability ID (UDID), Seniorcare Ageing Growth Engine (SAGE) and Elderline 14567 into elderly care by allowing nationwide portability of benefits. Yet, substantial gaps remain in addressing the specific needs of older persons. The Niti Aayog's position paper acknowledges the need for reforming the senior care system in India.[6]

## **LEGAL AND ACCOUNTABILITY FRAMEWORKS**

India's constitutional provision serves as the foundational guarantee of fundamental rights for all citizens, irrespective of their health status or mental condition, physical ability or disability. With the growing concern and advocating for the rights of the elderly, major International frameworks have set global standards for the rights and welfare of older persons with disabilities. These include the UNCRPD (2006) [7] and the Madrid International Plan of Action on Ageing (MIPPA, 2002)<sup>(i)</sup>. The 2030 Sustainable Development Goals (SDGs) directly address the concerns of older women and men, by: calling for an end to poverty for all (SDG 1); including targets that lift historic age-caps on data collection for gender-based violence (SDG 5); specifying the right to health "for all at all ages" (SDG3); promoting "lifelong" learning (SDG 6); encouraging the development of sustainable, inclusive and accessible urban environments, including for older persons (SDG 11); and reducing all forms of violence, including physical, psychological, or sexual violence, among all persons, regardless of age (SDG 16).[8]

Over the years, the Government of India has undertaken numerous initiatives, policies and action plans to tackle the challenges encountered by the elderly population. Acts such as the Rights of Persons with Disabilities Act (RPWD, 2016), Maintenance and Welfare of Parents and Senior Citizens Act (2007), National Policy on Older Persons (NPOP, 1999), Mental Healthcare Act (2017) and the Rehabilitation of Councils Act (2006) are aimed at safeguarding the rights, dignity and well-being of the growing elderly population. All these form the basis for the global policy guidelines to encourage governments to design and implement their own state policies, ensuring that the elderly PwDs enjoy full rights, accessibility and inclusion on an equal basis with others. In Table 8.1 are some notable key initiatives undertaken by the government.

Healthcare, Rehabilitation General population aged 60 years and above, priority groups include destitute elderly, older widows and those living in rural areas.

### **State-specific Welfare Schemes for Elderly PwDs**

While the central government establishes a minimum income floor, state governments play a decisive role in augmenting pensions, expanding eligibility and ensuring last-mile service delivery.[18] Some states such as Tamil Nadu, Delhi NCT and Kerala have progressively enhanced disability pensions beyond central norms and expanded eligibility criteria.[19]

Tamil Nadu has historically adopted a rights-based and relatively expansive approach to disability welfare. The state provides a Destitute Differently Abled Pension Scheme (DPAPS) for PwDs aged 45 years and above with a disability of 60% or higher, offering higher pension amounts (₹1,000 per month) than the central IGNDPS floor (approximately ₹300 per month), along with additional benefits such as free clothing during festive occasions and rice through Anganwadi Centres.[20]

Delhi NCT has comparatively higher allocation and stronger benefit adequacy, given its

**Table 8.1 Laws, Policies and Schemes related to elderly persons with disabilities in India**

<b>Year</b>	<b>Laws/Policies/Schemes</b>	<b>Scope</b>	<b>Area of focus</b>	<b>Target group</b>
2018 2024	Ayushman Bharat-Pradhan Mantri -Jan Arogya Yojana and the Expanded AB-PM-JAY(Senior Citizen Scheme) 2024 [9]	To achieve Universal Health Coverage by providing financial assistance to vulnerable populations.  Provides Indian citizens aged 70 and above free medical treatment up to ₹ 5 lakh under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) scheme. This coverage is per family, regardless of economic status (Senior Citizen Scheme)	Healthcare	General population based on income/ occupation.  Senior citizens 70 years and above (expanded AB-PM-JAY Senior Citizen) 2024
2021	Senior Able Citizens for Re-Employment in Dignity (SACRED) [10]	An online portal where companies can advertise job openings for older adults leveraging their experience and offering employment and income opportunities	Re-Employment	General population aged 60 and above
2018	Gharaunda [11]	Group home for adults- offers lifelong shelter and care for adults with disabilities	Rehabilitation	General population aged 18 years and above
2017	Rashtriya Vayoshri Yojana [12]	Provide BPL adults over 60 years with physical disabilities access to aids.	Healthcare	General population aged 60 and above
2011	National Programme for the Health Care of the Elderly [13]	Provides easy access to affordable healthcare and specialised geriatric centres. It promotes 'active ageing' and creates convergence between initiatives and ministries.	Healthcare	General population aged 60 and above
2009	Indira Gandhi National Disability Pension Scheme	Provides financial support with disability of (80% or more)belonging to BPL	Financial support	General population aged 18 and above

2007	Indira Gandhi National Old Age Pension Scheme [14]	Provides monthly pension of ₹ 200 for individuals aged 60-79 and ₹ 500 for those 80 and above, belonging to BPL	Financial support/ sustenance	General population aged 60 and above
2007	Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act [15]	The Act entitles parents over 60 years to a monthly allowance from their children if they are unable to support themselves. It also directs the state to establish institutional care such as old-age homes for senior citizens. The Act further strengthens the legal framework and obligation for elderly care in India	Financial support	General population aged 60 and above
1999	National Policy on Older Persons [16]	Focuses on providing social security, healthcare and promoting active ageing	Financial security and rights protection	General population aged 60 years and above
1992	Integrated Programme for Older Persons (renamed as Integrated Programme for Senior Citizens) now a key component of Atal Vayo Abhyuday Yojana (AVAY) [17]	To promote community-based care, healthcare services, capacity building among caregivers and sensitisation of the community, social inclusion and mental well-being. Provides grants-in-aid to various implementing agencies for the operation of senior citizens homes (Old Age Homes), physiotherapy clinics and training centres.	Healthcare, Rehabilitation	General population aged 60 years and above, priority groups include destitute elderly, older widows and those living in rural areas.

Source : Compiled by authors

relatively higher fiscal capacity and urban administrative infrastructure. Under the Delhi Disability Pension Scheme, also known as Delhi Financial Assistance for Persons with Special Needs, operationalised through the Social Welfare Department, eligible PwDs are entitled to receive approximately ₹2,500 per month, directly credited to their bank account via Direct Benefit Transfer (DBT) systems and linked to income ceilings rather than strict poverty-line identification, thereby broadening access.[21]

Kerala follows a life-cycle and community-based model of social protection. Under its Social Security Pension Scheme, administered through the Kerala Social Security Mission, the consolidated monthly pension for PwDs is approximately ₹1,600 (inclusive of central and state shares), with an additional Aswasakiranam scheme, which provides monthly financial assistance ₹ 600 to caregivers of persons with severe physical or mental disabilities or bedridden individuals.[22]

## **GAPS AND CHALLENGES**

As India moves from a welfare-oriented approach to a rights-based framework for disability inclusion, it mirrors a broader global shift toward building societies that support people across all ages. This includes mainstreaming ageing concerns into development agendas and ensuring that older persons remain protected, valued and included. While important progress has been made, several policy gaps and implementation challenges still need sustained attention to fully realise these commitments.

**Inadequate and Uneven Pension Adequacy:** Despite a comprehensive legal framework, disability pensions under central schemes such as the IGNDPS and IGNOAPS remain modest and insufficient to meet basic subsistence needs. This is particularly so when disability-related out-of-pocket expenditures such as healthcare, assistive devices, mobility and personal support are considered.[23] While some states have introduced top-ups, the absence of a nationally defined adequacy benchmark results in significant interstate disparities in income security. Fiscal capacity

and administrative prioritisation vary widely across states, leading to unequal protection outcomes that undermine equity principles embedded in the RPwD Act, 2016. District-level disparities in coverage further compound inequities.[24]

**Restrictive Eligibility and Certification Thresholds:** Many disability-related social protection schemes, such as IGNDPS, continue to rely on impairment thresholds, often requiring 40% or higher certified disability for eligibility. This restricts access for individuals with functional limitations or fluctuating conditions who may experience economic vulnerability but do not meet formal certification requirements. Such criteria are inconsistent with the RPwD Act, 2016, which emphasises barriers and participation constraints rather than purely medical impairment. As a result, social security benefits remain concentrated among persons with severe disabilities, excluding those with moderate, psychosocial, or episodic disabilities.

