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YOJANA

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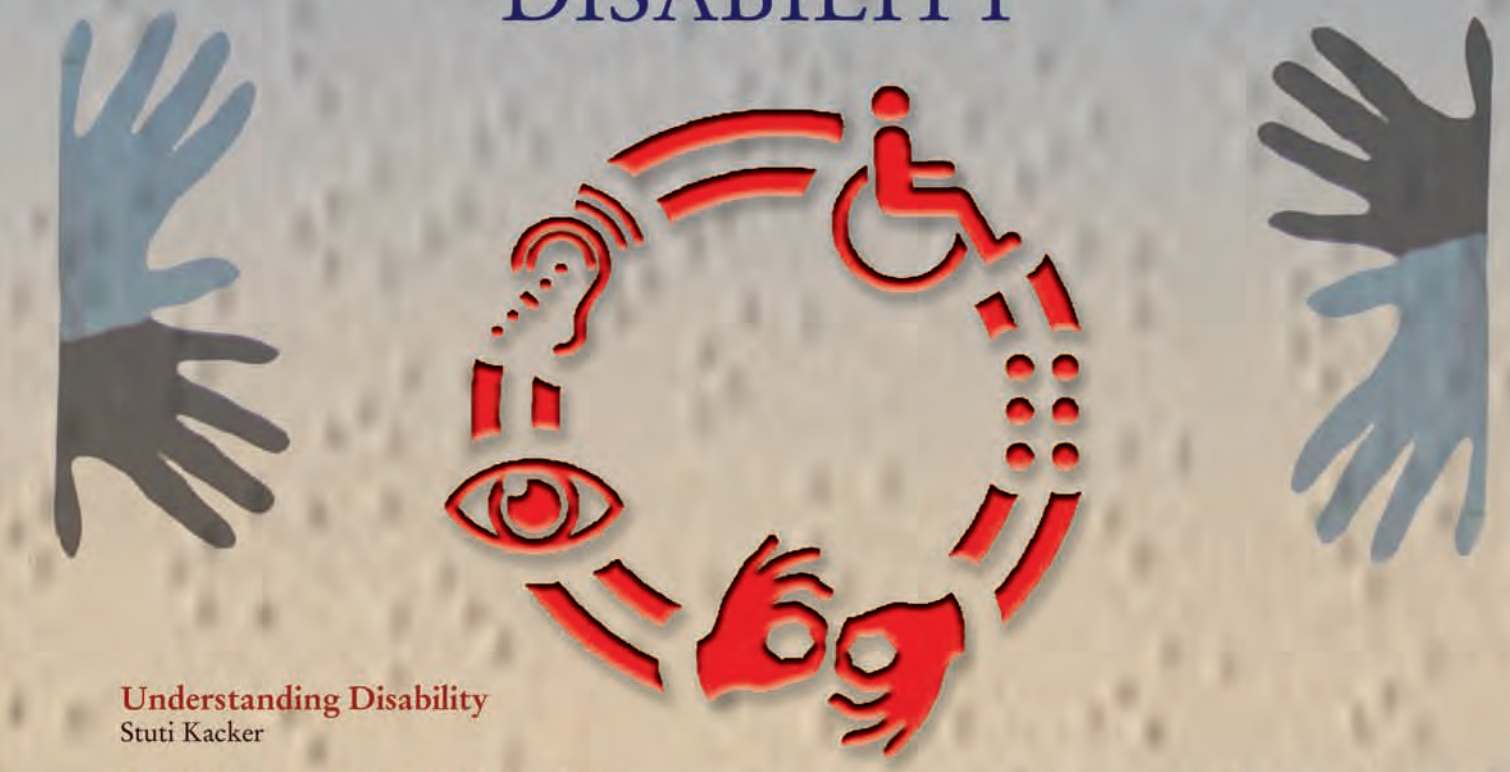
DISABILITY



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Stuti Kacker

Disability as a Human Rights Issue
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Developmental Disabilites
Poonam Natarajan

Inclusive Education
Uma Tuli

Education of Children with Disabilities
Nidhi Singal

April 2013

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Let noble thoughts come to us from all sides
Rig Veda

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Axiom / ˈæksɪəm /n .
1.a widely accepted principle. 2**. a self evident truth**

ECONOMICS AT ITS BEST
IAS / IES / UGC

Ashima Jain | IAS
1st Rank (among women)

Neeraj K Singh | IAS
11th Rank

Surabhi Malik | IAS
50th Rank

Rajan Vishal | IAS
60th Rank

Kumar Amit
IAS | 75th Rank

Bishakha Chakroborty
IES | 1st Rank

Civil Services Rankers

Ashima Jain	IAS	Rank 1 (among women)	2007
Neeraj Kumar	IAS	Rank 11	2011
Surabhi Malik	IAS	Rank 50	2011
Rajan Vishal	IAS	Rank 60	2007
Kumar Amit	IAS	Rank 75	2007
Shaveta Dhankhad	IPS	Rank 109	2006
Narender Kumar	IPS	Rank 155	2007

Nandeesh Shukla, IRS (2005), Arulanandan, IRS (2005); Meenakshi Dohare IRS (2005), Praveen Kumar Tripathy, IRS (2007). Neeju Gupta IRS (2008), Sanyam Joshi Suresh IRS (2008), Majhi (2009)

Indian Economic Service Rankers

Bishakha Chakroborty	Rank 1	2010
Nikhila Menon	Rank 1	2004
Lipi Parija	Rank 2	2005
Jaipal	Rank 5	2009
Sukhdeep Singh	Rank 6	2011
Nidhi Sharma	Rank 7	2011
Sawni Dikshit	Rank 8	2010
Patiyush Kumar	Rank 14	2011
Dinesh Kumar	Rank 17	2011
Rahul Kumar	Rank 21	2011
Laldinrampuii	Rank 29	2011

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Arulanandan	363/600	Sanyam Joshi Suresh	329/600
Ashima Jain	361/600		

UGC JRF Pass-outs

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UGC NET Pass-outs

Nishtha | Mansi | Satinder | Kriti | Vikas Yadav | Dushyant | Malvika Tyagi | Ram Avatar | Priyanka Jhulka | Akshay | Harsimran Singh | Nitika Lal | Jitender Bhandhari | Jaipal | Dinesh Kumar | Neelam Garg | Shayequa | Praveena Dikshit | Nilotpal Bal | Nidhi Sharma | Swati Saklani | Kaushiki | Sanjit | Rohit Sehrawat

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The Truth is self evident

YE-294/2013

Disabled? Yes..... Capable? Of course Yes!

What could possibly be common between Einstein, Mozart, Newton, Darwin and Michael Angelo except that they are all great men? They were autistic. What about Beethovan? He was deaf. Blindness could not stop John Milton from becoming a great poet. Byron 'walked with difficulty but roamed at will' to give the world some of the finest literary gifts. Stefan Hawking? Hellen Keller? The list would be endless. Disability affected their bodies but their spirit triumphed against all odds to achieve success for themselves and contribute to a better world. Indeed, disability is less of a bodily deprivation and more of a social-psychological construct that denies a person the human right to realise his full potential.

This, however, does not mean that disability is not a serious issue or it does not impact the individual or society significantly. The disabled constitute a very large section of our society. According to the 2001 Census, India has close to 2 crore people who are disabled. WHO estimates that close to one billion people in the world live with disabilities of various kinds. The physical disability is quite often associated with social discrimination and exclusion. There exists a close linkage between poverty and disability that runs both ways. It is a distressing fact that the disabled people have much fewer access to education, employment and other opportunities in life. The enrolment rate for children with Disabilities is just about 5 percent compared to the national average of 90 percent.

Disability is an 'umbrella term for impairments, activity limitations and participation restrictions' which is caused by an interaction between the health conditions of an individual and the contextual factors reflected in the social-economic environment of the day. The understanding about disability has moved away from a biological perspective to questions of accessibility, inclusion and empowerment. Civil Society activists and policy makers have started thinking about the issue of disability in terms of a rights based and inclusive paradigm.

Article 41 of Indian Constitution deals with the issue of disability in the context of right to work and education. The government has also moved away from the welfare oriented policies on disability towards a rights based approach. The Persons with Disabilities (Equal Protection of Rights and Full Participation) Act, 1995 is now sought to be changed with a new act for which the bill is under consideration. The proposed draft seeks to repeal the existing four laws on disabilities, to avoid multiplicity of authority and duplicity of institutions.

But there are some vital questions that need to be discussed and clarified. Should children with disability be sent to inclusive schools or there is a need to have special schools for such children? Mental disorders are now known to be a major cause of disability all over the world. According to some studies depression is among the top causes of loss measured in terms of disability-adjusted life years. The case of people living with a mental ailment thus, needs to be looked carefully since many intricate issues are involved in it.

There is no doubt that the dream for a discrimination free and equal life for the disabled may require a comprehensive change in the institutional arrangements and legal provisions but the most important change has to come in our minds, in our thinking and attitude towards the disabled persons. Rightly has this been said, 'If you have to judge people, judge them based on what they can do, not on what they cannot. Judge them based on who they are, not who they aren't. Otherwise, you're judging based on your own shortcomings'. The change would perhaps come faster if we could really feel that disabled one may be, but he can be as capable as anyone else in this world. ❑

Understanding Disability

Stuti Kacker

The problem is not how to wipe out the differences but how to unite with the differences intact.

Rabindranath Tagore

Care and consideration for the sick, elderly and disabled has always been a part of Indian culture and tradition

SOMETIMES A word is understood differently by people. More so, if the word is meant to describe an aspect of human condition. The culture, prejudices and environment have a great bearing on the meaning of such words. The words 'handicapped', 'disabled', 'differently abled', 'retarded' have various meanings and carry the potential for prejudicial stereotypes, discrimination and abuse. Disability may relate to body or mind. Also disability can be of a short term or long term nature. Some disabilities may be of permanent nature.

The most acceptable and dynamic definition of disability is provided in the UN Convention on Rights of Persons with Disabilities (UNCRPD) which states that "Persons with Disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

Care and consideration for the sick, elderly and disabled has always been a part of Indian culture and tradition. However, in earlier times, disability was considered as a punishment for acts committed in earlier lives, and the attitude towards persons with disabilities (PwDs) has been one of charity. It is now being accepted that the major cause for disabilities is deficiencies in the management of the environment in which we live and that if we manage the environment better, then disabilities can be reduced.

Though the Constitution of India guarantees equality of all citizens, persons with disabilities have been, in reality, facing stigma, discrimination and neglect due to socio-psychological and cultural reasons. Disability whencompounded with discrimination doubles the quantum of disability. There is a wide spread underestimation of the abilities and potential of persons with disabilities due to general public perception and prejudices, thereby creating a vicious cycle of under achievement. This in turn results in inferiority complex among them which further harms their growth. It has taken

The author is Secretary of the newly created Department of Disability Affairs in the Ministry of Social Justice & Empowerment, Government of India, New Delhi.

a long period of time to educate ourselves to demystify the meaning of disability and fight myths and misconceptions of disability. We need to keep these new ideas alive everyday so that the old negative attitudes and perceptions do not assert themselves.

Disability was earlier considered to be a medical problem to be dealt with by doctors only. Today, the medical model is being replaced by the developmental and sociological model. Education, employment, access to buildings, transport and information systems have, in the past, been difficult for persons with disabilities to access. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PwD Act) and the UNCRPD have legislated on making these available to persons with disabilities. It is, however, the action by activists that have pushed governments and the societies to guarantee various rights to ensure equal opportunity to persons with disabilities in all human endeavours.

The census figures of 2001 puts the number of persons with disabilities at more than two crores. The percentage of persons with disabilities in the USA is 12%, in the UK is 18%, in Germany is 9%, in Sri Lanka is 5%, in Pakistan is 9%. This variation is due to the way we estimate disability. The 2011 census figures are yet to be announced. It is hoped that before this year ends, latest data on quantum of disability becomes available to the country. The 2.19 crore persons with disabilities in India exhibit wide diversity as they includes persons with visual, hearing, speech, locomotor, intellectual disabilities and multiple disabled. The census data shows that 75 percent of persons with disabilities lived in rural areas, 49 percent were literate and only 34 percent were employed. Data collected in 2002 by the National Sample Survey Organization (NSSO), indicated that the number of persons with disabilities was 1.85 crore, with a disability-wise break up which was significantly different from the Census 2001 data. The variation is basically due to the difference in coverage and again definitions used for collection of data. Comparative picture of persons with disabilities in India – by type of disability is as under:-

A society which cares for persons with disabilities is considered to be the best, as disability affects not only the individual and family but also society and the nation. Studies have shown that non-inclusion of persons with disabilities in the development process has several implications, as stigma of disability may result in loss of income and additional cost to the person with disability, for their care providers and other family members. This also results in loss of education and social exclusion to them and their family. Social exclusion at times leads to loss of rights with long-term loss of productive potential of the person with disability due to lack of appropriate environment and access. Persons with disabilities and their families due to stigma of disability often suffer extreme isolation and experience higher rates of poverty and deprivation than non-disabled people. The imperative need of the hour is their speedy empowerment to emphasise the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development. We need to recognise that children, women and girls are often at greater risk, (both within and outside the home) of violence, injury or abuse.

Our Constitution ensure equality, freedom, justice and dignity of all citizens of the country including persons with disabilities without any discrimination, which implies an inclusive society for all. Article 41 of the Constitution of India relating to right to work, to education and to public assistance in certain cases, states that "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want."

Disability is mainly a state subject. "Relief of the disabled and

Type of Disability	Census 2001 Population (in Crore)	Percentage %	NSSO 2002 Population (in crore)	Percentage %
Locomotor	0.61	28	0.97	52
Visual	1.06	49	0.25	14
Hearing	0.13	6	0.18	10
Mental	0.16	7	0.09	5
Multiple	-	-	0.19	10
Total	2.19	100	1.85	100

unemployable" figures at S.No. 9 in "List II" (State List) in the Seventh Schedule of the Constitution. "Disability" also appears in the 11th & 12th Schedules (pertaining to Panchayats & Municipalities) of the Constitution in this manner. 11th Schedule : Entry No. 26 :- "Social Welfare, including welfare of the handicapped and mentally retarded", and 12th Schedule : Entry No.9 "Safeguarding the interests of weaker sections of society, including the handicapped and mentally retarded."

In this sector, there are four legislations namely, Rehabilitation Council of India Act, 1992, Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995; National *Trust* for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities *Act*, 1999 and Mental Health Act, 1997. (Out of these, the first three legislations are dealt in the Ministry of Social Justice and Empowerment and the fourth in the Ministry of Health and Family Welfare.)

In view of Government of India's strong commitment to the empowerment of Persons with Disabilities, the Department of Disability Affairs has been created in May 2012 under the Ministry of Social Justice & Empowerment to give greater emphasis on their policy issues and implementation.

The National Policy for Persons with Disabilities 2006 recognises the fact that they are a valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. The policies is in consonance with the basic principles of equality, freedom, justice and dignity of all individuals that are enshrined in the Constitution. It implicitly mandates an inclusive society for all, including persons with disabilities. The Policy also recognizes the fact that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures. As this department is entrusted with the main task of enabling PwDs to live a full life with dignity as productive members of society, to accomplish it, the Department has schemes for physical, rehabilitation, educational and economic development and social empowerment of Persons with Disabilities, mainstreaming this vulnerable target group.

To achieve its aims and objectives, the institutional framework of the Department consists of office of Chief Commissioner for Persons with Disabilities, Rehabilitation Council of India, National Trust for the Welfare of Persons with Autism, Cerebral palsy, Mental Retardation and Multiple Disabilities, and eight National Institutes dedicated to different disabilities, Regional and District-level Centres for Persons with Disabilities and Composite Regional Centres and 199 District Disability Rehabilitation Centres. These organizations are involved in prvoiding rehabilitation services, education, training and research, regulation and developmental activities. The Department's two Central Public Sector Enterprises viz. ALIMCO and NHFDC are involved in manufacture of aids and assistive devices and providing financial assistance for economic empowerment of the PwDs.

Since it is the understanding that the creation of better environment can reduce the hardship of disability, the Central Government has undertaken several initiatives in this area in a planned manner. Some of the important schemes of the Department under implementation are enumerated below:-

a. Deendayal Disabled Rehabilitation Scheme (DDRS), envisages financial assistance to NGOs for providing education, vocational training and rehabilitation of Persons with Disabilities.

b. Scheme of Assistance to Disabled Persons for Purchase/ Fitting of Aids/Appliances (ADIP Scheme), provides grant-in-aid to various implementing agencies (NGOs/National Institutes/ DDRCs/ALIMCO/State Handicapped Development Corporations/other local bodies) for purchase/fitting of aids & assistive devices for the physical rehabilitation of PwDs.

c. Scheme for Implementation of Persons with Disabilities Act (SIPDA), provides grant-in-aid to State Governments, organizations of Central/ State Governments, including autonomous bodies and Universities, for creating barrier free access to their buildings; making websites accessible, and for early detection and diagnosis of hearing impaired.

d. Scheme of Incentive to

Employers in the Private Sector for Providing Employment to Persons with Disabilities, provides employers' contribution for Employees Provident Fund and Employees State Insurance for three years for Persons with Disabilities employees, employed in the private sector with a monthly salary upto Rs.25,000/-

e. National Scholarship schemes for students with disabilities under National Fund as well as Trust Fund, provide financial assistance to students to pursue post-matriculation, professional or technical courses and various skill development courses for their empowerment.

f. The scheme, Rajiv Gandhi National Fellowship has been introduced on 01.04.2012 to enable students with disabilities to pursue M.Phil/ Ph.D courses.

Interestingly, there was a paradigm shift in approach towards Persons with Disabilities since the Ninth Five Year Plan, from the earlier welfare based approach to a rights-based approach. The Tenth Plan focused on effective implementation of various provisions of legislation and National Policy for Persons with Disabilities. It advocated a multi-sectoral and multi-collaborative approach.

The Eleventh Plan had aimed at inclusive growth. It was expected to achieve inclusiveness through significant improvements in literacy/education, health, greater employment opportunities and sharper focus on disadvantaged groups. The Eleventh Plan emphasized upon the rights-based approach to empower the PwDs inter alia through: (*i*) delineating clear cut responsibility between the concerned Ministries/ Departments; (*ii*) formulating detailed rules and guidelines by concerned Ministries/ Departments; and (*iii*) monitoring mechanism at various levels. During the Twelfth Plan, service delivery and generation of public awareness about disability rights is the main strategy. It will also focus on three key aspects of recognition, empowerment and protection of persons with disabilities.

As we know, disabilities are caused by various factors, some of which are known and some are yet to be ascertained. With regard to the known causes, acts of prevention can help to reduce the incidence of disability both congenital and acquired. Prevention and early intervention are important strategies to reduce the number of persons with disabilies in the country. Only a fraction of financial resources is needed to prevent disability from happening as compared to the huge amounts required to provide rehabilitation services to persons with disabilities. Prevention of disability is, therefore, being given the importance it deserves.

The Government's policy on job reservation for PwDs in the Government sector is as follows:

a) 3 percent of the vacancies in case of direct recruitment in all Groups' posts shall be reserved for persons with disabilities of which 1 percenteach shall be reserved for persons suffering from (i) blindness or low vision, (ii) hearing impairment and (iii) locomotors disability or cerebral palsy in the posts identified for each disability;

b) 3 percent of the vacancies in case of promotion to Group D, and Group C posts in which the element of direct recruitment, if any, does not exceed 75%, shall be reserved for persons with disabilities of which 1 percenteach shall be reserved for persons suffering from (i) blindness or low vision, (ii) hearing impairment, and (iii) locomotor disability or cerebral palsy in the posts identified for each disability.

India is a signatory to the United Nations Convention on the Rights of Persons with Disabilities. In order to harmonize the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 with the provisions of UNCRPD, the Act has been reviewed and a new Bill namely the Draft Rights of PwDs Bill is being finalized for enactment. The new Act would replace the old Act and would serve the PwDs in a larger perspective. Moreover, the National Policy for PwDs, 2006 is also being reviewed to cater to the emerging challenges and needs for empowerment of Persons with Disabilities and also to meet the obligations under UNCRPD.

The greatest challenge for the Central Government and the State Governments is the achievement of accessibility, inclusion and empowerment for persons with disabilities. The Government alone cannot accomplish this task of making the "Right Real". Tasks to be accomplished are numerous which include-

a) changing the mindset and perception of the members of the society so as to have proper understanding of the problems of the persons with disabilities.

b) Infusing self-esteem and self-confidence in the persons with disabilities themselves so that they know that their limitations can be overcome to a large extent by self-effort and better environment.

c) Improving the knowledge and skills of persons with disabilities to make them capable of handling different tasks in the employment market.

d) Motivating various employers within and outside Government sector to employ the PwDs who can perform a number of jobs like other employees.

e) Mobilizing the voluntary sector to actively participate in the capacity building and rehabilitation and empowerment for PwDs.

f) Scaling the levels of training, education and research for the benefit of PwDs .

g) Providing social security systems and other arrangements for making PwDs live with dignity.

h) Providing them with appropriate assistive devices and appliances at low cost to increase their accessibility.

i) Including PwDs in the decision making process at various levels for better policy formulation, monitoring and implementation and

j) Making all out efforts to comply with all the general principles contained in the UNCRPD.

Though the road is rough, the time is tough, but our zeal and commitment are immense. We have resources, human and financial. However, the need of the hour is concerted efforts amongst various stakeholders to be made in a time-bound manner. We need to fulfill our obligations to this special group of citizens of the country and to the international community. With determination and integrity of purpose, we can overcome the obstacles and convert the expectations of our brothers and sisters with disabilities, into reality.

Only then, we can 'unite with differences intact', as dreamt by Tagore. ❑

(E-mail:stutikacker@nic.in)

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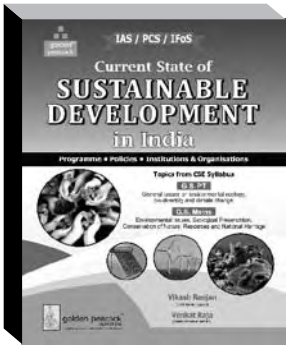
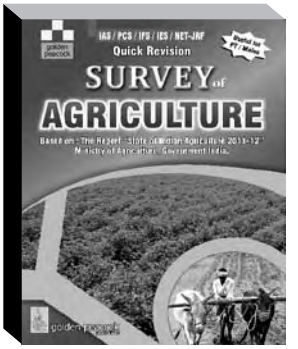
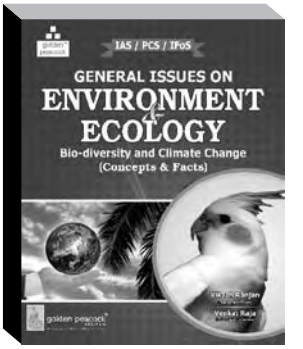
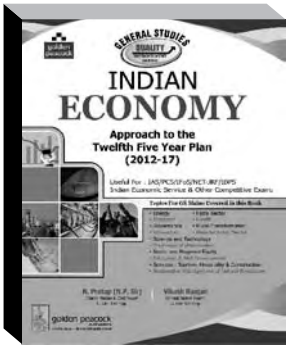
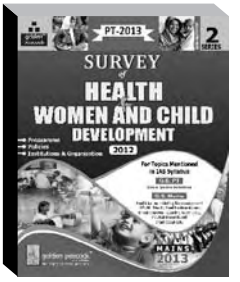
Venkat Raja (Indian Trade Services)

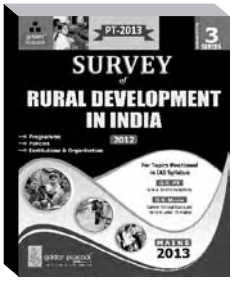


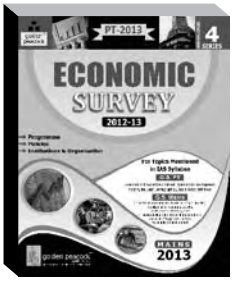


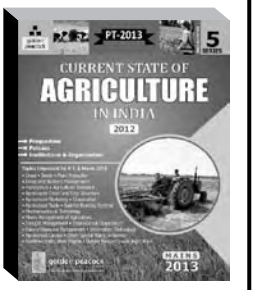












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YE-293/2013

Disability as a Human Rights Issue:India's 'Invisible Minority' in the Policy Realm

Javed Abidi
Dorodi Sharma

What is urgently needed is the political will to ensure that disability is included across all policies, across all Ministries and Departments, and a time frame is fixed to make our facilities, schools, colleges, public places, etc. accessible for all people with disabilities

THE WORLD Report on Disability published by the World Health Organisation (WHO) and the World Bank says that 15 percent of the world's population or 1 billion people live with a disability. If we go by the 15 percent figure, India should be home to more than 150 million people with disabilities! Even if we take a conservative 7-10 percent, India is home to at least 70-100 million people with disabilities. This is a huge section of our population. And yet, we hardly see them in the mainstream. But this doesn't mean that these millions are not there, among us. It is just that we as a country have neglected to include them in the mainstream.

Another reason, equally important to note is that the concept of disability rights as a movement in India is still very young.

Cross-disability movement in India: Disability organisations in India have been in existence for many decades, some for more than 50 years or so. Yet, the concept of disability issues as rights was alien till as late as the 90s. It was only in 1993, with the creation of Disabled Rights Group (DRG), India's first cross-disability advocacy organisation, that the idea of 'all rights of all people with disabilities' gained currency.

Disability Act of 1995: The first thing that DRG realised was the absence of a law that ensured the rights of people with disabilities; which otherwise are available to any other citizen of the country. This was after nearly half a century after Independence. So during the crucial years of nation building, when we were building our schools, colleges and universities; our roads and public infrastructure; etc., people with disabilities were left out to remain in the confines of their homes – with no future, no dignity and no rights.

After an intense advocacy campaign by DRG, the Disability Law of 1995 was finally enacted. This forms the basis of whatever little advances India has been able to make in the area of disability, even today.

Enumerating the 'invisible minority': When DRG started its

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Dorodi Sharma worked with NDTV before joining NCPEDP as Programme Manager.

advocacy with the Government for a disability rights law, it realised that India never considered enumerating people with disabilities. India's Census operation dates back to the British era (1872) and has been conducted uninterruptedly every 10 years. What is even more surprising is that till before Independence, a question on disability, though very crude, was always asked. This was then dropped in the Census after Independence and was included in 1981, which was the International Year for Disabled People. However, it was again dropped in the Census of 1991.

In 1999, DRG wrote to the Government to include disability in the 2001 Census. To our utter dismay, this was refused. This followed a vigorous campaign that went on for several months, where people with disabilities had to come out on the streets to protest. Eventually and at the very last moment, a question on disability was hurriedly included. It was not a well-framed question and left several disabilities out; and there was no sensitisation of enumerators either. We got feedback from across the country where enumerators did not even ask the question. Nevertheless, the Census data revealed that India was home to 21 million people with disabilities, or 2.1 percent of its population. The 11th Five Year Plan document admits that this was an underestimation and states, "It can be reasonably assumed that persons with disabilities constitute anywhere between 5 to 6 percent of our total population."

The next challenge was to get a more accurate enumeration of disability in the 2011 Census. National Centre for Promotion of Employment for Disabled People (NCPEDP) and the National Disability Network (NDN) led a campaign in 2010 for improving the question on disability; prioritising the question on disability and making disability an integral part of the training and sensitisation programme of the enumerators in the Census of 2011. This time the Census Commission was also more sensitised and aware; and with their support, all of this could be achieved. It is now hoped that when the disability data under Census 2011 is revealed, it will show a substantial increase over last time.

Disability in the Five Year Plan: As is well known, the Five Year Plans set the tone for the development agenda and resource allocation for the nation. The extent to which disability was neglected in the policy realm can be gauged by the fact that for as long as the 10th Plan, there was almost no mention of disability whatsoever. During the formulation of the 11th Plan, DRG led a huge campaign for substantial inclusion of disability and for recognising the fact that it is a cross-cutting human rights issue. Again, after protracted advocacy that saw people with disability come out on the streets, disability found a significant mention in the chapter on 'Social Justice'.

The 11th Plan mandated a firm four-pronged approach to mainstream disability: (i) delineate clear-cut responsibilities between the concerned Ministries/ Departments; (ii) concerned Ministries/Departments to formulate detailed rules and guidelines within six months of approval of the Eleventh Plan; (iii) ensure that each concerned Ministry/Department shall reserve not less than 3 percent of their annual outlay for the benefit of disabled persons as enjoined in the Persons with Disabilities Act, 1995; (iv) set up monitoring mechanisms at various levels and develop a review system so that its progress can be monitored on a regular and continuing basis.

It is because of the 11th Five Year Plan that we now have a Department of Disability Affairs and the Indian Sign Language Research and Training Centre (ISLRTC).

Disability in the 12th Five Year Plan: Though the 11th Plan had a very substantial mention of disability, its implementation was extremely abysmal. The primary reason for the poor implementation was the fact that although disability was mentioned as a cross-cutting issue with clear mandates for several Ministries, the concerned section was hidden away as a part of the larger chapter on Social Justice. The result was that when NCPEDP filed Right to Information (RTI) applications with some 20 Ministries in 2010-11, none of the Ministries or Departments were even aware of the section on disability in the 11th Plan. They did not have any Disability Policy nor any budget for disability issues.