**Low awareness and utilisation of social security schemes among the elderly:** Studies have shown that a significant proportion of the elderly population is not aware of the legal rights they possess or the remedies available under the law. This leads to weak enforcement of laws, as they remain underutilised. Additionally, tribunals are often inaccessible to people in rural areas. [25] Delays in legal proceedings further hinder timely implementation, providing little to no scope for protection for the elderly. This calls for effective coordination and sensitisation within communities, as well as ensuring that elderly people are aware of and able to exercise their rights.

**Limited focus on geriatric care and healthcare facilities for the elderly:** The National Programme for Health Care for the Elderly (NPHCE) [26] focuses on strengthening healthcare infrastructure by establishing dedicated geriatric clinics across the country. However, reports suggest that there are only 300-350 specialised geriatricians for a rapidly growing elderly population. The sector faces significant shortages of trained staff, infrastructure

gaps such as limited geriatric wards, funding constraints, regional disparities in service delivery and a lack of integrated care models. [27][28] Though government-run geriatric clinics do exist, specialised care is primarily in urban and tertiary care centres, leaving people in rural areas underserved,[29] with most of them remaining unaware of the geriatric care and support available to them. With approximately 80% of India's elderly community residing in rural areas, there is a pressing need to make geriatric care services available in primary healthcare facilities.

**Policies fall short of addressing the compounding issues that come with Intersectionality:** The intersection of ageing and disability represents a critical yet understudied area where the compounded effects of ageism and ableism create significant gaps in research, policy and service delivery.

## **GOOD PRACTICES AND EXAMPLES**

Across varying states in India, several good practices and initiatives have been implemented for the welfare of the elderly to create tailored safety nets by providing localised support and services. Below are some of the initiatives:

The state of **Maharashtra [30]** has distinguished itself as a leader in social welfare by being recognised as the first state in India to establish a dedicated Divyang Welfare Department, consolidating all disability-related services under a single ministry (Ministry of Disability Welfare) with a dedicated budget. This pioneering model is also replicated by other states such as Odisha, Andhra Pradesh and Karnataka. ensuring focused governance for the welfare of the elderly and persons with disabilities. The state's approach focuses on comprehensive and unique financial support for the elderly with significant state level top-ups ensuring a higher and more reliable income for destitute and disabled individuals.

**Kerala [31]**, with one of the highest elderly populations in India has adopted a community-driven outreach and holistic social security measures. Notable schemes

such as the Vayomithram Project provides free geriatric health care and social support services through mobile clinics while the Aswasakiranam scheme [32] provides a monthly financial allowance to caregivers of bedridden or severely disabled individuals. Kerala is also the first state in India to establish a dedicated Elderly Commission to protect the rights, welfare and rehabilitation of senior citizens. With the growing aging population, the government of Kerala in its annual Budget 2026-2027 has tabled a dedicated Elderly budget (Finance Department, Government of Kerala Elderly Budget 2026-2027).[33] With this, the state has implemented comprehensive, innovative and legally backed programs designed to ensure the dignity, health and social security of its elderly citizens.

**Tamil Nadu [34]** has made remarkable and notable progress in addressing the welfare of the elderly through enhanced healthcare infrastructure and social welfare schemes. It offers a unique flagship programme for the elderly by integrating special homes for senior citizens and destitute children to promote intergenerational bonding, affection and mutual care. Such initiatives have been actively implemented in other states with programme such as Naitik Patam a game-based initiatives designed to foster intergenerational bonding. Tamil Nadu also has a State Policy on Senior Citizens (2023) that focuses on "status dignity" through specific legal and social entitlements – thus setting a national benchmark for active and dignified ageing. The state's approach to the welfare of the elderly stands on a community centred model that integrates holistic and effective doorstep healthcare services, innovative intergenerational living and nutritional security.

The state of **Assam [35]** has implemented several targeted welfare and social security frameworks for the elderly that are designed to provide financial, health and nutritional security to vulnerable populations. A unique progressive policy of the state, also the first in India, is the Assam Employees Parental Responsibility and Norms for Accountability and Monitoring Act (PRANAM Act, 2017).

PRANAM is designed to provide financial support to senior citizens who might otherwise struggle in their old age without adequate care from their children. Another notable scheme Orunodoi 3.0, a flagship scheme addressing the needs of elderly destitute women by ensuring their financial independence. [36] By weaving together central mandates with state-specific innovations, Assam has created one of the most robust social safety nets for senior citizens in India. This serves as a national model for balancing state fiscal support with societal and familial responsibility by ensuring that no elderly person is left behind.

## RECOMMENDATIONS

- 1. Dedicated geriatric training for doctors and paramedical staff on palliative care:** Increasing the workforce of trained geriatric and paramedical staff will significantly improve the quality of elderly care support. This will lead to better health outcomes, reduced hospitalisation rates and an improved quality of life. It will also allow for more personalised, compassionate care while reducing the burden on acute care facilities.
- 2. Free legal aid, strict enforcement and awareness campaigns with respect to MWPSA Act:** Effective implementation of the Act will ensure the elderly legal rights
- 3. Increase Financial outlays and grants-in-aid:** A comprehensive increase in the financial outlay and grants-in-aid would significantly enhance elderly well-being by reducing economic dependency. Financial security, for instance, provided through IGNOAPS and IGNDPS, is essential; yet it is generally considered not enough to meet the basic needs and medical costs.
- 4. Need for intergenerational bonding programmes to uplift the social relationships of older adults:** Organising events for celebrating intergenerational bonding can further strengthen the spirit of affection, dialogue, cooperation and mutual respect between generations, leading to a more inclusive and equitable society. As the Indian population continues to age, the government, civil society and individuals must work together to address the complex physical, social and emotional needs of the elderly population, particularly of those with disabilities. Forward-looking policies and programmes will ensure that ageing is integrated into all development agendas.

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## Notes

- (i) The Madrid Plan of Action 2002 relates to handling the issue of ageing in the 21st-century. It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments
- (ii) As the Indian population continues to age, the government, civil society and individuals must work together to address the complex physical, social and emotional needs of the elderly population, particularly of those with disabilities. Forward-looking policies and programmes will ensure that ageing is integrated into all development agendas.

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## 9. SOCIAL INCLUSION AND COMMUNITY SUPPORT

### Creating a supportive and inclusive community for Persons with Disabilities

Social inclusion, defined as the active and meaningful participation of individuals in civil, social and community life, is fundamental to ensuring that PWDs lead lives of dignity and autonomy. This inclusion is not a passive state of presence, but a dynamic process sustained by community support systems. It refers to the daily ecosystem of assistance for PWDs, comprising formal and informal mechanisms, family networks, peer groups, civil society organisations, advocacy groups, local governance institutions and service delivery systems, that enable participation and independent living. Inclusive practices within the community contribute to a more accommodating environment for PWDs, influencing their rights and experiences. In the absence of such a critical interface between the individual and the community, PWDs risk being physically present in society yet socially isolated.

This inclusive model is anchored in India's policy and legal architecture, which is guided by the global disability rights motto, "Nothing About Us Without Us"<sup>(i)</sup>, signifying that PWDs are central participants in all decisions and policies affecting their lives. [1] In India, this is operationalised through the RPwD Act, 2016, [2] which establishes community living (Section 5), accessibility (Sections 40–46) and participation in public life (Section 29) as enforceable rights, in alignment with the mandates of the UNCRPD. [3] While the legal framework provides the statutory foundation, the translation of legal rights into community-level support requires multiple enablers, such as community-based rehabilitation services integrated with physical medicine and rehabilitation, which can have a positive impact on functional outcomes and social participation [4]; expanding financing for rehabilitative services and assistive technology [5]; and participatory mechanisms embedded in local governance through representation of

PWDs' voices in local planning committees. [6] Non-governmental organisations (NGOs) and civil society groups act as critical community connectors, bridging families and state entitlements. They play a critical role in shaping and shifting societal mindsets and creating awareness about disability, dismantling stereotypes and misconceptions while addressing accessibility and inclusion issues.