Learning from this experience, it was essential that in the 12th Plan disability was included in all relevant chapters of the document. In 2011, when the Planning Commission was setting up Steering Committees to formulate the 12th Plan, NCPEDP and DRG advocated for the inclusion of people with disabilities and disability experts in all relevant Committees in addition to the Steering Committee on disability. And for the first time in the history of the nation,

people with disabilities and experts were made part of the Steering Committee on Labour, Transport, Health, Women and Child Rights, Housing & Poverty Alleviation, Science & Technology, Youth, Literacy and so on. It was hoped that with this, all relevant chapters would have adequate mention of disability. Unfortunately, the 12th Plan document that was unveiled recently did not quite reflect this. In fact, it seems that the 11th Plan had a much more rights based approach towards disability and had more for people with disabilities than the 12th Plan.

CRPD and a new paradigm in disability: The Convention on the Rights of Persons with Disabilities (CRPD) is the first human rights treaty of the 21st century. It is also the fastest negotiated human rights treaty. It saw a record number of signatures on the opening day itself.

CRPD underlined the need to look at the human rights of people with disabilities who comprise some of the poorest and most vulnerable section of society. It firmly established disability as a cross-cutting human rights issue. It brought in a new progressive paradigm especially for those disabilities that have so far been neglected and marginalised.

In 2006, NCPEDP and DRG led a campaign for speedy ratification of CRPD by India. Finally, when all advocacy seemed to yield no result, Convenor of DRG announced an indefinite hunger strike from October 2, 2007 (Gandhi Jayanti). It was a happy coincidence that the Government ratified the Convention on October 1, 2007. By doing so, India became the 7th country in the world to ratify CRPD, ahead of some of the other much more progressive nations in terms of disability rights.

India post CRPD: When India ratified CRPD, it made a commitment to its people with disabilities and the international community to protect, fulfill and promote all rights of all people with disabilities.

In fact, the 11th Five Year Plan recognises this and states, "India being a signatory of UNCRPD, it is now obligatory upon us to incorporate the essence of the Convention in our planning, implementation, monitoring, and review processes." It also mentioned the General Principles of CRPD and stated, "There is an urgent need to review all the four disability legislations and to amend them suitably to bring them in consonance with UNCRPD."

However, the progress on implementing the letter and spirit of the Convention has been painfully slow.

In 2009 when a new Social Justice Minister took over, the Government decided to amend the 1995 law. When NCPEDP and DRG looked at the proposed amendments, they realised that even with 100 plus amendments, the 1995 law would never truly reflect CRPD. The problem lay at the very core of the 1995 law – the fact that it was ridden with charity, and no amount of amendments would be able to change that. DRG then proposed that it was time for a new disability rights law that would reflect the letter and spirit of CRPD. After a year of advocacy, the Government constituted a Committee in April 2010 to draft a comprehensive disability rights law in consonance with CRPD. The process had its own problems and delays. After 14 months of work, the Committee submitted its recommendations on June 30, 2011. The Ministry took another 14 months to finalise the recommendations and a draft Rights of Persons with Disabilities Bill was made public in September 2012. This draft Bill is not without its shortcomings. However, it is still several notches better than what we have today. If and when it is enacted by the Parliament, it will bring in a wave of change into the lives of millions of people with disabilities in the country.

Conclusion: In the past decade or so, disability issues have managed to get only a minuscule space in the mindspace of policy makers and decision makers, and certainly not as much as required. What is urgently needed is the political will to ensure that disability is included across all policies, across all Ministries and Departments, and a time frame is fixed to make our facilities, schools, colleges, public places, etc. accessible for all people with disabilities and adequate resources are allocated. There are all the usual noises, but the nation is not putting its money where its mouth is. A budget analysis from 2008-12 undertaken by NCPEDP found that India spent only 0.09 percent of its GDP on disability! This is definitely not adequate to not only address the mistakes of the past, but also to ensure that as the nation takes strides in development, we are not creating more and more barriers for people with disabilities. If we do not seize this opportunity to create an equal and just society, it will be a huge disappointment for a country aspiring to be a global leader. ❑

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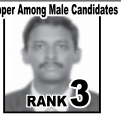
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YE-292/2013

ANALYSIS

Intellectual and Developmental Disabilities

Poonam Natarajan

The earlier charity and medical models, were rooted in segregation and looking for a cure. We have now moved on to understanding, that the main barriers are the environment and the social construct

RAJA IS thirty five years old, he is a graduate, a disability consultant and an activist. He is married and also supports his mother. Raja has Cerebral Palsy. For the first 14 years of his life, he stayed at home, because there were no facilities in the small town his father worked. There was also no one to guide them what can be done. After shifting to a city, through the efforts of a special school, Raja completed his class X at twenty years. He then went to a main stream school, to complete his +2 and to a prestigious college to graduate. He needed some support through physio and speech therapy.

Mansi lives in a village in Madhya Pradesh. She is twenty two. She helps her mother at home and also gets work under the MNREGA scheme. She is deafblind. With a dual sensory disability, Mansi would just sit in a corner all day. No one knew how to teach her even simple skills. It was through a CBR programme, that a CBR worker, taught her how to navigate the environment, taught her daily living skills and also simple tasks at home and in the field. People are surprised, at her skills, which she does, without the ability to see, hear and speak.

Anil is twenty seven years old, he weaves the most beautiful rugs, which has many buyers. He was able to learn complicated weaving patterns with the help of a weaver. He has autism. As a child, he was hyperactive and had many difficult behaviours. Today, he is non verbal, but communicates briefly through various aids, and is a pleasure to meet.

Ajay is twenty nine years old and works in a packaging factory. He has been doing so now for seven years. He travels to work and home independently. He supports his parents as the only child and also volunteers at the Sai temple on weekends. He has intellectual disability. As a child, he had frequent epileptic fits and IQ assessments labelled his with mental retardation. He was denied admission in many vocational training institutes, but with good medical intervention and support in skill and self esteem development from an NGO, he has

The author is Chairperson National Trust for the Welfare of Autism, CP, MR & MD, Ministry of Social Justice & Empowerment, New Delhi.

become an earner and included in his community.

Vijaya, Geeta, Uma and Durga are women in their late twenties, who work together in a Self Help Group. They soak, sprout and dry different lentils and grind them to make a highly nutritious powder, which is made into a drink, and used as a meal for malnourished infants. Many families and organisations buy it from them. They enjoy working together with one of their mothers, as support. The mothers take turns. All four women have intellectual disability and live with their families in a suburb. They meet together, in one of their homes.

These are some happy success stories, the stories are true, the names have been changed. Of course, we can collect some more, but sadly they reflect only a minority of people with intellectual and developmental disability.

These are people with intellectual and developmental disabilities who have been able to march across the different models of disabilities. They still have many challenges but are on the road to inclusion and participations in the community.

Models of Disability

The models of disability reflect the paradigm shifts in thinking and understanding of disability. The earlier charity and medical models, were rooted in segregation and looking for a cure. We have now moved on to understanding, that the main barriers are the environment and the social construct. The social model therefore, builds policies around removing barriers to include people with disabilities in the health, education, skill development, employment and other political and cultural schemes and programmes. Disability issues are now development and human rights issues.

The UN Convention for the Rights of People with Disabilities (CRPD) firmly asserts that disability is part of human diversity. It must be viewed as a human experience.

It defines disability as : "Persons with Disabilities include those who have long term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (Art 1. UNCRPD).

This definition is not yet understood, and we still have much stigma and attitudinal barriers. This is more so in case of intellectual and developmental disabilities.

National Trust Act

The National Trust Act was enacted on 30 December, 1999 as a `Gift of the Millennium' for the welfare of persons with developmental disabilities such as Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The Act was Government of India's answer to the perennial and universal question by parents–"What happens to my child when I am no more?" The Act itself is a good example of effective advocacy by parents and families of people with developmental disabilities.

The Act and the Question are seemingly based on the incapacity of the disabled person. They reflect the thinking, a traditional one, of the requirement primarily of protection and care. However, interestingly, all the Objects of the Act revolve around the understanding of Community Participation and Inclusion.

The National Trust Act can be therefore, looked upon as an instrument for appointment or in difficult cases removing Legal Guardians or it can be used as an effective vehicle for skill development, capacity building and inclusion of people with developmental disabilities.

People with developmental disabilities, in India find themselves in spaces more marginalised, than the other disabilities. They and their families have somehow internalised very low value and self esteem for themselves. The mindset is that, while others may get included, possibilities exist, these disabilities cannot be included and it's impossible. Further, in many societies, people with intellectual and psychosocial disabilities, are regarded as people who are unable to think for themselves and take decisions for themselves. The United Nations Convention for Rights of People with Disabilities (UNCRPD), to which India is a signatory, recognises that although some people with disabilities will require support to take decision, they are recognised as equal people before the law and have legal capacity. Also the UNCRPD very importantly recognises the `evolving capacity' of children and people with disabilities. The call from the National Trust to the Community is to help us `Dis ***Cover*** ability' among our stakeholders. To achieve its objective, National Trust has many Schemes and Programmes. These

are available on our website www.thenationaltrust.in

Understanding Intellectual and Developmental Disabilities (IDDs)

There are four categories of Developmental disability namely, Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. Under the National Trust Act these disabilities are caused due to an injury to the developing brain and damage to the central nervous system. This could be due to several environmental factors which deprive the brain of oxygen before, during or after birth. These are conditions, they are not contagious or progressive. They cannot be cured by drugs or surgery. Early detection and intervention improves their skills.

Autism

Autism is a developmental disability that is misunderstood by many. It is a complex condition that appears during the first three years of life. It has been classified as Pervasive Developmental Disorder (PDD), a term meant to indicate severe and interrelated impairment in several areas of development; social skills, communication skills, or the presence of stereotyped behaviour, interests and activities.

Autism and the associated behaviours with it, have been estimated to occur in as many as 2 to 6 in 1000 individuals. This neurological disorder which affects the social and emotional areas of the brain leading to challenges in communication, social relationships and imagination. It is more common in boys than in girls. Autism is the fastest-growing serious developmental disability in the world. More children will be diagnosed with autism than with diabetes, cancer, and HIV/AIDS put together. There is no medical detection or cure for autism. Diagnosis can be made through the various assessment tools available. Understanding the condition and using appropriate strategies, is helpful.

Cerebral Palsy (CP)

Cerebral Palsy means damage to the maturing brain. A person with Cerebral Palsy generally has more than one impairment. Drugs and surgery cannot cure this condition. Early detection and training is vital. Early intervention focuses on speech, movement and education of a child with cerebral palsy. It also requires intervention by physio, occupational and speech therapists, community based rehabilitation workers and special educators.

Mental Retardation (MR)

Mental Retardation is a delay, or slowness, in a child's mental development. A child with mental retardation learns things more slowly than other children of the same age. Persons with mental retardation have been categorized into mild, moderate, severe and profound. There is noticeable delay in the development of motor, cognitive, social and language functions.

To explain further, a child with mental retardation faces difficulties in learning, in using past experiences for the solution of present problems. He finds it difficult to remember, to understand and adjust to different situations. He does not develop mentally or even physically at the same rate as other children of the same age. For example, a child may be 8 years old but may have the abilities of a 4 or 5 year old child, or a 12 year old child may behave like a 4-5 year old or even less. Many of these children, if given suitable and timely training may learn to take care of their basic needs and also can have a sustainable livelihood. There will, however, be some children who will always need to be cared for in some ways.

Multiple Disabilities (MD)

"Multiple Disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996). The disabilities defined there are : - blindness, low vision, leprosy-cured, hearing impairment, loco motor disability, mental retardation, mental illness.

Life Span Approach

From the very beginning, the focus of work has been for children with disabilities and more so of the school going years. This has helped, with inclusion of children with disabilities, in the Right to Education Act 2010 and Right to Education Amendment of 2011, though, some advocacy was necessary.

Realising the earlier lacunae, in the recent past the approach has been one of the life span, since at different stages of life, people with disabilities, need varying supports and reasonable accommodations.

Early Intervention :- If babies are screened at birth and in the first 3 years, most disabilities can be identified. There are however, not adequate referral centres in

our country, where babies can be sent for Early Intervention. This strategy for 0-6 years, requires a multi disciplinary approach. However, with physio therapy, speech and occupational therapies and special education, children can be taught many skills and made ready for schools.

The Ministry of Health through its flagship programme Rashtriya Bal Swasthya Karyakram is now setting up massive operations for screening and early intervention. Convergence with this programme, specially to set up Early Intervention for developmental and intellectual disabilities, will go a long way, in bringing these children out of their homes, to be accepted and included. The National Trust has in its strategic plan 2012-2017, put a priority on up scaling early intervention in India.

Early intervention for children with developmental disabilities, may need only a minimum of medical intervention. The real challenge is to help parents understand the condition and how to train their children through play and therapy to learn skills of daily living and better functioning in motor, sensory, cognition, social and emotional areas. There may be no medical cure, but good early intervention inputs, give many advantages, to children for better participation and inclusion in school and work.

Education : Inclusive education is promised under the RTE Act to every child. Children coming under the National Trust, were included under the RTE Amendment 2011. Though, the clause on Home Based Education, has been much cause of concern. Though, children are getting included slowly and steadily, however, they still remain the largest number of children out of school and also have the highest dropout rate.

To remedy this, we will need firstly, greater awareness, specially of parents and professionals about the possibilities for children with developmental disability. And, most of all awareness among doctors, who generally advice parents, that nothing can be done about their child.

Vocational Training, Skill Development and Employment: Once again, young people with developmental disabilities have very limited opportunities. Some have managed to crack the glass ceiling most are still not accepted in mainstream jobs.

Ashish Kumar, was the first young man with Cerebral Palsy to get through the prestigious IAS exam. However, he still has not got his appointment order. While G. Sidharth, a young man with Cerebral Palsy who wrote the bank exam, after much advocacy for reasonable accommodation, is today an upcoming successful bank officer.

So many baby steps have been taken. However, majority of people with intellectual and developmental disabilities tend to get struck in what traditionally has been called the "Sheltered Workshop". This lacks in both expertise and enterprise. Here, the aim is not to earn a living wage but only to keep the person busy and sell a few products for charity. These products may not be the best in quality or quantity.

The National Trust set up ARUNIM (Association for Rehabilitation under National Trust Initiative for Marketing). This is a path breaking initiative set up in 2008, ARUNIM's strategy include building a membership base across the country, networking with financial sectors, corporate sectors and the various Govt. bodies and Ministries that promote micro enterprises and build a brand. Its activities range from policy level interventions to providing information, offering training in product design, introducing technology based solutions and marketing opportunities to all its members and providing intensive support to sheltered workshops, individuals with disabilities and self help groups, which could be inclusive of parents, siblings and persons from other marginalised groups, for incubating micro enterprises. ARUNIM's key objective is to create a Marketing Federation and facilitate entrepreneurs with disabilities to become "Contributors and Job Creators".