### CURRENT SCENARIO

India has established an extensive institutional framework as well as promoted organisations that represent PWD across states, to promote integration of rehabilitation services, education, livelihoods and physical medicine. These measures reflect a transition from charity-based approaches toward capability and participation-oriented support systems.

### Institutional Architecture for Social Inclusion in India

India's institutional framework for social inclusion operates through rehabilitation services in India across various administrative tiers: National Institutes (e.g., NIEPID, NIEPVD, AYJNISHD, NIEPMD, PDUNIPD, NILD, NIMHR, ISLRTC) under DEPwD, Composite Regional Centres (CRCs) and outreach units, District Disability Rehabilitation Centres (DDRCs) combining technical expertise, service delivery and cross-sector linkages and coordination with health services, schools, local governance and social protection systems (Refer Table 3.2).

The institutional architecture is relatively strong at the national and regional levels. However, regional-level rehabilitation and inclusion services vary widely in coverage and capacity across states. The last-mile community support systems remain

inconsistent.[7] As a result, access to early identification, family support and community participation opportunities is often limited in rural and underserved areas, where a majority of PwDs reside. Strengthening rural outreach and awareness remains a critical policy priority, as information barriers often prevent rural PwDs from claiming their legal entitlements.[8]

### **Formation of Organisations of Persons with Disabilities (OPDs) and Disabled People's Organisations (DPOs)**

Several states, including Chhattisgarh, Jharkhand, Madhya Pradesh, Meghalaya, Odisha and Rajasthan, along with civil society organisations and NGOs, promote the creation of OPDs and DPOs to ensure inclusion and empowerment of PwDs. Both OPDs and DPOs, primarily led by PwDs, advocate for their equal rights and ensure disability inclusion at the community level. These organisations play a crucial role in engaging with civil society to raise awareness, defend their interests, facilitate access to essential services and monitor government actions. Through central to Community-Based Inclusive Development (CBID), they also face challenges including social stigma, resource limitations, systemic barriers and lack of representation in local decision-making processes, which impede their involvement in the development process.

### **Community and Cultural Inclusion Initiatives**

Alongside institutional and socioeconomic support, public engagement and cultural initiatives are primary drivers for the social inclusion and visibility of PwDs. By shifting the narrative from a “medical deficit” to that of “cultural contribution,” these platforms facilitate the social capital necessary for true community integration. Central to this shift are national platforms such as the Divya Kala Mela, which have transformed the participation of PwDs from passive beneficiaries into active artists and entrepreneurs. Over the past three years, these Melas have involved more than 2,300 entrepreneurs and generated income

exceeding ₹23 crore, demonstrating how cultural-economic platforms simultaneously strengthen livelihoods and social visibility. [9] This economic empowerment is further amplified by dedicated media platforms and film festivals that play a critical role in community sensitisation by dismantling entrenched stereotypes.

Flagship events such as AbilityFEST and the “We Care” Film Festival utilise cinema to showcase authentic narratives “by, with and about” PwDs, fostering empathy through rights-based storytelling.[10] These festivals have evolved into standard-setting inclusive events; for instance, the 55th International Film Festival of India (IFFI) introduced the “Accessible India Films” section, featuring audio descriptions and live sign-language interpretation for mainstream screenings. [11] By presenting disability as a facet of human diversity rather than a tragedy, these initiatives provide a framework for rights-based interaction that extends into broader cultural heritage and public festivals. This is evidenced by UNESCO (2025) guidelines for major celebrations, such as Durga Puja, which advocate for accessible infrastructure and sensory-friendly zones to ensure shared cultural spaces are truly inclusive. Similarly, the International Purple Fest in Goa has set a global benchmark by integrating disability arts and inclusive sports into the mainstream tourism circuit.[12]

Despite these advancements, the geographic disparity in access remains a significant barrier to disability inclusion. Many high-visibility initiatives remain concentrated in urban centres, whereas nearly 70% of PwDs reside in rural India.[13] To ensure that rural communities also benefit from the sensitising effects of these initiatives, it is essential to expand “travelling” versions of these festivals to the district level. Bridging this urban-rural divide is critical to fulfilling the mandate of “Nothing About Us Without Us” and ensuring that the “cultural contribution” of persons with disabilities is recognised across all sections of Indian society.

## GAPS AND CHALLENGES

Despite a robust legislative framework, the transition from statutory rights to community-level inclusion remains constrained by systemic asymmetries. Analysis of national and international monitoring reports reveals five primary challenges:

- 1. Infrastructure-Participation Gap:** Social inclusion is contingent upon a barrier-free environment. The CAG (2024) [14] performance audit reveals that slow progress in retrofitting public buildings and transport creates a “physical blockade” to civic life. Without universal accessibility, PwDs are excluded from the shared spaces, markets, town halls and community centers, where social relationships and civic identities are formed.
- 2. Impairment-Based Exclusion:** Current implementation exhibits a “visibility bias,” predominantly addressing locomotor and sensory needs. Persons with intellectual and psychosocial disabilities remain the most marginalised, often facing institutionalisation or domestic confinement rather than community-based support.[15] This disparity impedes the development of a diverse and representative social fabric, effectively segregating specific disability groups from mainstream community life.
- 3. The Care-Participation Paradox:** The sustainability of community inclusion rests on the precarious foundation of informal, unpaid family labour (UN, 2024). The severe deficit in formal respite care with the National Trust (2024) supporting only 40 specialised centres nationwide creates a “confinement effect.” Without structured support like the Samarth (Respite Care) [16] and Gharaunda (Group Home) [17] schemes, both the individual and the caregiver are socially isolated from broader economic and community networks. Families remain the primary caregivers, but in the absence of adequate caregiver-support services such as respite homes current policies leave them overburdened and without

meaningful systemic support<sup>(iii)</sup>.

- 4. Geographic Asymmetry in Social Capital:** There is a profound mismatch between disability prevalence and inclusion initiatives. While nearly 70% of persons with disabilities reside in rural regions, flagship “Smart City” and cultural platforms remain urban-centric. This geographic divide excluded the majority of the population from accessing to high-visibility platforms such as inclusive festivals and tourism that drive social awareness and “last-mile” inclusion.
- 5. The Attitudinal-Interaction Barrier:** Social inclusion is undermined by stereotypes, charity mindsets and lack of awareness. Media and public discourse often reinforce such stereotypes<sup>(iii)</sup>. Entrenched stigma remains the most significant deterrent to social interaction. Globally, 43% of persons with disabilities report being unable to join community activities due to social prejudice (UN, 2024). As noted by the DEPwD (2024),[18] until the “attitudinal gap” is bridged, the medical model of “deficit” will continue to supersede the social model of “diversity,” leaving individuals socially isolated despite their legal rights to inclusion.

## GOOD PRACTICES AND EXAMPLES

In the absence of uniform state-led support, decentralised Community-Based Rehabilitation (CBR) frameworks provide a strategic roadmap for operationalising social inclusion by embedding disability interventions within local governance and livelihood systems.[19] A primary example of this is the **BUDS Model in Kerala**, managed by the Kudumbashree State Poverty Eradication Mission in collaboration with **Local Self-Government Institutions (LSGIs)**. [20] This model represents a significant transition from institutional care to community living by establishing BUDS Schools and Rehabilitation Centres that are owned and managed by Gram Panchayats and municipalities (NITI Aayog, 2023). By integrating funding directly into the Panchayati Raj budgetary framework, the model ensures long-term fiscal sustainability while providing reliable

daytime respite for over 11,000 individuals (Government of Kerala, 2023). The resulting reduction in the “caregiver burden” enables mothers and family members to re-enter the workforce while simultaneously facilitating the integration of PwDs into local markets, public transport and community festivals.

While the Kerala model emphasises local government ownership, the **CORD CBIR Model in Himachal Pradesh** demonstrates the efficacy of rights-based rural advocacy within existing social structures. Developed by the Chinmaya Organisation for Rural Development (CORD), this framework transforms PwDs from passive beneficiaries into active civic participants by mandating their involvement in Gram Sabhas (Village Councils) and Mahila Mandals (Women’s Groups).[21] By leveraging technical support from the Deendayal Disabled Rehabilitation Scheme (DDRS), the model fosters “social ownership” through local volunteer networks.[22] This active civic engagement has led to the successful mainstreaming of disability-friendly village infrastructure and the inclusion of women with disabilities into Milk Cooperative Unions and Self-Help Groups (SHGs).

In Maharashtra, NGOs like Trinayani promote social inclusion by conducting sensitisation workshops in schools and workplaces, producing awareness films and fostering community engagement. Through its initiatives like the SPARSH reflexology spa run by blind therapists and the Pehli Baarish inclusive music band, Trinayani enables economic participation, visibility and community interaction.[23] Another initiative in Maharashtra is Aagléveglé, an inclusive, community-driven space in Pune. This inclusive ecosystem encourages acceptance of diversity rather than conformity, enabling meaningful interactions between people from varied socio-economic backgrounds. Activities are organic and community-led ranging from workshops, performances and discussions to informal conversations. Initiatives like the Just AutSome Café further enable skill-building and economic participation for autistic individuals.[24]

Together, these models suggest that last-mile

social inclusion is best achieved when legal entitlements are coupled with decentralised governance and the creation of local social capital.

## RECOMMENDATIONS

To transition from formal statutory rights to meaningful community inclusion, the following strategic directions are recommended:

1. **Institutionalising the “Panchayat-as-a-Hub” Model:** Mandate the Gram Panchayat as the primary unit for disability-inclusive development to address rural service gaps. This involves designating a “Disability Focal Point” within local bodies, with representation from PwDs and earmarking 5% of Gram Panchayat Development Plan (GPDP) funds for community-based support, such as local respite care and barrier-free village infrastructure.[25]
2. **Scaling Caregiver Support through NRLM Integration:** Mitigate the “caregiver burden” by scaling the National Trust’s Samarth and Gharaunda schemes [26] beyond their current limited capacity. Integrating these services into the National Rural Livelihood Mission (NRLM) will allow women caregivers to access Self-Help Group (SHG) networks for both economic agency and peer-support frameworks.[27]
3. **Lifecycle UDID Service Tracking:** Evolve the Unique Disability ID (UDID) system from a static identity card into a dynamic service-tracking tool. Linking UDID data across the Ministries of Health, Education and Labour will ensure seamless transitions from early intervention to inclusive classrooms and supported employment, preventing the current “participation drop-off” at adulthood.[28]
4. **Engaging with OPDs and DPOs for community led monitoring (CLM):** Establish district-level CLM committees comprising PwDs and their representative organisations (OPDs, DPOs) to conduct social audits. These audits must evaluate “attitudinal accessibility” and social

acceptance within public services, moving beyond mere physical infrastructure checks.[29][30]

5. **Intersectional Social Protection:** Adopt gender-responsive and disability-inclusive budgeting to address the “triple burden” of exclusion faced by women and marginalised sub-groups. This includes providing “top-up” allowances for women with disabilities to cover the higher costs of personal safety and assistive technology.[31][32]
6. **Holistic Community-Living Framework:** Transition from “facility-based” institutionalisation to small-scale, community-integrated homes for individuals with high-support needs. This requires Convergent Service Delivery between the National Health Mission (NHM) for mental health and Local Self-Governments for housing to fulfil the right to independent living.

Social inclusion efforts and community support for PwD are currently being advanced through formal institutions at the national, regional, district and community levels, alongside initiatives led by NGOs and organizations of PwDs. These actors increasingly adopt capability-oriented and participation-driven support systems, such as community-based rehabilitation, inclusive infrastructure and participatory governance mechanisms. Yet, many PwDs particularly those from rural and economically marginalised backgrounds continue to face systemic barriers in education, employment and community life. This underscores the need for strengthened accountability, targeted budgetary allocation and culturally sensitive dissemination strategies to ensure that statutory rights translate into equitable opportunities and accessible everyday realities.

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## Notes

- (i) The phrase gained prominence through the work of James Charlton, writer-advocate for disability rights and Executive Vice President, Access Living Chicago. ‘Nothing About Us Without Us’ is the foundational disability rights principle demanding meaningful participation in all decisions affecting the lives of the PwDs.
- (ii) In interaction with Dy CCPD, MoSJE, Gol.
- (iii) There must be balanced representation in media, also through public discourses, – highlighting everyday lives, achievements and scalable solutions rather than sensational extremes.

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# 10. EPILOGUE

## Equity and Inclusion for Persons with Disabilities

In February 2026 while we were developing this document, the Government of Maharashtra (GoM) launched the Divyang Sahayak Portal,[1] a first-of-its-kind digital platform. It is a single window platform for PwD to access various government schemes, services and benefits in a transparent, efficient and time-bound manner. By leveraging technology, the portal is designed to be fully digital from the application stage to approval, thereby simplifying and enhancing access to welfare schemes for persons with disabilities (PwDs) across the state. Employing modern technologies such as APIs (Application Programming Interfaces) and AI (Artificial Intelligence), the portal connects with existing government databases such as the Unique Disability ID (UDID) system and the Aadhaar infrastructure. By digitising records and standardising certification processes across states, the UDID initiative seeks to reduce administrative barriers and improve access to entitlements. Such institutional reforms are critical for ensuring that social protection benefits reach eligible beneficiaries efficiently.

Similar digital initiatives for PwD include the PM DAKSH-DEPwD Portal,[2] which offers skills training and employment opportunities and the online case monitoring portal - CCPD Case Portal,[3] created by the Chief Commissioner for Persons with Disabilities (CCPD), aimed at simplifying the grievance filing process. All these disability-inclusive digital initiatives form part of India's wider digital governance transformation, which aims to enhance interactions between citizens and the state and improve access to services, information and democratic processes. Nevertheless, the effectiveness of such digital initiatives is hindered by practical issues and challenges of limited access to devices and the internet, weak accessibility standards, a lack of data and audits, minimal participation of PwDs in design, few trained

auditors, administrative inertia, poor awareness among officials and fragmented governance.[4] Further, the procedural complexity of periodic reassessment weakens the intended inclusiveness of welfare schemes and risks making disability inclusion symbolic rather than substantive. A stronger participatory design, monitoring and accountability mechanisms need to be implemented. Moreover, digital portals by themselves cannot assist in improving the circumstances of PwDs who encounter persistent barriers to accessing employment (Chapter 5), healthcare (Chapter 3) and digital services (Chapters 6 and 7), as indicated by the chapters focused on these specific themes.

Barriers and challenges vary among different PwDs. The community is heterogeneous. In addition, among the 21 disabilities recognised by the RPwD Act 2016, there is divergence, based on the severity of each condition. Factors such as the type of disability, the individual's age, gender and socio-economic status all play a significant role in exacerbating the challenges or difficulties that a PwD may face. This makes it important to address the unique challenges that persons with different types of disabilities may face, as well as the intersectionalities involved. Research often seems to overlook the heterogeneity, divergence and intersectionalities within the disability sector.

This document acknowledges that India, through its disability policies and priorities driven by the RPwD Act 2016, aims to ensure the 'inclusion, equity and empowerment' of persons with disabilities. These principles align with the constitutional safeguards enshrined in the Constitution of India (Fundamental Rights and Directive Principles of State Policies) as well as the UNCRPD.

Recent judgments by the Supreme Court of India (Chapter 2) have reaffirmed the

importance of 'rights-based entitlements' for PwDs. These judgements emphasised the need for the government (both central and state) to implement affirmative actions to ensure that PwDs can actively participate in all spheres of life. The Supreme Court of India has held that reasonable accommodation is a fundamental right flowing from Articles 14,16 and 21 of the Constitution. In addition, the Hon'ble Court has mandated that E-Governance Platforms, Digital Payment Systems and Government Websites must be accessible to PwDs.