ARUNIM works with 192 NGOs as well as individual entrepreneurs as members across the country. It reaches out to more than 3000 persons with disabilities. ARUNIM training on micro enterprise, design workshops and product evaluation programmes has been attended by 345 trainers and participants from the across the country.

Quality of Life : Most families cannot and may also not want to spend their financial resources on the health needs of people with intellectual and developmental disabilities. Coming across many such cases, the National Trust

pioneered in a Health Insurance Scheme, named Niramaya. This was the first of its kind to provide a generous insurance cover to all ages and all levels of disability under the National Trust. Earlier, health insurance cover was not extended to pre existing disabilities.

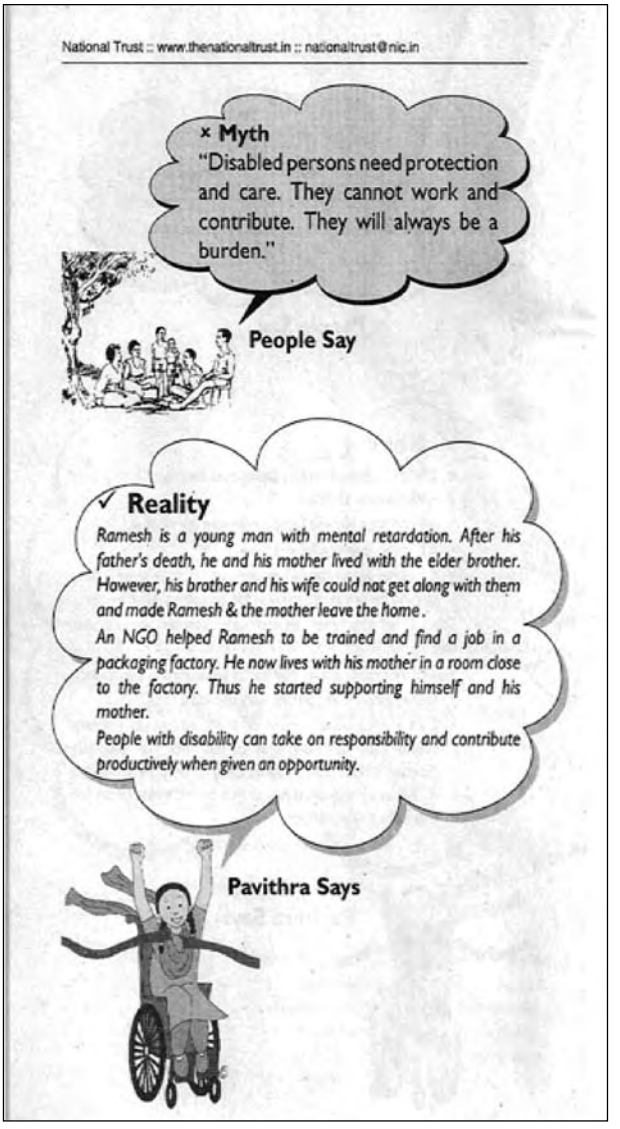
Niramaya has been popular scheme, and has about 1,23,659 people enrolled and has paid out claims upto Rs.56,845,589/- since its inception in 2008.

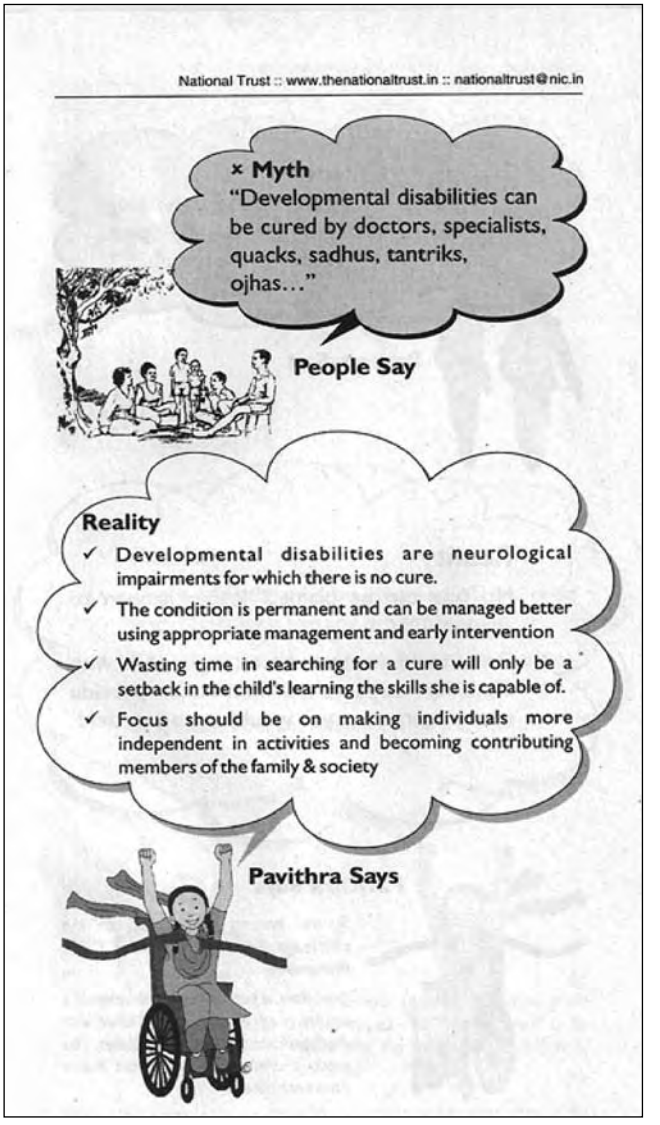
It won the Times of India Social Impact Award for health in the Govt. sector. This recognises the urgent need to create more opportunities for the development of people, who have been the most marginalised.

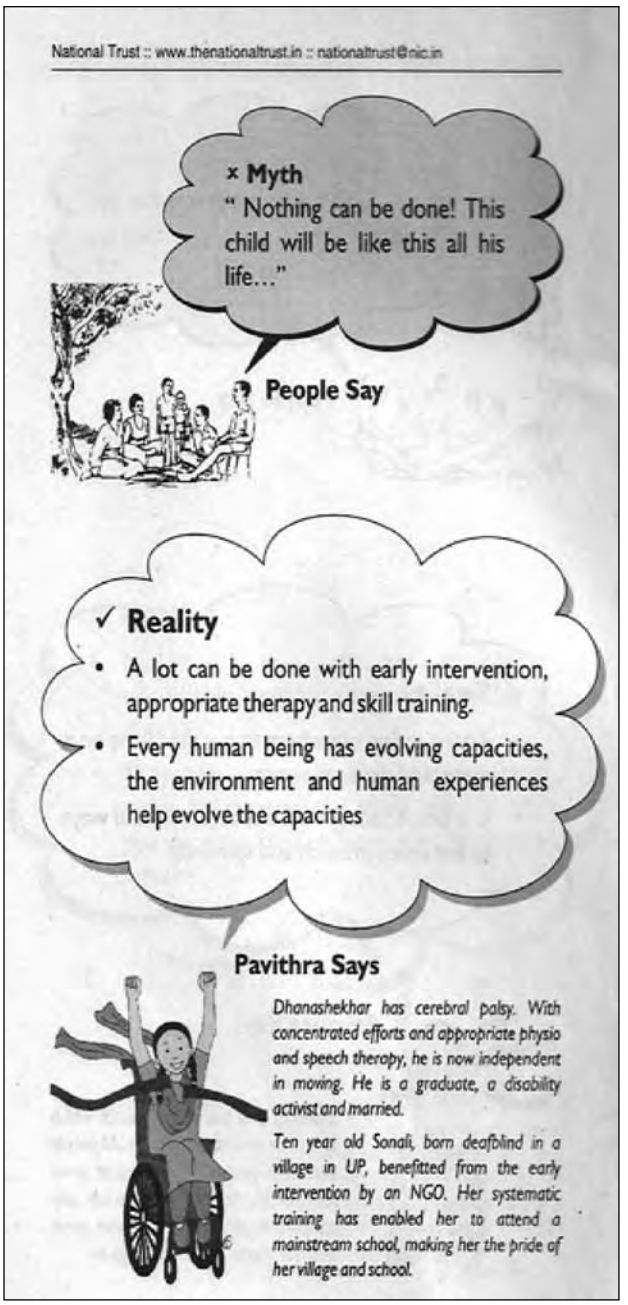
Personal Attendants (Sahyogi Scheme) : Care Givers, personal attendants or "Sahyogi" as National Trust has termed them, are an essential support for people with high support needs, the elderly and children in main stream schools who may need an attendant.

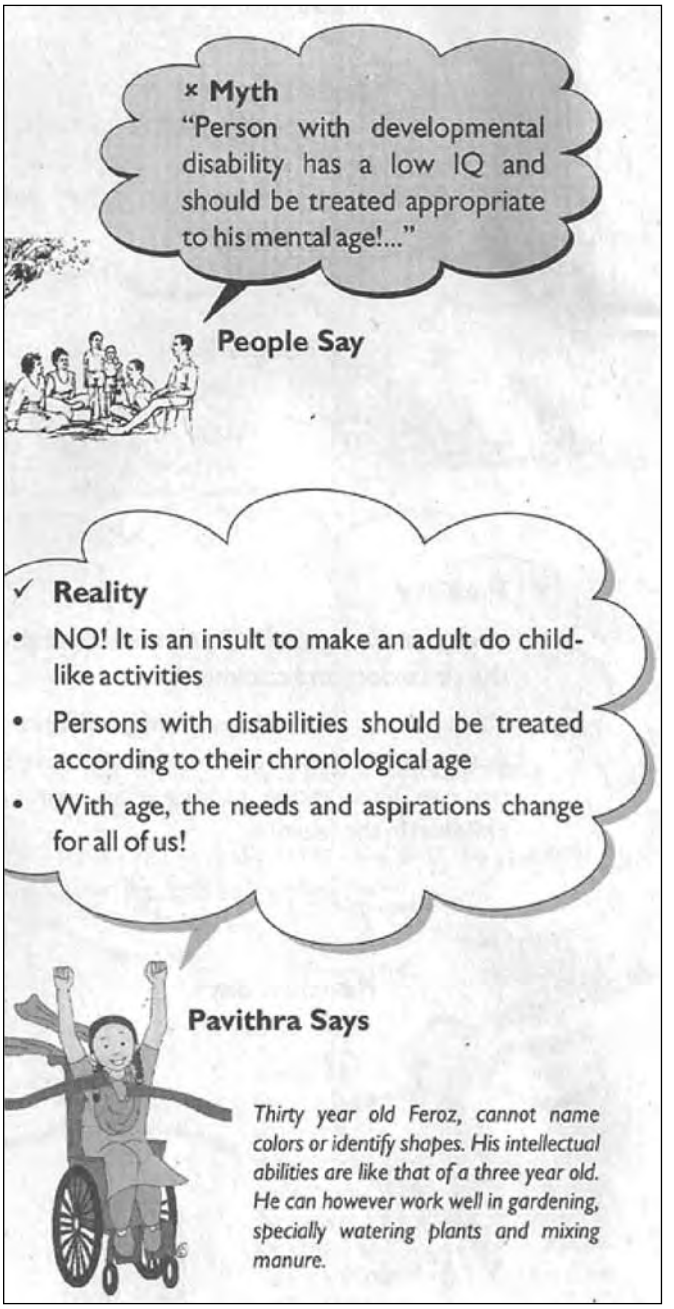
The UNCRPD has put into focus the concepts of interdependence and independence. Need for support does not mean lack of independence. Since all people are interdependent, it is important to acknowledge this concept with regard to people with disabilities. They may need support in their daily living activities, at work, to travel, at school or even to make decisions.

The Sahyogi Scheme, trains caregivers and deploys them to a care seeker with a Care Plan. As more people with disabilities, can find opportunities to leave their homes and participate in education, employment, cultural events, recreation, sports and politics,









they will need support through a personal attendant. This Scheme will need to be up scaled.

Building Capability: One of the general principles of the UNCRPD is "Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities." This is important with respect to the disability that we have been discussing because a major barrier has been in the thinking, that people with intellectual and developmental disabilities get limited to their IQ scores. In modern day thinking IQ scores are not the only parameter to go by. An IQ score can tell you "How smart are you? But it will not be able to tell you "What are you smart at?" Once evolving capacities are accepted then the sky is the limit for people with intellectual and developmental disabilities.

One can never by content to creep when one feels the impulse to soar-Hellen Keller. ❑

(E-mail:contactus@thenationaltrust.in)

CORRIGENDUM

In the March 2013 issue of Yojana, in the article by Jayanta Roy Chowdhury on India's Defence budget in Para three, second sentence be read as 'India's $1.9 trillion and not billion.

Editor

What is it like to be a human being?

Amartya Sen

Almost half a century ago, the philosopher Thomas Nagel published a famous paper called "What Is It Like to Be a Bat?" The question I want to ask is: what is it like to be a human being? As it happens, Tom Nagel's insightful paper in The Philosophical Review was also really about human beings, and only marginally about bats. Among other points, Nagel expressed deep scepticism about the temptation of observational scientists to identify the experience of being a bat—or similarly, a human being—with the associated physical phenomena in the brain and elsewhere in the body that are within easy reach of outside inspection. The sense of being a bat or a human can hardly be seen as just having certain twitches in the brain and of the body. The complexity of the former cannot be resolved by the easier tractability of the latter (tempting though it may be to do just that).

The cutting edge of the human development approach is also based on a distinction— but of a rather different kind from Nagel's basic epistemological contrast. The approach that Mahbub ul Haq pioneered through the series of Human Development Reports which began in 1990 is that between, on the one hand, the difficult problem of assessing the richness of human lives, including the freedoms that human beings have reason to value, and on the other, the much easier exercise of keeping track of incomes and other external resources that persons—or nations—happen to have. Gross domestic product (GDP) is much easier to see and measure than the quality of human life that people have. But human well-being and freedom, and their connection with fairness and justice in the world, cannot be reduced simply to the measurement of GDP and its growth rate, as many people are tempted to do.

The intrinsic complexity of human development is important to acknowledge, partly because we should not be side-tracked into changing the question: that was the central point that moved Mahbub ul Haq's bold initiative to supplement—and to some extent supplant—GDP. But along with that came a more difficult point, which is also an inescapable part of what has come to be called "the human development approach." We may, for the sake of convenience, use many simple indicators of human development, such as the HDI, based on only three variables with a very simple rule for weighting them—but the quest cannot end there. We should not spurn workable and useful shortcuts—the HDI may tell us a lot more about human quality of life than does the GDP—but nor should we be entirely satisfied with the immediate gain captured in these shortcuts in a world of continuous practice. Assessing the quality of life is a much more complex exercise than what can be captured through only one number, no matter how judicious is the selection of variables to be included, and the choice of the procedure of weighting.