This document highlights several government flagship initiatives, including the Accessible India Campaign, UDID Initiative, Nirmaya Health Insurance, ADIP Scheme, SIPDA, DDRS, DDRC, Indira Gandhi National Disability Pension Scheme, Divya Kala Mela, PM-DAKSH and institutional arrangements such as the Office of the Chief Commissioner for Persons with Disabilities (CCPD), the National Handicapped Finance and Development Corporation (NHFDC) and the Department of Empowerment of Persons with Disabilities (DEPWD). These play a vital role in providing support, resources and advocacy for PwDs. Additionally, state governments like Gujarat, Karnataka, Kerala, Tamil Nadu, Maharashtra, Odisha and Uttar Pradesh have launched specific initiatives that demonstrate their commitment to improving the lives of PwDs.

In Maharashtra especially, several recent initiatives, including the Divyang Portal, a single digital platform for accessing schemes, certificates and services, reflect a growing commitment to strengthening disability inclusion and improving services for persons with disabilities. On the ground, the Pimpri-Chinchwad Municipal Corporation has appointed 43 staff at the Divyang Bhavan Foundation [5] to streamline service delivery and individual stories such as Nikita's [6], show the positive impact of such initiatives. The state government has also issued Standard Operating Procedures [7] to safeguard persons with disabilities from exploitation and abuse while continued advocacy, including by former senior officials, is pushing for recognition of groups such as ostomates. A recent development is that the

Maharashtra government has deregistered nearly 900 disability welfare institutions over the past 13 years [8], on account of serious irregularities, including inflated beneficiary numbers, failure to deliver mandated services and misuse of government grants. This episode reflects a broader shift toward stronger governance and outcome-based accountability, rather than mere registration in the disability sector. Yet it also raises deeper policy questions that need to be deliberated:

- 1. Are compliance failures by NGOs due to capacity constraints or deliberate fraud?**
- 2. Could this lead to service gaps if many NGOs exit the system?**
- 3. Is there a need for graded accreditation rather than binary deregistration of disability-related NGO?**

These deeper policy questions need to be addressed for advancing inclusive infrastructure and safeguarding dignity, equal opportunity and long-term development for Maharashtra's 29 lakh persons with disabilities by 2047.[9]

How institutional initiatives and schemes can help achieve transformations

From a social, environmental and governance perspective, all disability-inclusive schemes and institutional arrangements are of great significance for inclusion and protection. From a social perspective, these promote societal transformations and inclusivity movements that reduce barriers and promote equal participation. Environmentally, advancements in technology and infrastructure development support the inclusivity movement by utilising technology effectively. From a governance perspective, the established policy frameworks, legal protections and regulatory compliance ensure the accessibility and effectiveness of services for persons with disabilities, thereby seeking to improve the lives of PwDs.

The initiatives and institutional arrangements are meant to work from a rights-based entitlement perspective within a life-cycle approach. One notable example is Kerala's

Aswasakiranam scheme,[10] based on a life-cycle and family-centred approach. By providing monthly financial assistance to caregivers of persons with severe disabilities, the state acknowledges the economic burden borne by households and addresses the indirect costs of disability. This expands the concept of social protection beyond individual pensions to household resilience. While there is a considerable emphasis on early detection and intervention, disability in the elderly is often subsumed under geriatric care, masking specific accessibility and rehabilitation needs,[11] as emphasised in Chapter 8, which addresses Ageing and Disability. Studies show an association between multimorbidity (simultaneous presence of two or more chronic conditions) and disability,[12] require convergence of policies on ageing and disability and ensure integrated, accessible and financially protective healthcare systems for elderly PwDs. Disability inclusion is a dynamic process and ought to be sustained through community support systems.

As highlighted in Chapter 9 on Social Inclusion and Community Support, an organised support system for community living, caregiver assistance and inclusive local services empowers PwD to build social relationships and participate in local governance. In the absence of such a critical interface between the individual and the community, PwDs risk being physically present in society yet socially isolated community support system for PwDs in India is still inadequate, primarily due to a lack of understanding and awareness, perpetuating further stigmatisation and marginalisation of PwDs. Also, the negative portrayal of PwDs in the media, as vulnerable, dependent, or objects of charity, significantly influences public perceptions, cultural narratives and societal attitudes.[13] Strengthening community support, therefore, is a must for sustained advocacy and coordinated action from all stakeholders towards the goal of disability inclusion, government, civil society, media and local communities.

## **Knowledge gaps made visible by the study**

Our efforts to understand the disability sector revealed persistent knowledge gaps, that hinder comprehensive understanding and recognition of PwDs within society and weaken evidence-based policymaking. These knowledge gaps include:

Lack of disaggregated, reliable statistics on PwDs across age, gender, type of disability and socio-economic status, to guide policies and interventions.

Limited disability-inclusive longitudinal research that incorporates lived experiences, especially concerning intersectionality (disability with poverty, gender, ageing), to enhance relevant, practical and scalable programmes.

Invisibility of disabilities affects the ability of PwDs to participate in educational institutions, public spaces, healthcare, political arenas and workplaces.

Lack of coordination between ministries, state departments and local bodies leads to duplication and dilution of accountability and slow implementation of inclusive policies.

Low disability literacy among officials, service providers and communities, resulting in poor enforcement of accessibility standards and rights-based inclusive approaches.

Inadequate monitoring and evaluation of accessibility standards for PwDs in public services, digital platforms and physical infrastructure.

Together, these factors perpetuate invisibility, reinforce stigma and restrict opportunities for PwDs. Addressing these knowledge gaps is therefore not only a research priority but a governance imperative, requiring coordinated investment in data systems, participatory research and sustained advocacy.

## Going forward...

Addressing these knowledge gaps is essential for creating a more inclusive and equitable society for PwDs. In the course of developing this policy guidance document, we identified several areas that warrant in-depth research. Five critical areas are mentioned below:

- 1. Exploring the intersectionality factors** that pose significant challenges for persons with disabilities and intensify discrimination and marginalisation. This understanding is necessary for formulating inclusive policies and practices that promote the rights and needs of persons with disabilities.
- 2. Mapping the skill levels of PwDs to the demands of the industry** is essential to ensure alignment in employment outcomes. By addressing barriers to skill development, one can enhance the skill levels of PwDs and facilitate their integration into the labour market, enabling them to secure executive or technical positions.
- 3. Meeting the needs of older persons with disabilities.** There is a pressing need for policies and systems that address ageing and disability to ensure that all elderly persons with disabilities have access to essential healthcare services. Targeted programmes must take into account the varied backgrounds and experiences of elderly persons with disabilities and develop cost-effective, comprehensive care that meets their physical, mental and social health needs.
- 4. Focusing on the components of culturally responsive teaching for diverse learners, especially those with disabilities.** A key area of research involves exploring how to

implement culturally responsive teaching practices, for example, integrating folk songs, drama therapy techniques and local crafts, within special education settings, which can act as a social inclusion tool and improve student outcomes. These efforts can lead to a more inclusive and equitable educational experience for all students, including those with disabilities.

- 5. Shifting from a scheme-tracking approach focused primarily on expenditure and beneficiary counts to an outcome-based monitoring and ESG-aligned accountability framework.** Indicators should capture autonomy, social participation, access to essential services, financial stability and overall quality of life, aligned with national disability objectives and international commitments. Periodic impact evaluations and disaggregated data systems would enable evidence-based policy refinement and strengthen transparency. Embedding such monitoring within an ESG-aligned governance framework would enhance accountability, improve social impact measurement and ensure that disability-inclusive social protection systems remain equitable, fiscally responsible and responsive to evolving needs over time.

Research in any of these domains will enhance equity for disability inclusion and contribute to knowledge building and evidence generation necessary for more informed and relevant policies and initiatives. Following the dissemination of this document, academic and research institutions will need to strive to undertake research in one or more of these areas. Time is of the essence and any support or collaboration will be welcomed. It is now or never...

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# ANNEXURES

## Annexure 1: List of Stakeholders

1. Mr. Praveen Prakash Ambashta, Deputy Chief Commissioner for Persons with Disabilities & Chief Vigilance Officer (PT), CCPD, MoSJE, Government of India, [dcc.grievance@gov.in](mailto:dcc.grievance@gov.in), [ambashta.pp@nic.in](mailto:ambashta.pp@nic.in)
2. Mr. Satyajit Bade, IAS, Commissioner for Persons with Disabilities, Pune, Commissionerate for Persons with Disabilities, Maharashtra State, [commissioner.disability@maharashtra.gov.in](mailto:commissioner.disability@maharashtra.gov.in); +91-20-2612 2061(o)
3. Ms. Hira Gadhe, Deputy Commissioner for Persons with Disabilities, Pune, Maharashtra State, [commissioner.disability@maharashtra.gov.in](mailto:commissioner.disability@maharashtra.gov.in); +91-20-2613 6845 (o)
4. Tmt. M. LAKSHMI, IAS., Commissioner for Welfare of the Differently Abled, State Commissionerate for Welfare of the Differently Abled, Chennai, Government of Tamil Nadu (GoTN) [scd.tn@nic.in](mailto:scd.tn@nic.in) [scdatn@gmail.com](mailto:scdatn@gmail.com) 044-28444948 (o)
5. Ms. Bratati Harichandan, IAS (retd.), State Commissioner for Persons with Disabilities (SCPD) Odisha, [scpdorissa@gmail.com](mailto:scpdorissa@gmail.com)
6. Thiru G Jagadeesan, Assistant Director Placement & Special School section, i/c, State Commissionerate for Welfare of the Differently Abled, Chennai, GoTN [scd.tn@nic.in](mailto:scd.tn@nic.in) [scdatn@gmail.com](mailto:scdatn@gmail.com) 044-28444948 (o)
7. Mr. Y Shikato Jimo, Welfare Inspector, Department of Social Welfare, Dimapur, Nagaland
8. Mr. Saidarshan Bhagat, Scientist 'D', Centre for Development of Advanced Computing (C-DAC), autonomous scientific society under the Department of Electronics and Information Technology (DeitY), Ministry of Communications and Information Technology, Government of India. e-mail: [saidarshan@cdac.in](mailto:saidarshan@cdac.in)
9. Mr. Ciril C B, Project Officer, Commissionerate for Welfare of the Differently Abled, Chennai, GoTN [scd.tn@nic.in](mailto:scd.tn@nic.in) or [scdatn@gmail.com](mailto:scdatn@gmail.com)
10. Mr. Manoj Kurian, State Project Coordinator, State Initiative on Disabilities, Government of Kerala. No issues. Give my personal email [manojkurian.sid@gmail.com](mailto:manojkurian.sid@gmail.com)
11. Mr. Prashant Gaikwad, Medical Social Worker, in-charge of the Centre-State Disability Welfare Schemes, Office of the Commissionerate for Persons with Disabilities, Pune, Maharashtra State, [commissioner.disability@maharashtra.gov.in](mailto:commissioner.disability@maharashtra.gov.in)
12. Mr. Haridas Shinde, District Disability Rehabilitation Centre, Aundh Government Hospital, Vidyapeeth Rd, Ward No. 8, Pune University, Aundh, Pune, [puneddr@gmail.com](mailto:puneddr@gmail.com)
13. Mr. Kunal Banubakode, Official, Divyang Bhavan, Centre of Excellence, the Pimpri Chinchwad Municipal Corporation
14. Dr. Yellappa Jadhav, Medical Superintendent of B. J. Government Medical College and Sassoon General Hospital, Pune; [mssgh74@gmail.com](mailto:mssgh74@gmail.com); (91)-20-26102200 (o)
15. Ms. Jayati Mitra, Principal, National Institute for the Empowerment of Persons with Intellectual Disabilities - Model Special Education Centre (NIEPID - MSEC) & NIEPID-Regional Centre (RC), Noida, Uttar Pradesh (UP); along with Ms. Sabari Gosh, Senior Social Worker, NIEPID-RC, Noida, UP
16. Ms. Sarbani Chakravarty, Director, Confederation of Indian Industry (CII), New Delhi, [sarbani.chakravarty@cii.in](mailto:sarbani.chakravarty@cii.in)
17. Ms. Deepa Bharati, Senior Specialist on Gender Equality, Non-Discrimination and Inclusion, ILO Decent Work Technical

- Support Team for East and South-East Asia and the Pacific, [bharathi@ilo.org](mailto:bharathi@ilo.org); +66-22881215 (o)
18. Dr Mohammed Asheel, National Professional Officer (NPO), World Health Organization(WHO), [Bappirambharathm@who.int](mailto:Bappirambharathm@who.int)
  19. Dr. Nilesh Deshpande, National Program Specialist- Adolescent and Youth, United Nations Population Fund (UNFPA), India.
  20. Mr. Srinivas Varda, Senior Social Protection Specialist, The World Bank, New Delhi, India, [svaradan@worldbank.org](mailto:svaradan@worldbank.org)
  21. Prof. T. V. Sekhar, Senior Professor, International Institute for Population Sciences (IIPS), Mumbai; joined by Ms. Srei Chanda, Researcher, IIPS Mumbai. [srei1988@gmail.com](mailto:srei1988@gmail.com)
  22. Dr. Suman Kumar, Director, Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan), Mumbai. [suman.nishd@ayjnihh.nic.in](mailto:suman.nishd@ayjnihh.nic.in) ; 022 – 69102134 – Ext 134 (o)
  23. Dr Ravi Prakash Singh, Asst.Professor in Special Education & Officer In-Charge, NIEPID Regional Centre, Navi Mumbai, [ravi.prakash1983@niepid.nic.in](mailto:ravi.prakash1983@niepid.nic.in); 022-27743983 (o)
  24. Dr. Rajani Mullerpatan, Professor and Director, MGM School of Physiotherapy and MGM Centre of Human Movement Science, MGM Institute of Health Sciences, Navi Mumbai, India. [mgmschoolofphysiotherapy@gmail.com](mailto:mgmschoolofphysiotherapy@gmail.com)
  25. Mr. Dhananjay Bhole, Coordinator, Centre for Inclusive Education and Accessibility, Savitribai Phule Pune University; also web accessibility consultant for several corporate and government organizations, [drbhole@unipune.ac.in](mailto:drbhole@unipune.ac.in)
  26. Dr Dr Hemachandran Karah, HSS faculty, IIT Madras [hkarah@iitm.ac.in](mailto:hkarah@iitm.ac.in) +91 44 2257 4529 (o)
  27. Mr. Praveen Thiruvalluri, Lab: R2D2 – Research to Design & Development Product: NeoMotion, National Centre for Assistive Health Technologies, IIT Madras (NCAHT-IITM), an initiative of the Indian Council of Medical Research (ICMR) and implemented by the TTK Center for Rehabilitation Research and Device Development (R2D2), IIT Madras. [r2d2@iitm.ac.in](mailto:r2d2@iitm.ac.in)
  28. Dr Sandhya Limaye, Professor, Centre for Disability Studies and Action, School of Social Work, Tata Institute of Social Sciences, Mumbai. [slimaye@tiss.ac.in](mailto:slimaye@tiss.ac.in); +91 22 2552 5402 (o)
  29. Ms. Poonam Natarajan, Founder, Spastics Society of India, presently known as Vidya Sagar (Ocean of Knowledge), Chennai, Tamil Nadu; also former Chairperson, National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Intellectual Disability and Multiple Disability, Ministry of Social Justice & Empowerment (MoSJE), Gol
  30. Ms. Kirti Sharma, Deputy Director, Confederation of Indian Industry (CII) - Indian Business and Disability Network (IBDN), New Delhi, [kirti.sharma@cii.in](mailto:kirti.sharma@cii.in); + 91-8588894143 (m); along with Mr. Pransu Vats, Executive Officer, Development Initiatives, CII, [pranshu.vats@cii.in](mailto:pranshu.vats@cii.in)
  31. Dr. V. Nagarani Anbazhagan, Founder and Managing Trustee, Hope Public charitable Trust, Chennai, Tamil Nadu; along with Mr. V. Rakesh Sharma, Administrator, Hope Public Charitable Trust [info@hopechennai.com](mailto:info@hopechennai.com)
  32. Dr A Amarnath, Lecturer, Social Work, Department of Medical Science, National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai, Tamil Nadu [niepmd@gov.in](mailto:niepmd@gov.in). Dept. of Medical Science/Social Work: 044-27472113, 044-27472046
  33. Mr. Nilesh Singit, Member, The Supreme Court Committee on Accessibility, [nileshsingit@hotmail.com](mailto:nileshsingit@hotmail.com)
  34. Mr. Shashank Pandey Founder, Politics and Disability Forum, New Delhi, [shashank9897pd@gmail.com](mailto:shashank9897pd@gmail.com)
  35. Mr. Viswesh Sekhar, Disability Rights