The recognition of complexity has other important implications as well. The crucial role of public reasoning, which the present Human Development Report particularly emphasizes, arises partly from the recognition of this complexity. Only the wearer may know where the shoe pinches, but pinchavoiding arrangements cannot be effectively undertaken without giving voice to the people and giving them extensive opportunities for public discussion. The importance of various elements in evaluating well-being and freedom of people can be adequately appreciated and assessed only through persistent dialogue among the population, with an impact on the making of public policy. The political significance of such initiatives as the so-called Arab Spring, and mass movements elsewhere in the world, is matched by the epistemic importance of people expressing themselves, in dialogue with others, on what ails their lives and what injustices they want to remove. There is much to discuss—with each other and with the public servants that make policy.

The dialogic responsibilities, when properly appreciated across the lines of governance, must also include representing the interest of the people who are not here to express their concerns in their own voice. Human development cannot be indifferent to future generations just because they are not here—yet. But human beings do have the capacity to think about others, and their lives, and the art of responsible and accountable politics is to broaden dialogues from narrowly self-centred concerns to the broader social understanding of the importance of the needs and freedoms of people in the future as well as today. This is not a matter of simply including those concerns within one single indicator—for example, by overcrowding the already heavily loaded HDI (which stands, in any case, only for current wellbeing and freedom)—but it certainly is a matter of making sure that the discussions of human development include those other concerns. The Human Development Reports can continue to contribute to this broadening through explication as well as presenting tables of relevant information.

The human development approach is a major advance in the difficult exercise of understanding the successes and deprivations of human lives, and in appreciating the importance of reflection and dialogue, and through that advancing fairness and justice in the world. We may be much like bats in not being readily accessible to the measuring rod of the impatient observational scientist, but we are also capable of thinking and talking about the many-sided nature of our lives and those of others—today and tomorrow— in ways that may not be readily available to bats. Being a human being is both like being a bat and very unlike it.

Source : Human Development Report 2013

OPINION

Making Inclusive Education A Reality

Dr Uma Tuli

"A society that has no vision for the education of children and youth and is not prepared for the same, is doomed to die."

Mahatma Gandhi

Inclusive education is primarily about restructuring school culture, policy and practice so that it responds to the diversity of students in the locality. It sees individual differences not as problems to be fixed, but as opportunities to enrich learning and embrace change

EDUCATION IS the right of every child for that is what equips him to meet the challenges of life. Children with disabilities need this all the more, to supplement their different talents so that they can prepare themselves for a happy, productive and useful life. Apart from formal education, per se, children with disabilities have also to contend with several issues connected with their disability, such as attitude of the society, lack of employment opportunities and health concerns. These issues have been topics of deliberation at various fora within the country and across the world including the United Nations. It is widely recognized that much more needs to be done to integrate children and adults with disabilities in the mainstream.

The Reality

India has the second largest education system in the world, with more than 200 million school-aged children. 6 to 14 years of these approximately 20 million (10 per cent) do not have access to regular education (as per NSSO 2002 & Census 2001). While the national average of enrolment in schools is over 90 per cent, less than five per cent of children with disabilities are enrolled in schools. Moreover, about 40 per cent of these children are not able to complete the first five years of basic education, while another 20 percent leave school prior to the completion of three years of free and compulsory schooling as mandated by our Constitution.

The Constitution of India enshrines that elementary education is a fundamental right of every child. The same has been reiterated in several international instruments like the Universal Declaration of Human Rights, 1948 and the Biwako Millennium Framework for action towards an inclusive, barrier-free and right-based society. The National Policy on education states - "In our national perception, education is essentially for all… Education has an acculturating role. It refines sensitivities and perceptions that contribute to national cohesion, a scientific temper and independence of mind and spirit". The country also has a national policy for

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persons with disabilities framed by the Ministry of Social Justice & Empowerment. The policy reflects their concern and recognizes that persons with disabilities are a valuable human resource and seeks to create an environment which provides them equal opportunities , protects their rights and ensures full participation in social and community activities. This in itself includes children with disabilities.

These policies have resulted in mixed outcomes. The challenges that hamper implementation of inclusive education span across attitudes and lack of training, resources and administrative framework. National legislation and policies in several other countries have also emphasized the need for inclusion and mainstreaming.

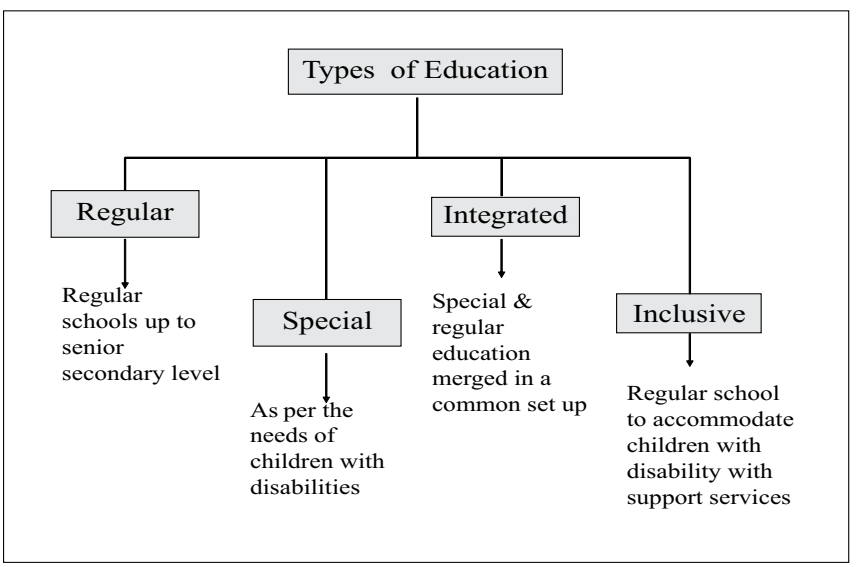
Educational Options

Different types of schooling options are available for children with disabilities. These can be classified into the following basic categories:

Other schooling options are :

- Placement options under non-formal education like National Institute of Open Schooling (NIOS) and distant learning through Indira Gandhi National Open University (IGNOU) are also practical approaches to education..
- Home based education where the child is enrolled in a school but is unable to attend on a daily basis due to multiple reasons such as mobility / self help related disabilities. In a few developed countries, families choose to educate the child at home but this is not so common in India.

Inclusive education is primarily about restructuring school culture, policy and practice so that it responds to the diversity of students in the locality. It sees individual differences not as problems to be fixed, but as opportunities to enrich learning and embrace change. Inclusive education is a dynamic and continuing process of facilitating the participation of all students, including those with disabilities. This process involves work at various levels including that of classroom teachers to modify teaching-learning strategies to teach children with disabilities.



Initiatives & Schemes for Inclusive Education

The Government of India launched a number of programmes such as Operation Blackboard but most of them focus mainly on infrastructure, education of girls, SC/ST students. Some programmes like Integrated Education for Disabled Children and the District Primary Education Programme focused on promoting education were also launched with limited success. Education has been the joint responsibility of the Centre and the states. The former provides policy frameworks and budgetary support while the State and Union Territories organise, structure and implement their own policies.

India signed the UN Convention on the Rights of Persons with Disability on 30th March, 2007, the day it opened for signature. India subsequently ratified the Convention on October 1, 2007 and has committed to providing equal educational opportunities to all persons including children with disabilities. As per Article 24 of the Convention, Government has already initiated a number of steps to amend legislation regarding Rights of Persons With Disability to harmonize it with provisions of UNCRPD. A new department of Disability Affairs has been created in the Ministry of Social Justice & Empowerment to focus on the policy issues and problems of persons with disabilities. The department will also help in strengthening the existing schemes, formulating new schemes and also introducing technological innovations. However, execution poses the real challenge. The sad reality remains that children with disabilities are still being rejected by many schools.

The Sarva Shiksha Abhiyan, a flagship programme of the Ministry of Human Resource Development has set a goal of providing 8 years of elementary schooling for all children including children with disabilities in the age group of 6-14 years. The Sarva Shiksha Abhiyan framework also provides for zero rejection.

The programme is making good progress and covers nearly 195 million children in over 1.2 million schools in the country. Out of these, nearly 60% schools are now barrier-free. The component of inclusive education in Sarva Shiksha Abhiyan is still lower than planned. The issue of access to education and lack of other infrastructural and financial resources for children with disabilities in rural areas remain to be addressed.

Children with disability in the age group of 4-14 years are provided free education under the Integrated Education for Disabled Children Scheme. A large number of NGOs in India are working on disability issues and are perceived by the Government as widening the implementation framework and also bringing greater flexibility and innovation in the educational programmes including promotion of inclusive education. In addition to Government schools, some private schools have also been voluntarily implementing inclusive education but these are mainly in urban areas. National Trust also provides substantial support and scholarships for education of persons with disabilities.

The philosophy of Inclusive Education rests on giving equal opportunities and full participation to an integrated group of persons with and without disability studying together regardless of any difficulties or differences they may have.

Primary goals of Inclusive Education

- To bring out the best in the child, without alienating him/her.
- To provide the child with a warm and enriched environment.
- To assist the child in developing basic skills to cope with day-to-day challenges.
- To develop skills that will enable the child to become self-reliant.
- To help the child develop a desirable attitude towards society.

Essential components

Teacher training and school leadership are essential components for successful implementation of inclusive education in the classroom. There is a need to include a paper on disability in training programmes for teachers. This is necessary to help teachers to be sensitive to the specific needs of children with Disabilities and empower them to identify and deal with disability.

This will include provision of effective educational services, assistive devices, support services, age-appropriate classes, barrier-free environment, availability of neighbourhood school and involvement, vocational training, sports and cultural activities should be made a part of school curriculum.

For meaningful inclusion of children with disabilities, all teachers shall be oriented to deal with such children with disability, in a classroom situation.

Challenges

- Attitudinal barriers
- Lack of systemic changes & trained human resource in schools & workplaces
- Poor implementation of policies & legislation
- Insensitivity & unawareness
- Socio-cultural, economic, religious & linguistic variations preventing programme development
- Non-availability of technologically advanced resources
- Inadequate funds, mechanism to streamline identification procedures and collection of data
- Monitoring to assess the quantitative and qualitative progress in inclusive education, creating barrier-free school buildings.

Good Practices

Although government is the primary stakeholder, a number of NGOs and private institutions are playing a major role in the promotion of inclusive education.

There are several institutions in India who have successfully implemented integrated as well as inclusive education.

Amar Jyoti School in Delhi and Gwalior (M.P)

Amar Jyoti is the pioneering institution promoting inclusive education since the day of its inception in 1981. With the ratio of almost 50:50 of the disabled and the non disabled, the school has been aiming at inculcating a better understanding of disability, while instituting confidence among children with impairments. The school in Delhi has a mix of 450 and in Gwalior 250 students.

There are four sections with a total of seventy students with hearing and speech impairment. Initially hearing impaired students are given training in lip reading and sign language. Training in total communication makes their entry in regular sections easier. Some girls are good in dance and sports. Most of these students have been found to be good in drawing and painting.

About eight visually impaired students have been fully integrated in regular classes. Eleven are still in a special section where they are receiving training in Braille and mobility. Through special software they are being trained in computers also.

There are eight sections for over one hundred intellectually challenged students. One section has been earmarked for children with multiple disabilities also.

The orthopedically challenged are given assistive devices and sent to regular classes. In fact after initial training and social integration the regular class become inclusive of the able and the disabled studying together.

Children learn to play before they learn to read or write. Cultural activities and sports have a special role in developing children into young adults. Through these activities children develop intellectually, socially, emotionally and physically. Young children are natural explorers; they are never still, and seldom silent. They learn by trial and error as they play together. A child with a disability is no exception. The events have to be planned in a manner that the able and the disabled can play together. In cultural activities also we experience that inclusion helps inculcating confidence and highlights their abilities.

The institution has adopted a holistic approach to education, medical care, rehabilitation and vocational training.

The team of special educators, parents, counsellors, therapists, social workers and doctors play a significant role in implementing inclusion. They can be either on the roll of the institution or visiting faculty. Each one of them ensures implementation of components of inclusion. The rather slow speed of spread of inclusive education despite a zero rejection policy is due to a number of difficulties. While there is no shortage of issues and constraints in the interpretation and implementation of inclusive education in the country, a more pragmatic view needs to be taken both by the Centre and the States

This journey has not been easy but it demonstrates that it is possible to provide holistic rehabilitative services to children with disabilities not only to include them in mainstream society but also to enable them to enjoy a life of equality and dignity.

The other important events for training to make inclusion a reality are :

- Abilympics
- Paralympics
- Integrated sports meets
- Integrated cultural activities
- Special olympics

Implications for all schools :

In order to promote and implement inclusive education effectively the following points need to be kept in mind :

- Need proper transport and enabling environment for children with special needs.
- Involvement of parents as learners, teachers, decision makers and advocates.
- Providing interactive & fun filled classrooms.
- Development of flexible curriculum to reduce academic load.
- Removal of gender and other social biases.

- Develop appropriate teaching and learning material.
- Establish linkage between preschool and primary education.
- Provision of adequate resource.

Institutions implementing inclusion effectively

Action for Ability Development & Inclusion (AADI), New Delhi; Akshay Pratishthan, New Delhi ; Tamanna, New Delhi ; Bhartiya Vidya Bhavan, New Delhi ; Laxman Public School, New Delhi ; Blind People's Association, Ahmedabad; Indian Institute of Cerebral Palsy, Kolkota; Spastic Society of Manipur, Manipur ; Vidya Sagar, Chennai; National Centre for Inclusion, Mumbai ; Digdarshika Institute of Rehabilitation & Research, Bhopal; Drishtidan, Guwahati and many more.

Because of constraint of space, the list given above is not comprehensive but only indicative

Benefits of successful inclusion

- Students learn to appreciate each other's unique strengths and abilities.
- Students are encouraged to help each other.
- Students with disabilities are able to foster friendships in a natural, supportive, and encouraging environment.
- Non-disabled students get a chance to develop positive attitudes towards people with differences.
- Self-esteem and a feeling of achievement surfaces automatically.
- Students imbibe desirable social behaviour best from each other.

The Way Forward

The sensitive and secular policies of the Government have helped to create an infrastructure and attitude in the country to address the needs of persons with disabilities. There is a paradigm shift from charity to empowerment and from the medical model to the psycho-social models. The Government is committed to provide equal rights to persons with disabilities for education, inclusion and empowerment. A separate department of Disability Affairs has recently been created in the Ministry of Social Justice & Empowerment to specifically empower Persons with Disabilities. There is also a need to promote academic discussions for assessing the impact of different approaches in the present inclusive set up.

The initial years may prove trying since difficulties & problems will arise & progress may be slow & gradual. It is important to maintain self belief & faith in one's capabilities. The strength of an inclusive set up is a dedicated and committed management and its team. This expansion of facilities can be undertaken in phases preferably by starting with one or two types of disabilities depending on the number of such children with disabilities living in the neighbourhood, ensuring involvement of parents, provision of assistive devices and providing special concessions and reforms in examination systems.

Inclusion and mainstreaming should guide all decisions and policies dealing with persons with disabilities. While planning for inclusion in education the learning should be an integral part of the team of stakeholders, special attention should be paid to ensure retention of children with disabilities in school. The desirability and need of designating a single Ministry as the responsible implementation agency for inclusive education should be expeditiously examined. This would ensure the success of implementation of the 86th Constitutional amendment in 2002 to make elementary education for all children and implementation of the Sarva Shiksha Abiyan.

In short, the way forward lies in adopting a multi-pronged approach comprising teamwork amongst policy makers and stakeholders, ensuring comprehensive services for inclusion, providing retention in schools, allowing assistive devices like talking calculators, talking pens and other concessions in examinations and reforms in the examination system, training of trainers, strengthening legislation and providing sufficient resources.

Implementing all these, the inclusive education, though difficult, will become possible. ❑

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"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around"

Leo F. Buscaglia

Multiple Agricultural Machineries

Information on herbal agricultural products based on people's knowledge is also disseminated during such meetings. These meetings have been a melting pot of innovative ideas from farmers and mechanics of the region resulting in a lot of knowledge exchange and problem solving

HAILING FROM Malia in Junagadh district of Gujarat, Amrutbhai Agrawat (68) is not just another innovator but is also a great ambassador of the Honey Bee Network. A generous and benevolent soul, Amrutbhai is ever willing to voluntary help anyone needing his time or advice or even innovations.

A Pujari in a local temple, Amrutbhai began his life as a farm worker after discontinuing his studies in fifth class. He set up a small farm machinery workshop at his place and also started making iron doors, boxes for granaries and iron gates. His son, Bharat, a serial innovator himself and an awardee in NIF's Fourth National Biennial Competition (2007) started helping his father since he was in sixth standard and has since, continued his father's legacy. For his pulley with stopper, Amrutbhai won a National Award in NIF's First National Competition (2001) and also Wall Street Journal's Asian Innovation Award in 2005.

A compassionate soul, Amrutbhai Agrawat has learnt to solve problem faced by farmers, women and labourers essentially through his own life experience. Hardship in his early life, created in him a desire to do something about the problems faced by common people. He innovated as many as seven different useful farm implements such as tilting bullock cart, groundnut digger, multipurpose toolbar, wheat sowing box etc.

Janak Santi

Normally from sowing to harvesting of any crop, about 10 – 15 different implements are needed. Keeping this view in consideration, Amurutbhai developed "Janak Santi" way back in the year 1972. This agricultural device, made of cast iron, can be used in all types of crop and soil. In this implement near about 15 subsidiary implements can be attached for carrying out different agricultural operations.

Mini Kaliu (Groundnut digger, 1980)

Mini Kaliu, is exclusively used for the harvesting of the groundnut crop under severe drought condition. It is a simple twin bullock drawn implement, which is used to dig out the groundnut in hard soil condition. The implement is made up of cast iron weighing about 30 to 35 kg. The length of beam is 40 inches, which rests on two supporting wheels. These wheels help the attached blade to penetrate in the soil uniformly and easily. The thrusting

of blade to a particular depth in the soil can be even adjusted with this implement. Different length blades are available, which can be used accordingly.

The Wheat Sowing Box (1984)

As a first step towards the redesigning of the bullock cart Amrutbhai purchased a hydraulic jack with an accompanying tank from the nearby city of Rajkot. The tank was too large for the cart and so he procured another one of proper size. After filling it with the oil he applied pressure on it through a pump. The tank burst but fortunately no one was hurt. On probing Amrutbhai discovered that the tank had burst because its outlet was clogged.

The failure of this experiment cost him another two thousand rupees. Not losing heart, he decided to try out vertical gears. At first he mounted two gears and found them successful. He then increased the number of gears to four, and then to six and finally to eight. It was the morning of New Year (2052 as per Hindu calendar) that he finally arrived at a satisfactory solution using eight gears. He named the new cart "Aaruni", after the son of an Indian sage. Aaruni is well known in folk-lore for his example in checking the erosion of soil. By analogy, the new product would prove useful in checking the "erosion of the bullock's strength".

Pulley with stopper (1997)

The Saraswati is a detachable pulley, which can be used at various locations where a beam is present. The Yamuna is a roller type pulley. Each costing under Rs 500, these pulleys are also economical to use. These pulleys were installed in several villages of Gujarat on an experimental basis and received good response from individuals and NGO's, though their diffusion somehow remained limited. Amrutbhai also got Gujarat Government's Sardar Krishi Puruskar for this innovation. He has declared this technology as an open source technology for anyone to copy and make use of.

The Network Ambassador

Amrutbhai has been part of the Honey Bee Network almost since its inception and by far has contributed the most to sustain and nurture the spirit of the network. He has served the Board of SRISTI and contributed to its growth and expansion.

He has been instrumental in voluntarily organizing twenty Shodh Sankals in the Saurashtra region. To strengthen lateral learning among the grassroots innovators, the concept of Shodh Sankal-a chain of experimenting farmers, was initiated in mid 1990's by SRISTI. This platform provides scope for lateral learning among those who solve the problem and not only those who merely articulate them. Shodh Sankals make use of a solution augmenting approach rather a simple problem solving one. Meetings are organised in different talukas where the farmers participate in large numbers. The meetings, whose main focus is discussion on organic farming experimentation, are now being organised by the farmers themselves at their own cost. Information on herbal agricultural products based on people's knowledge is also disseminated during such meetings. These meetings have been a melting pot of innovative ideas from farmers and mechanics of the region resulting in a lot of knowledge exchange and problem solving.

A sizeable network of such people has been developed regionally by Amrutbhai, who accompany him to every Shodh Yatra (walk in search of local ingenuity), twice a year in different parts of the country. Amrutbai has participated in twenty six Shodh Yatras organised till date over last fourteen years missing only two of them.

Not satisfied being just an innovator, Amrutbhai is also on a perpetual for people like him, who have come up with creative ideas. All these years he has scouted about ninety six entries including engineering and herbal from his region and discovered about fifty innovators, farmers or traditional knowledge holders. Recently, NIF supported him for a workshop to continue his untiring work on innovations. An inclusive innovator, he has agreed to help and mentor any other innovator willing to make use of this facility. He has come up with the model of a small tractor within a few months of the support and is presently working the windmill with his son Bharat. ❑

(E-mail : campaign@nifindia.org, www.nifindia.org)

ANALYSIS

Education of Children with Disabilities: Need for Greater Reflection

Nidhi Singal

Parents of children with disabilities equated education with increased employment prospects for their child, leading to a better quality of life than they had

IN RECENT years changes in legislation, as reflected in the Persons with Disabilities Act and the Right to Education Act, have provided a much needed focus on the education of children with disabilities. However, conflicting goals and a lack of clarity still affect young people's experiences and outcomes of education.

While educational enrolment figures for children with disabilities remain highly contested, with figures ranging from less than 4 per cent to 67.5 per cent attending school, there exclusion from education is of concern. NSSO (2003) figures indicate that only 45 per cent of people with disabilities are literate in comparison to 65 per cent of the total population. Progression and retention rates remain dismal. World Bank (2007) noted that only about 4 per cent of children with disabilities receive more than 8 years of schooling, and they are five times more likely to be out of school than children belonging to scheduled castes or scheduled tribes. Even in states with good overall educational indicators, such as Kerala and Tamil Nadu their situation is far from adequate. This raises the question about what is amiss in a context where some commentators have argued has the most progressive disability policy frameworks.

Over the years, government has funded special schools through grants-in-aids (under the Ministry of Social Justice and Empowerment) and integration in mainstream schools through programmes, such as the Integrated Education for Disabled Children (under the Ministry of Human Resource and Development). An important shift was undertaken in the Sarv Shiksha Abhiyn (2007: 1), which adopted a 'zero rejection policy' irrespective of the kind, category and degree of disability. The aim was to teach a child in an environment suited to his/her learning needs, which might include special schools, Education Guarantee Scheme, Alternative and Innovative Education or even home-based education. While this multi-option delivery model could be immensely useful a number of assumptions underpinning the government's discourse need to be challenged.

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In policies and practice, deterministic viewpoints about children's ability remain largely unchallenged and naïve statements about where to educate children with disabilities exist. For instance, the MHRD, 2003 document, provides a list of children who can be taught in the mainstream, and the important variables for doing so are IQ score and the nature of impairment. Furthermore, the overarching emphasis in such a scenario is on identification, through assessment teams "comprising of a psychologist, a doctor and a special educator' will determine whether the child should be directly enrolled into a 'normal' school'" (as noted in the Tenth Five Year plan). Noticeable here is not only the absence of the views and preferences of the child and parents, but there is also a complete disregard of the fact that such objectification and medicalization of disability is highly limiting.

Not surprisingly, issues of access and location remain paramount in discussions and little regard is given to the quality of classroom based processes. The lack of teacher preparation and training in responding to the needs of children with disabilities is noted even by the National Council for Teacher Education (2010:12), which reflects on the "inadequate preparation of teachers to address diversity in the classroom". Additionally research evidence is growing in relation to the challenges faced by teachers. The discussions in this article draw on the writer's experience of researching and working in the area of special and inclusive education over the last 14 years. The research evidence quoted in this article is specifically drawn from a qualitative community based study with 30 young people with disabilities, their families and other stakeholders in Madhya Pradesh (2005-2010). In Singal et. al., (2009) mainstream teachers working in government schools in rural and urban Dewas noted their lack of training to respond to the needs of children with disabilities and the challenge of working in large class sizes with little resources. Interestingly, these accounts are no different from those of teachers working in more urban and better resourced private schools in Delhi, Kolkata and Mumbai. However, this is not surprising given that teachers own experiences are shaped by their (inadequate) training and (limited) experiences, which are far from adequate, hence putting in place a vicious cycle of compliance and lack of creative engagement.

Furthermore, the discourse around the aims of educating those with disabilities is itself anchored in limiting assumptions about their role in society. As an example it is useful to draw a contrast between a NCERT (2006: 23) report which notes the goals of education as: "Creation of vital links between experiences at home and community, Self-knowledge, Creativity and exploration". While the (Draft) National Policy on Special Education notes, "In developing curricula for children with special needs stress shall be laid on the development of *compensatory, vocational, and social skills"* (RCI, 2001, emphasis added). Such a statement begs important questions about compensation for what? Whereas the focus on vocational skills gets translated into carpentry, candle making, and other low skill endeavours, with little economic potential.

Such narrow perceptions about the purpose of schooling stand in contrast to the views which are held by young people with disabilities and their families. Recent research in India highlights that education is a priority even for parents with children with disabilities and in some cases they are equally willing to make the investment in private education. Similar findings were reported in the World Bank study in rural Uttar Pradesh and Tamil Nadu.

Parents of children with disabilities equated education with increased employment prospects for their child, leading to a better quality of life than they had. More significantly, young people with disabilities who had attended school for 8 years or more, discussed the impact of schooling in terms of developing a positive self, related it to notions of respect and dignity, development of basic skills such as reading newspapers, accessing information on public transport, and heightened sense of independence. As a young woman noted, '*Education can make a person independent and stay in society with some amount of dignity'*.

While young people valued education they were also vey reflective of the struggles they encountered in their educational journeys. These experiences provide interesting reflections on issues of location. Most of the young people had truncated journeys where they moved from special to mainstream or vice versa, from government to private schools or vice versa, which were due to

various push factors rather than by choice. In mainstream schools their experiences were heavily shaped by high levels of frustrations arising from lack of adequate resources (e.g., Braille), a restricted school curriculum, and lack of classroom participation. In such a scenario children with disabilities seemed to be resilient survivors of a flawed system, rather than the system fostering their success.

Even though the last few years have seen an increased focus on the education of children with disabilities, fundamental issues remain in relation to how differences are understood and responded to in the Indian context. In India, the strong association between poverty and disability cannot be disregarded. Various epidemiological (and other) studies highlight the high incidence of preventable diseases causing impairments. By focusing on issues faced by people with disabilities not only is one amplifying the socio-historical marginalization of this group, but also engaging with the contemporary realities of Indian poverty. It also acknowledges the need for proper health care and the need for aids and appliances. However this should not detract from the need to continually and critically examine barriers that society places on the participation of those with disabilities.

Additionally, efforts have not been shaped by a systematic examination of existing needs and realities. Rather the focus has been a piece meal approach on one hand, and the adoption of international rhetoric on the other. An interesting example in case of the latter is how 'inclusive education' is currently propagated as *the* solution to all problems, within many non-governmental circles. This is done without any clear articulation of the *what, how* and *why* specifically in relation to the Indian context. Emerging evidence from many Southern countries highlights the inadequacies of uncritically adopting such decontextualized rhetoric, especially when propagated through the use of indexes and training modules developed by researchers based in the North who have no experience or understanding of our context. Of even greater concern is the fact that there is no realisation that even in a country like Britain (a country from where we continue to import many concepts and ideas in this field) the Conservative government when elected to power (in 2011) expressed the following views in its very first official document on. 'We will *remove the bias towards inclusion*...we will also prevent the unnecessary closure of special schools by giving parents and community groups the power to take them over' (DfE, 2011: 5, emphasis added).

In our efforts towards educating children with disabilities there is a need for greater acknowledgment of the challenges in our mainstream education where fundamental concerns exist, such as teacher attendance (not qualification); competence in basic skills (not developing innovative pedagogical approaches); scarcity of clean lavoratories (not high-tech laboratories); and the baggage of colonial legacy with competing demands in a globalised era. Unarguably, the approaches adopted to respond to the education of children with disabilities must acknowledge and address these dissonances. Thus simply stating that all children must participate in the existing fractured education system would not necessarily be a socially just approach.

Furthermore, as we work towards developing an educational system capable of accommodating greater human diversity, we must be creative in our undertaking. The need is to develop 'value free' transition points between different educational streams (special, mainstream etc), and where the participation in one system will not stigmatise learners for life. While there is no argument against the fact that all groups of children should be provided access to a learning environment which is engaging and empowering, it is still not clear *how* this is best achieved.