- Activist and Advocate, Human Rights and Disability Studies, [mail2viswesh@gmail.com](mailto:mail2viswesh@gmail.com)
36. Mr Yajuvendra Mahajan, Founder, Manobal and Deepstambh Foundation, Jalgaon and Pune, [yajurvendra79@gmail.com](mailto:yajurvendra79@gmail.com)
37. Mr. C. Govindakrishnan, Founder and Managing Trustee, Nethrodaya, Chennai, Tamil Nadu; recipient, 'Best Social Worker Award' Social Worker by the Hon'ble President of India (2023) also from Government of Tamil Nadu (GoTN); 'Best Institution Award' (2012), GoTN [nethrodaya@gmail.com](mailto:nethrodaya@gmail.com)
38. Dr. Sam Taraporevala, Executive Director, Xavier's Resource Centre for the Visually Challenged (XRCVC); also recipient, National Award for Inclusive Education (2024)
39. Mr. Ketan Kothari, Managing Consultant – Programs, Xavier's Resource Centre for the Visually Challenged (XRCVC)
40. Dr. Habeeb C, State President, Kerala Blind Federation; also Assistant Professor, English Department, Farook College (Autonomous), Kozhikode, Kerala [habeebc3@gmail.com](mailto:habeebc3@gmail.com)
41. Mr. Lingesh V, Operations Manager, Better World, Greater Chennai Corporation; also
42. Research and Documentation, Dorcas Research centre for Art ,Education and Culture, Chennai, Tamil Nadu, [admin@dorcas.org.in](mailto:admin@dorcas.org.in) , [aiswarya.rao@gmail.com](mailto:aiswarya.rao@gmail.com) +91-44-2828 2238 (o)
43. Dr Deep Kumar, Assistant Professor, St. Xavier's College of Education (Autonomous), Patna, Bihar
44. Mr Arman Ali, Disability Rights Activist and Executive Director, National Centre for Promotion of Employment for Disabled People (NCPEDP), along with Mr. Vineeth B, Program Manager, [arman\\_ali@ncpedp.org](mailto:arman_ali@ncpedp.org)
45. Ms. Parul Kumtha, Universal Design Architect, Principal at Nature Nurture Architects and Planners; Co-founder and Trustee, Forum for Autism, Aagléveglé, [nn.architectsandplanners@gmail.com](mailto:nn.architectsandplanners@gmail.com)
46. Dr Anita Sharma, Founder, Drive On My Own Foundation, [anita@driveonmyown.org](mailto:anita@driveonmyown.org)
47. Ms. Tripti Sharma, Research Director, Ipsos, Chennai, Tamil Nadu, [Tripti.Sharma@ipsos.com](mailto:Tripti.Sharma@ipsos.com)
48. Mr. Rajesh Patil, Founder & CEO, Acc-Red, [rrajeshp@acc-red.com](mailto:rrajeshp@acc-red.com)
49. Mr. Ferdinand Rodricks, CEO, Ferro Equip-ferdirodricks@gmail.com
50. Dr Akashdeep Bansal, Founder & CEO, SaralX-akashdeep@saralx.com
51. Mr. Kallol Ghosh, Director, Samaj Unnayan Kendra (SUK), West Bengal. [secretary@suk.co.in](mailto:secretary@suk.co.in)
52. Ms. Anupama Datta, Head, Policy, Research and Advocacy, HelpAge India, New Delhi. [anupama@helpageindia.org](mailto:anupama@helpageindia.org) Phone: 91-11-42030400
53. Prof Chandranath Saha, Retd Professor, Calcutta University; visually impaired and an active member of SUK, West Bengal
54. Dr. Ruma Chatterjee, Director, Kolkata Society for Empowerment of Differently Abled (KSEDA), [kseda.wb@gmail.com](mailto:kseda.wb@gmail.com)
55. Ms. Geetanjali Gaur, Co-Founder, Mann - Center for Individuals with Special Needs, Mumbai, Maharashtra; also, SVKM's-NMIMS Alumni.
56. Mr. Hussain Kagalwala, Director, Human Resources, Director – HR, Standard Chartered Bank, Mumbai, Maharashtra.
57. Ms. K. Ela, Director, Prodigals' Home, Dimapur, Nagaland; recipient of Nagaland State Commission for Women (NSCW) Award, 2024. [prodigalsh@yahoo.co.in](mailto:prodigalsh@yahoo.co.in)
58. Dr. Akala Longkumer, Principal, Unity College of Teacher Education, Dimapur Nagaland. [drakala@uctedimapur.org](mailto:drakala@uctedimapur.org)
59. Mr. Pankaj Mehrotra, Founder, Elderlycare India, New Delhi. [elderlycareadvisor@gmail.com](mailto:elderlycareadvisor@gmail.com)

60. Dr Ashkar Ali Kelat, Director & Chief Consultant Physiotherapist, Physiofit, Calicut, Parasports Physio & Classifier : CP Football, Wheelchair Basketball & Para swimming. [ashkarpt@gmail.com](mailto:ashkarpt@gmail.com)
61. Dr Ahamed Shafi E P, Developmental Pediatrician, Dr. Shafi's Child Development & Research Centre, Kozhikode, Kerala [epahamedshafi@gmail.com](mailto:epahamedshafi@gmail.com)
62. Mr. Wabongchuba, EDP cum Accounts, Pradhan Mantri Divyasha Vayoshri Kendra (PM-DVK) ALIMCO, Dimapur Nagaland. [chubajmr12@gmail.com](mailto:chubajmr12@gmail.com)
63. Ms. Alma Chopra, Founder, Almagawakening Foundation, Gurugram, Haryana, [info@almagawakening.org](mailto:info@almagawakening.org)
64. Ms. Nirmita Narasimhan, Programme Director, Global Initiative for Inclusive ICT (G3ict), Bengaluru, Karnataka; also Programme Director, Saksham; serves as chairperson of the Committee on inclusion of persons with disabilities at the Broadband India Forum. [Irmita.n@gmail.com](mailto:Irmita.n@gmail.com)
65. Mr. Shivam Singh Negi, Advocate for Inclusive Sports, Footballer, Visually Impaired; also, National Medalist in Athletics, Dehradun, Uttarakhand. [mailhear.ss@gmail.com](mailto:mailhear.ss@gmail.com)
66. Dr. Javed Anees P, Medical Consultant, Physical Medicine and Rehabilitation (PM&R), Tirur, Malappuram, Kerala [drjavedanees@gmail.com](mailto:drjavedanees@gmail.com)
67. Mr. Ravichandran, State General Secretary, Confederation of Association for Persons with Mental Disabilities, Chennai, Tamil Nadu; along with Mr. K Prabhakaran, Treasurer, [confederationic@gmail.com](mailto:confederationic@gmail.com)
68. Ms. Amritha, Vice President, Autism Society of India, Chennai Chapter, Tamil Nadu [info@autismsocietyofindia.org](mailto:info@autismsocietyofindia.org)
69. Mr. P. Jesuin John Bose, Program Head - MSW Disability & Empowerment Department, Madras School of Social Work (MSSW), Chennai, Tamil Nadu. [jesuin@gmail.com](mailto:jesuin@gmail.com)
70. Ms. Awa Jamir Yimkong Senior Citizen Home, Dimapur, Nagaland; interaction with residents. [awabjr@yahoo.co.in](mailto:awabjr@yahoo.co.in)
71. Ms. Preethy Wilson, Joint Director, Directorate of Social Justice, Government of Kerala, Thiruvananthapuram; oversees welfare schemes for differently-abled persons, elderly, transgender individuals and other vulnerable groups; previously served in roles such as Assistant Director and District Social Welfare Officer in the department. Trivandram, Kerala, [Wilsonpreeth@gmail.com](mailto:Wilsonpreeth@gmail.com)
72. Mr. Muralidharan T N, President, Kerala Federation of the Blind (KFB) Kannur Unit (District Unit in Kannur, Kerala; leads local advocacy, welfare activities, accessibility initiatives like Braille production/support and empowerment programmes for visually impaired persons in the Kannur district as part of the statewide KFB affiliated with All India Confederation of the Blind): Kannur (Parassinikkadavu area), Kerala, India. [KFBKNR@gmail.com](mailto:KFBKNR@gmail.com)
73. Neelima Augustine, Advocate and Activist for Persons with Dwarfism and Disability Rights, Associated of Little People Trust or similar community efforts for visibility and support). Kozhikode (Calicut), Kerala, India (primary base, with active participation in statewide disability festivals and events in Kozhikode, Thiruvananthapuram and beyond). [neelima9030@gmail.com](mailto:neelima9030@gmail.com)
74. Dr. Rajan T. Damodaran – Dermatologist (Skin Specialist) and General Physician associated with Doctor's Centre, Andheri West, Mumbai, Maharashtra, India. Andheri West, Mumbai, Maharashtra, India.
75. Rev. Dr. Adv. Stephens Justin Raj, Hon. Director, Centre for rehabilitation of disability (CRD), Kerala, India. [revsjr@live.com](mailto:revsjr@live.com); +91 9061766293. Also interacted with Soumya Daniel, Assistant Warden, CRD, [soumyaserene@rediff.com](mailto:soumyaserene@rediff.com)