Debates in the field of special and inclusive education continue to draw on Northern literature, unquestioned assumptions and oversimplified generalisations. For too long there has been a complete silencing of the voices of these with disabilities in reflecting on their educational experiences and helping chart the future course of direction. These key stakeholders must be provided spaces (intellectual and physical) to be heard and listened to. It is only when we truly begun to develop a deeper appreciation of the context and make efforts to understand individual and collective stories that we can open up the moral and political space for effective educational reform efforts, rather than putting in place fragmented solutions. ❑

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YE-296/2013

Portrayal of disability in Literature and Cinema

Pranjal Dhar

Everyone has a right to dream, whether abled or differently abled. Iqbal (2005) of Nagesh Kukunoor asserts the victory of such undying spirit. The dumb boy, Iqbal aspires to be a bowler in the Indian Cricket Team. He suffers discrimination but triumphs over all odds

DISABILITY IS a major concern of our society. The Governmental and Non-Governmental sectors have been making efforts to fight it but it still remains a big challenge. We often hear about the pervasive presence of disability among people through the media which is an important source to cultivate right attitude towards disability and create awareness about it among people. Film is surely a very important medium towards this end. It would be interesting and pertinent to know as to how disability gets portrayed in cinema. This becomes all the more important because of the at large wide ranging impact of cinema on the society and public.

Our mythology and *puranas* also do contain examples of differently-abled individuals like *Dhritrashtra*, *Manthara*, *Ashtaavakra* etc. Disability can be either inborn or a consequence of some unfortunate incident in life such as disease or accident. Films too have given space to representation of disability in various artistic forms.

Only recently a film by Anurag Basu *Barfi* was released. It also became the official entry of India for Oscars. The protagonist Ranbeer Kapur playing a deaf and dumb man is simultaneously attracted to two girls, one of them being a physically challenged girl. The boy, Barfi, prefers the physically challenged girl over the other one. But, why ? It's indeed a thought provoking question. Priyanka Chopra was much admired for her role as a mentally challenged girl, world apart from the glitter and glamour. It is significant that when a star of Bollywood plays such a character he is thought of displaying an exemplary courage for an artist. For instance, Sanjeev Kumar was much appreciated for playing the disabled in the legendary film *Sholay* although as we do know that his disability was incidental rather than being from birth. Likewise in the film *Koi Mil Gaya* (2003) Hrithik Roshan played a mentally challenged whose mental age was that of a eight year child although his biological age was twenty years. This movie was meant for the children and carried little social

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message yet, it proved that skillful use of creativity can make for a commercial hit as well.

The Oscar winning movie *The King's Speech* is a classic example of a beautiful portrayal of disability. The protagonist, the king stammers and becomes a victim of the jibes of his family. He gradually loses his confidence and finds it a mammoth challenge to speak from public platforms. The care and concern of his wife and the acumen of his trainer revives his confidence and ultimately he succeeds in delivering his speech. A similar problem was portrayed in the movie *My Name Is Khan*. Mani Ratnam's movie *Anjali* and *Mai Aisa Hee Hoon* reveal the loneliness of those who have been forced to the periphery. The father in *Anjali* conceals the inborn disability of his daughter from his wife to spare his wife from a possible ordeal. The remake of *I Am Sam* by the name *Mai Aisa Hee Hoon* became a huge success.

Hindi cinema has perhaps the largest audience in the world and it also claims to reflect the society. Deepika Padukone in the 2009 movie *Lafangey Parindey* plays the character of a dancer who loses her eyes prior to an important competition. The sight-disabled girl loses confidence in her abilities but the hero Neel Nitin Mukesh trains her in such a manner that she regains her enthusiasm and confidence. The movie strongly conveys the message that no success is too high for the disabled to achieve.

Sanjay Leela Bhansali, the acclaimed Director, has used the medium of cinema to present this subject in an aesthetic manner. In *Khamoshi i*(1996) the protagonist is deaf and dumb. Nana Patekar and Seema Biswas have played the touching role of a couple. Sign Language used in the movie becomes all the more expressive in the context of deep sensitivities of the disabled people. While Patekar and Biswas are explicit about their disgust for music their daughter, on the contrary, is all about music. In a very touching scene the film shows the physically challenged being subjected to insult. Another such movie dwelling on this subject is *Black* (2005) in which the protagonist, Rani Mukherjee is deaf, dumb and blind. She gives voice to the deep void and the resounding silence of a deaf, dumb and blind person who becomes violent in the absence of a meaningful outlet for her feelings. Later on she meets one Debraj Sahay who helps her out of the dark abyss. The third such movie was *Guzarish* (2010) which dwelt on the extremely sensitive issue of euthanasia through the story of the protagonist Hrithik Roshan suffering from quadriplegia that renders him virtually dead, a total invalid.

Everyone has a right to dream, whether abled or differently abled. *Iqbal* (2005) of Nagesh Kukunoor asserts the victory of such undying spirit. The dumb boy, Iqbal aspires to be a bowler in the Indian Cricket Team. He suffers discrimination but triumphs over all odds under the able guidance of his coach Naseeruddin Shah to realize his dream. The best thing about the movie is that it does not view disability with pity or sympathy rather it views it as a challenge which leads to victory if faced bravely. One can hardly forget a similar character of *Lagaan* who makes a valuable contribution in the ultimate victory surmounting formidable challenges. But there are other movies that portray disability in a superficial or even derogatory manner in an attempt to create slapstick humour. Kader Khan's *Mujhse Shaadi Karogi* is one such example which incites base humour at the expense of the debilitating disabilities of differently abled.

Taare Zameen Par(2007) is a child centric movie but devoid of the fantasy element of *Koi Mil Gaya*. It is a sensitive movie based on deep insight into the grim realities of our day-to-day life. The disability that is subject matter of the movie is not apparent or easily visible. Instead it is buried deep in human brain. The child, Ishaan Shrivastava suffers from dyslexia that makes the reading of the alphabets a paramount difficulty. Although this makes the progress in academics difficult for the child yet his love and ability for painting makes him unique and capable of working wonders in this particular field. But the typical parents fail to perceive his difficulty as well as his unique talent and consider him a dull boy and punish him by putting him in a Boarding School. This punishment makes a deep scar on the sensitive mind of the child. But, then comes the Midas touch of Ramshankar Nikumb (Amir Khan) who not only fathoms the exact nature of his problem but discovers his unique talent as well. He gradually chisels him to bring out the best in him. This movie has a very serious message to deliver.

Education has to be child specific and it ought to bring out the best in the child rather than reducing him to a machine.

The much acclaimed film *Pa* (2009) brought the disease Progeria into public consciousness. For a person afflicted with this disease the brain and the body grow at a differential rate. Amitabh Bachchan has played the role of a boy, Auro, suffering from progeria who is loved by his cohorts and school mates. The primary objective of the movie is not to popularize Progeria rather than to evoke the latent love of the father towards his child.

Unlike literature in which we do find characters like Gandhari who wrapped a cloth round her eyes in her attempt to completely identify with her blind husband, Hindi Cinema depicts disability affecting the marital relationship primarily in two ways. In movies like *Pati Patni* (1966), *Zameen Asman* (1972), *Kasauti* (1974), *Wakeel Babu* (1983), *Qatl* (1986), *Waada* (2006) etc. the marital relationship crumbles. However, in other films, alternatives are explored or cure for disability is found. The climax of a 1972 movie *Anurag* that shows the cornea transplant as an answer to blindness is a memorable one. The love relationship with Vinod Mehra is sought to be redeemed in this fashion. Similar remedies have been sought to be projected in other movies like *Jheel Ke Uss Paar* (1973), *Sunayna* (1979), *Neelkamal* (1984) and *Humko Tumse Pyar Hai* (2006) etc. There are numerous such movies like *Saathi* (1968), *Khamoshi* (1969), *Khilauna* (1970) where cooperation and love are shown to smoothen the relationship in the context of disability.

While talking about movies dwelling upon disabilities the story would rather be incomplete without the mention of classic movie *Dosti* (1964) in which the two differently abled friends complement each other with the gift of music which nature has bestowed upon them. *Koshish* (1972) stars the inimitable Sanjeev Kumar and Jaya Bhaduri who are dumb but they shine with their brilliant acting on screen. The message too was a forceful one. Differently abled people can manage to run their lives on their own without the aid, props and sympathy of the common lot but simultaneously the movie becomes heart rending when it shows the deaf and dumb parents losing their child because they were unable to hear the groans of their child. In *Kinara* (1977) Gulzar once again reveals his sensitivity towards the disabled in a potent fashion. Naseeruddin Shah in plays the role of a fiercely independent differently abled character in *Sparsh*. In the same league comes *Sadma* (1983) with its unique climax. Kamal Hasan and Sridevi leave an indelible impression on the viewers. The movie projects the differently abled as special children of God. ❑

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Different Approaches to Asking About Disability in Census and Surveys

The UN Statistics Division has formed the Washington City Group on Disability Statistics, which is focused on measurement of disability in national censuses and surveys (website is http://www.cdc.gov/ nchs/citygroup.htm). There are broadly four methods of trying to identify disability in surveys, which are:

Diagnostic: An example of this approach would be "Is anyone in house deaf ?". This method tends to generate the lowest prevalence estimates among those now available and is the one used in India for both NSS and census.

Activities of daily living (ADL): This method relies on a functional approach based on common activities of individuals. An example of this approach would be "Do you have trouble bathing or dressing yourself ?". This yields higher prevalence estimates than the diagnostic approach, but can be very culturally sensitive for purposes of cross-country comparison (e.g., putting on a sari is a more demanding task than putting on a skirt).

Instrumental ADL (IADL): This asks about more complex functionings, e.g., "Do you have trouble maintaining the household ?". This tends to yield the highest rates of disability, but can more often include those with chronic illness who may not otherwise be classified as disabled.

Participatory/social roles – This method is underpinned by a social model of disability. An example would be "Do you have a mental or physical impairment that limits the type/amount of work you can do ?". This would tend to yield prevalence estimates between diagnostic and ADL/ IADL approaches.

Source: UN Washington City Group

VIEW POINT

Social Definition of Psycho-Social Disability

Bhargavi V Davar

The Persons with Disabilities Act of 1995 supported us in recognizing the disability part of psychological distress and the person as a holder of universal human rights

The psycho-social health and disability spectrum, when situated in the context of our everyday lives, is a variety of individual experiences. The experienced disability is a measure of the impairment and the social barriers faced by a person. This range of experiences could extend from feeling well, to feeling distress, disturbance, to extreme states. A person may feel disabled when looping through this spectrum at different times in their lives.

Many people going through psychological, psychosocial states may not require medical interventions, and may well be able to take care of themselves in their local settings; Though as human beings, all would need excellent community, family and social support, and measures for remaining included in society. Just like the blind or the deaf, not all would need the full range of disability measures, and some may not even see themselves as disabled. Finally, a few, among those with psychosocial disabilities, may need high support. They may or may not experience themselves as disabled depending on the available support measures and the quality of their lives.

None of these scenarios, including needing high support, is peculiar to people living with mental illness. In every constituency of people with disabilities, there would be a few who require high support. The need for high support is a measure not only of the impairment, but also of the social barriers as experienced by that person. So for example, a blind person who is poor and homeless needs a degree of support much higher than a blind person who belongs to upper class and other elite cultural backgrounds. A deaf person who is also speech impaired or sensory impaired in other ways, and living in an institution, may require higher degree of support than a person with multiple disabilities who is living and cared for at home.

It is said that psychological impairment is an 'illness' and not a 'disability'. However, this is the traditional view of medical professionals. As in the case of

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chronic illness or other disabilities, not every person with a mental health problem may experience themselves as disabled. But several people who live with a mental illness do experience themselves as disabled. The disability is manifest in situations such as hearing of voices, hallucinations, exaggerated psychological responses to triggers, seizures, overstimulation to sensory inputs, pain, fatigue, thought and sleeps disturbances, etc. The disability could be functionally experienced in different dimensions of one's lives, such as relationships, work, mobility, self care, etc. A psycho-social experience of disability refers to a person's experiences of the complex web of psychological, social, cultural, economic and political relationships that she is engaged in, causing her to experience herself as functioning less than her full potential. Such an experience of disability limits one's sense of well being, aspirations of self growth and creative self expression. A psycho-social experience of disability refers to a person's experiences of the complex web of psychological, social, cultural, economic and political relationships that she is engaged in, causing her to experience herself as functioning less than her full potential. More than the impairment, social barriers, the stigma and exclusion, the loss of opportunities, and the overwhelming legal determination of 'incapacity' in all life contexts may exacerbate the experience of disability. Such an experience of disability may sometimes limit self esteem, aspirations of growth, taking risk, and using opportunities. There may be periods of disability or certain dimensions of disability, but other life experiences may go on. The most important thing is that, those positive, creative and fulfilling experiences of oneself, are also possible.

The concept of "mental illness" has a connotation of totality or finality about it, and gives it an all encompassing status in people's lives. "Incapacity" has become a synonym for "mental illness", and all human rights get taken away legally. The concept of "psycho-social disability" however normalizes human experiences within a range of problems faced by human beings in general, at times of vulnerability. Life is not limited to pathology. The disability concept brings people with psycho-socially disabling experiences within the spectrum of human diversity, thus minimizing the scope of exclusion.

The concept of psychosocial disability, in terms of domestic and international perspective, policy and law, provides for at least the possibility of legal capacity. Experiencing disability in one or more dimensions of one's life does not entail a total disempowerment. A part of a person may experience the disability, while there may be many dimensions to that person's life which he or she may experience creatively, positively and energetically. Thus, that person becomes a creative contributor to society, and to their own well being, rather than being just a receiver of benefits. We become creators of our own entitlements, rather than the passive recipients of welfare benefits.

The Persons with Disabilities Act of 1995 supported us in recognizing the disability part of psychological distress and the person as a holder of universal human rights. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) of course fully resonates on the value of inclusion of people with mental and psychosocial disabilities, challenging existing stereotypes, and non discrimination in all spheres of life.

Presently, we are caught between the health department and social welfare department, without clarity on inter-sectoral issues. Hopefully, this clarity will come in the future, as the departments start reclassifying their roles in the light of having ratified the CRPD. As people with disabilities, we expect that the health department will address the health care needs of all people with disabilities; And, that the social welfare department will address all other aspects of inclusion and mainstreaming of people with psychosocial disabilities.

In this context, Article 19 of the CRPD becomes most relevant and central. Article 19 provides the fundamental right to live in the community, at a place of one's choice. Under the aegis of health care, so far, our culture of giving health care has been institution based, with over 400 mental asylums catering to the 'mentally ill'. Henceforth, policies will have to scale down large mental hospitals, and redirect health care of all persons with disabilities, including people with psychosocial disabilities, through a disability friendly health system. This shift from institutional custody to community care, no doubt, requires concerted efforts from the policy makers and relevant ministries. ❑

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Serving the Mankind with Dyslexia

G Mary Sunanda

Diagnosing a learning disability isn't always easy. Don't assume you know what your child's problem is, even if the symptoms seem clear. It's important to have your child tested and evaluated by a qualified professional

I NEVER TEACH my pupils; I only attempt to provide the conditions in which they can learn" says Albert Einstein. He is one among the several personalities who served the mankind with dyslexia. Dyslexia was discovered in the west very very long ago. The history of disability can be traced back to the work of Straus and Lehtinen who wrote a book titled "Psychopathology of the Brain Injured Child"in 1947. The official beginning of the learning disability movement was started in 1963 when Dr. Samuel Kirk delivered an address to a group of parents to from the association for children with learning disability. The field of learning disability developed in United States during 1960's and 1970's.