## Annexure 2: Research Team

### LEAD RESEARCHER



**Dr Subramania Raju Rajasulochana**

***Principal Investigator***

Associate Professor (Economics) at SVKM's NMIMS (Deemed to be University) School of Business Management, Mumbai; PhD (Health Economics) from the Indian Institute of Technology, Madras. Her research focuses on health economics and health policy analysis, including maternal and child health, budget for healthcare, public-private partnerships in the health sector, digital health, public health accreditation and disability studies. She worked closely with the state governments of Tamil Nadu and Maharashtra on several health sector projects, including a World Bank-supported project on managing and sustaining accreditation in public healthcare facilities. She has published extensively in several reputed national and international journals such as Health Policy and Planning, BMJ Global Health, Applied Health Economics and Health Policy, Expert Review of Pharmacoeconomics & Outcomes Research, Economic and Political Weekly, Journal of Health Management and International Journal of Manpower. She also undertakes training assignments with pharmaceutical companies such as AstraZeneca and Glenmark. She contributes actively to academic leadership, faculty development and student mentorship as the Area Chair of Economics at the School of Business Management.



**Dr Mohd Imran Khan**

***Convener***

Assistant Professor of Economics at the Sarla Anil Modi School of Economics, SVKM's NMIMS (Deemed to be University), Mumbai. He received his PhD in Economics from the Centre for Development Studies, Trivandrum, affiliated with Jawaharlal Nehru University, New Delhi. His research engages with labour migration, wage inequality, disability and welfare policy in India. He has been involved in research and consultancy projects supported by international organisations including GIZ-India, UNICEF and the Asia Research Centre, Copenhagen Business School. His work has appeared in journals such as the International Labour Review, International Migration, Economic and Political Weekly and International Journal of Manpower. He writes on labour and policy issues for national platforms including The Hindu, Scroll and EPW Engage and serves as Programme Chair for the PhD in Economics at the Sarla Anil Modi School of Economics.



**Dr Malika Basu**

***Team Leader and Senior Researcher***

PhD (Development Studies) from the Institute of Social Studies (ISS), The Hague/The Netherlands. Close to three decades of work as a Research & Policy Analyst, Monitoring & Evaluation Specialist, Gender and Knowledge Management Expert and a Trainer on multi-sector and cross-cutting themes with a gender and inclusion lens, She has a very strong background and proven track record in leading evaluations, innovative programme designs, research & process documentation, policy analysis; doing knowledge management; promoting strategic partnerships; and providing training and other technical support for the UN

(ILO, UNESCO, WFP, UNDP, UNFPA, UNICEF, UNWOMEN), The World Bank, Oxfam Novib (Netherlands), CORDAID (Netherlands), Plan India, Trickle Up (USA), Freedom Fund (UK), PRADAN, SNEHA and several others as well as government at central and state levels. Previously, led the knowledge management programme of the United Nations in India on Gender, Solution Exchange (2008-2014) *Recipient* – Outstanding Woman Achievers' Award for knowledge-based gender related work by NCW/Government of India. Also, Founder-Proprietor, Development Initiatives for Change (Di4C) – MB Knowledge Management & Consultancy Services; Professor of Practice (POP), Department of Public Health, SRM University, Sikkim.



**Dr Jannet Farida Jacob**

**Senior Researcher**

PhD (Economics, JNU/CDS) Development economist with expertise in public finance, gender-responsive budgeting and social sector policy. Was also affiliated with King's College, London as Post-doctoral Research Associate to work on the Laws of Social Reproduction. Held senior positions at the Centre for Budget and Governance Accountability (CBGA), New Delhi, where she led analytical work on public finance management and sectoral budget reviews in health, WASH and gender. Prior to that worked with Ernst & Young, advising on economic risk assessments and public finance reforms in the Gulf region and with the National Institute of Public Finance and Policy (NIPFP), contributing to projects funded by the Bill & Melinda Gates Foundation, UN Women and the Government of India. Her research has informed both national and subnational fiscal policy dialogues, particularly in areas of child budgeting, fiscal decentralization and inclusive public spending.

## RESEARCH ASSOCIATES



**Mr Akshat Chaturvedi**

Assistant Professor of Law at Kirit P. Mehta School of Law. His research lies at the intersection of constitutional law, disability rights and democratic theory, with a particular focus on accountability frameworks, structural power and the evolving relationship between law and governance. He has also worked on contemporary issues in health law and rights-based jurisprudence.

**Ms Asiya Syed**

A post graduate student of sociology at Jamia Milia Islamia. She holds a Master Degree in Cultures and Environmen of Health from the University of Exeter. She is an interdisciplinary researcher working at the intersections of health, disability, gender and state violence, with a regional focus on Kashmir.



### **Ms Mahdiyeh Askaria**

Assistant Professor of Economics at NMIMS Centre for Distance and Online Education and currently pursuing my PhD in Economics from Sarla Anil Modi School of Economics. She has over five years of teaching experience across undergraduate and postgraduate programs. Her areas of interest include microeconomics, development economics and demography.



### **Ms Rekhashree R**

Master of Public Health (MPH) from Prasanna School of Public Health, MAHE, Manipal. She has a clinical background in ICU as a Physician Assistant and a B.Sc. in Diabetic Care Technology.



### **Ms. Shradha Chakravorty**

A government consultant and is a policy and communications specialist with a multidisciplinary background in public policy, media management and communication strategy. She holds a Bachelor's degree in Mass Communication and Journalism, Masters in Business Administration (MBA) and a Master's degree in Public Policy.



### **Ms Susangzenla Longkumer**

MA Sociology and UGC-NET qualified academic with teaching and research experience at NCERT-NERIE, Shillong. Her work focuses on sociology of education, sustainable development and teacher education, with contributions to national publications and e-content development.



*"Children with disabilities are, first and foremost, children. They have the right to enjoy life, to grow in families, to make mistakes, to learn, and to become responsible citizens. We must stop treating disability as a limitation or a source of sympathy. Instead, we must recognize persons with disabilities as equal members of society."*

**- Honourable Justice B.V. Nagarathna**



## Mala Prajapati

Hearing and Speech Impaired (90%)

*Mala has divided her drawing into circles because the world has many parts. Some circles are peaceful and some are empty or broken. This is how she feels the world, everything is connected. When one part is damaged, the whole world feels it. She wants to balance it.*



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SVKM's Narsee Monjee Institute of Management Studies (NMIMS), V. L. Mehta Road,  
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