As many as 1 out of every 5 people in the United States has a learning disability. Almost 3 million children (ages 6 through 21) have some form of a learning disability and receive special education in school. In fact, over half of all children who receive special education have a learning disability (T*wenty-fourth Annual Report to Congress*, U.S. Department of Education, 2002).

The study on Learning Disabilities is relatively new in India, in special education. It is at its infancy stage even a prominent, actor of Bollywood was judged as dyslexic by one website. ALDI, Association for Learning Disabilities India, a non-governmental organisation to help the student community with their learning problems and their parents, teachers, professionals involved and social workers. It started in 1992 with its headquarters at Nellankara, Trissur. Aldi created a system called ARMS (Aldi Remedial and Rehabilitation Measures) to help children cope up with several learning problems that affect life. Aldi has conducted several scientific studies in the area. Approximately 6-8 percent of students in public schools have learining disability. The school drop out rate for children or adolescents with this disability is said to be almost 40 percent- one and a half times the average.

The word dyslexia was made popular in India after the release of the film Taare Zameen

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Par. This film explores the life and imagination of eight-year-old Ishaan (Darsheel Safary). Although he excels in art, his poor academic performance leads his parents to send him to a boarding school. Ishaan's new art teacher (Aamir Khan) suspects that he is dyslexic, and helps him to overcome his disability.He reviews Ishaan's work and concludes that his academic shortcomings are indicative of dyslexia. On his day off, Nikumbh visits Ishaan's parents and asks if he can see more of their son's work. He is stunned by the sophistication of one of Ishaan's paintings. Let us see one definition :

Dyslexia is one of several distrinct learning disabilities. It is a specific language based disorder of constitutional origin characterized by difficulties in single word decoding, usually reflecting insufficient phonological processing. These difficulties in single word decoding are often unexpected in relationship to age and other cognitive and academic abilities; they are not the result of generalized and developmental disability or sensory impairment. Dyslexia is manifested by variable difficulty with different forms of language, often including, in addition to problems with reading, a conspicuous problem in acquiring proficiency in writing and spelling.

Diagnosis and testing for learning disabilities and disorders

Diagnosing a learning disability isn't always easy. Don't assume you know what your child's problem is, even if the symptoms seem clear. It's important to have your child tested and evaluated by a qualified professional.

The diagnosis and testing process for learning disabilities

Diagnosing a learning disability is a process. It involves testing, history taking, and observation by a trained specialist. Finding a reputable referral is important. Start with your child's school, and if they are unable to help you, ask your insurance company, doctor, or friends and family who have dealt successfully with learning disabilities.

Types of specialists who may be able to test for and diagnose learning disabilities include:

- Clinical psychologists
- School psychologists
- Child psychiatrists
- Educational psychologists

Common types of Learning disabilities

Dyslexia	Difficulty in reading	Problem in reading, writing spelling, speaking
Dyscalculia	Difficulty with math	Problem in doing math problems, understanding time , using money
Dysgraphia	Difficulty with writing	Problem with handwriting, spelling, organizing ideas
Dyspraxia (sensory Integration Disorder)	Difficulty with language	Problem with hand – eye coordination, balance, manual dexterity
Dysphasia/Aphasia	Difficulty with language	Problem in understanding spoken Language, poor reading comprehension
Auditory Processing Disorder	Difficulty hearing differences between sounds	Problem with reading, comprehension, language
Visual processing Disorder	Difficulty interpreting visual information	Problem with reading, math maps, charts symbols, pictures
Attention deficit hyperactivity disorder (APHD)	Problem in sitting still, staying focused, following instructions, staying organized and completing homework.	Difficulty with body language.
Autism	Pervasive developmental disorders.	May have trouble in communicating, reading body language , learning basic skills, making friends and making eye contact.

- Developmental psychologists
- Neuropsychologist
- Psychometrist
- Occupational therapist (tests sensory disorders that can lead to learning problems)
- Speech and language therapist

Dr. Dushyant Kushwah in his book *Children with Dyslexia ,A Hand book for parents and teachers,* has published some of the queries of students and parents; let us take a look at some of the answers:

Although dyslexia is caused by an inherited brain difference, medical insurance does not cover testing foe dyslexia.

Most medical doctors do not know how to test for dyslexia. They consider it an educational problem

Dyslexia is an inherited condition. According to the researchers, if one parent has dyslexia (and the other does not), 50 percent of their children will have dyslexia.

If both parents have dyslexia , then all of their children are likely to have it. A professional tester from outside the school system can detect dyslexia in a child as young as five and a half.

Teacher attitudes towards dyslexia

The present study examined teacher attitudes toward dyslexia and the effects of these attitudes on teacher expectations and the academic achievement of students with dyslexia compared to students without learning disabilities. The attitudes of 30 regular education teachers towards dyslexia were determined using both an implicit measure and an explicit, self-report measure. Achievement scores for 307 students were also obtained. Implicit teacher attitudes towards dyslexia related to teacher ratings of student achievement on a writing task and also to student achievement on standardized tests of spelling but not math for those students with dyslexia. Self-reported attitudes of the teachers towards dyslexia did not relate to any of the outcome measures. Neither the implicit nor the explicit measures of teacher attitudes related to teacher expectations. The results show implicit attitude measures to be a more valuable predictor of the achievement of students with dyslexia than explicit, self-report attitude measures. ❑

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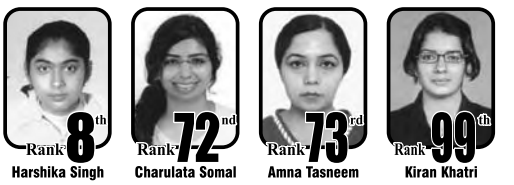

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YE-295/2013

Iron Deficiency:Anaemia Control Amongst Adolescent Girls in Chhattisgarh

Melanie Galvin

This pilot project was implemented in three districts of Chhattisgarh starting 2010. The State Government proposed a mixed composition of districts for the pilot intervention representing different groups of population

IRON DEFICIENCY is a key public health concern in India. According to India health surveys it impacts more than 50% of the population. Iron requirements of an adolescent's body increases many fold during a period of rapid growth and development. Without adequate iron, already anaemic adolescents tend to grow into anaemic adult women with inadequate iron stores, which, when coupled with low pre-pregnancy weight, a condition seen often in undernourished populations, can contribute to maternal mortality. Iron deficiency can also result in poor cognitive skills, thereby resulting in poor performance in school, and at work. Evidence shows that timely provision of iron can contribute to building iron stores prior to pregnancy which can reverse most, if not all, such problems.

In Chhattisgarh, more than half of all girls are married before the age of 18. In 2010, a baseline survey conducted by the Micronutrient Initiative (MI), revealed an alarmingly high prevalence of anaemia among adolescent girls in Chhattisgarh. Approximately 85 percent of these girls, aged 14-19 were found to be anaemic. This creates a situation in which these already anaemic girls are likely to have their first child while still adolescents. Anaemia in pregnancy leads to a risk of developing complications - most critical a high risk of maternal mortality and less immediately impactful, the potential for delivering a low birth weight baby. Low birth weight babies face their own risks including diminished ability to fight off life threatening infections and likely future stunted growth.

The Government of Chhattisgarh, aware of this serious issue had been running a program for school going girls to provide them with iron and folic acid supplementation (folic acid is critical for brain development of a foetus and must be taken before a pregnancy to be effective). What they were

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now interested in was finding a program that also allowed for treatment of the over fifty percent of adolescent girls who were not in school. It was in this context that the Micronutrient Initiative partnered with the Government of Chhattisgarh to plan and implement a combined anaemia reduction program.

MI's Intervention in Chhattisgarh

MI held joint consultations at the state level with the Departments of Women and Child Development (WCD), Education and Tribal Development, to work out details of a simple and cost effective intervention to address anaemia among adolescent girls in Chhattisgarh. The WCD was responsible for overall health of these girls as part of their mandate, the Department of Education was obviously critical to support the components associated with school attending adolescents and the Tribal departments was responsible for all the tribal schools that were catering to the education in most parts of Chhattisgarh that are largely tribal.

This pilot project was implemented in three districts of Chhattisgarh starting 2010. The State Government proposed a mixed composition of districts for the pilot intervention representing different groups of population i.e. Jashpur which is completely tribal, Raigarh which is majority non-tribal and Dhamtari which is a mix of both.

MI assisted the Government by providing supplies of iron and folic acid for this program. Iron supplementation programs are notorious for their poor utilization as girls or women, start to take the pills but soon discontinue. Iron can upset the stomach quite easily and programs that provide education on mitigating side effects are more effective. Provision of supplements that had protective coating called enteric coating, would support improved utilization and thus effectiveness of the iron/folic acid.

While it is relatively easy to target girls in a school environment, it is not easy to find the out-of-school girls in order to include them in the program. Therefore, the intervention was planned so that activities were targeted at schools with the assistance of teachers but also at the village level through Anganwadi workers to ensure out of school girls were part of the project. Program monitoring was undertaken at the block and district level.

MI, supporting the three Chhattisgarh Departments, worked within the Anganwadi system to leverage these vital community resources to recruit and monitor out of school girls in the village to take the weekly iron and folic acid supplements. Anganwadi workers (ANWs) registered the out-of-school adolescents in their villages and encouraged them to take the vital supplements by providing education on the need for the pills. They also played a highly supportive role in providing ongoing reinforcement with information. ANWs were there on the ground to assist with any potential questions or concerns. Overall nearly 7000 Anganwadi workers were trained.

School aged adolescents were targeted in over 400 schools. One teacher in each school was given a thorough training session by an expert trainer in order to assist in implementing and monitoring the provision of the iron folic acid supplements. Furthermore, each school had a peer guide, an adolescent - who was also trained and supported the teacher in rolling the program out, monitoring and supporting the girls in school with encouragement and information.

Appropriate communication materials such as colourful and informative flip books were developed. Each adolescent girl was provided an information brochure and compliance card. The material was made available both to schools and Anganwadi centres.

Ongoing support was facilitated through regular meetings of school principals and Anganwadi workers as part of administrative governance. These forums assisted to reorient them about various aspects of anaemia and address any concerns and queries with respect to problems being faced by them while implementing the program. District level nodal teachers meetings were also organized. Feedback mechanisms were developed and poor performing blocks and schools were identified and supported. Visits by the MI

team acted as informal forums to sensitize as well as counsel on regular consumption of IFA tablets.

Success in Chhattisgarh

- The intervention resulted in a reduction in anemia levels by about 14 percent in school going adolescent girls and almost 7 percent for out of school adolescent girls respectively.
- The endline results also demonstrated improved awareness among target population and service providers on anaemia.

What made this program particularly successful?

- *Simple: A* single dose of Iron Folic Acid was administered to girls through schools and anganwadi centres on a fixed day of the week.
- *Extensive reach:* 424 schools and 6,832 Anganwadi centres reached out to more than 95,000 adolescent school-going as well as out-of-school girls.
- *Multi-agency collaboration:* The project was implemented in collaboration with the Government of Chhattisgarh (Departments - Women and Child Development, Education and Tribal Development) and the MI.
- *Strong commitment by Districts-particularly District Collectors*: The monthly review meetings led by this cadre were critical to ensuring problem solving and ongoing attention to the program.
- Anganwadi workers: Anganwadi workers reached out to out of school adolescent girls. They informed out of school girls to come to anganwadi centre every week to consume IFA tablets. A register indicating all out-of-school girls in AWCs and their weekly consumption of IFA which was duly maintained.
- *Involvement of Peer Guides:* Peer guides were actually leading the task of distribution of IFA in the classroom, in the teacher's presence and also helped reduce resistance amongst most teachers. Peer Guides acted as an active link between teachers and the adolescent girls.
- A focus on compliance: Developing a cadre of trained peer guides in schools was found to be an effective strategy to ensure compliance among school-going adolescent girls. Out of school girls were provided the compliance card and asked to bring it to the Anganwadi centre for marking every week.

Successful demonstration to commitment for scale-up

In a state level dissemination workshop chaired by the Chief Secretary, Government of Chhattisgarh in November 2012, Micronutrient Initiative presented the impressive results of the end line survey. During the meeting, a scale up plan was discussed. A committee of five departments – Health, Education, Tribal Welfare and Planning with Woman and Child Development in the lead, along with MI and UNICEF were asked to submit a state plan for scale-up. School-going adolescent girls and boys from 6th to 12th grade and out of school girls aged 10 to 19 years, together with non-pregnant married adolescent girls will be the target groups for the program. The scale-up will be state-wide and is targeted beginning April 2013.

About the Micronutrient Initiative

The Micronutrient Initiative is an Ottawa-based, international not-for-profit organization dedicated to ensuring that the world's most vulnerable - especially women and children - in developing countries get the vitamins and minerals they need to survive and thrive through supplementation and food fortification programs. Its mission is to develop, implement and monitor innovative, cost effective and sustainable solutions for hidden hunger, in partnership with others. With Canadian support, the organization is saving and improving the lives of 500 million people annually in 70 countries with its child survival, child health, growth and development, and women's and newborn survival and health programs. Micronutrient Initiative India (MII) is the Indian outfit of the MI, and is registered in India as a Trust since 2005. ❑

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DO YOU KNOW?

What is the number of persons with disabilities in India ?

According to Census 2001, there were 2.19 Crore persons with disabilities in India who constituted 2.13 percent of the total population. Out of the total population of persons with disabilities, 1.26 Crore are male and 0.93 Cores are female. This includes persons with visual, hearing, speech, locomotor and mental disabilities. The Census data shows that 75 percent of persons with disabilities lived in rural areas, 49 percent are literate and only 34 percent are employed. Data collected in 2002 by the National Sample Survey Organization, indicated that the number of persons with disabilities was 1.85 Crore, with a disability-wise break up which was significantly different from the Census 2001 data, as given in the table below, due to difference in coverage and definitions used for collection of data. The estimated population of persons with disabilities in 2008, projected on the basis of figures of the last Census, is 2.44 Crore.

There is significant difference in the disability statistics provided by Census 2001 and the sample survey of National Sample Survey Organization (NSSO) in 2002. The variation is primarily due to the difference in the criteria for defining disability adopted by both the organizations. The definitions are also at variance with those mentioned in the Persons with Disabilities Act (PwD Act) 1995. Further, all the disabilities mentioned in the PwD Act were not covered in the Census 2001. Therefore, the Census data of 2001 does not reflect the true picture of disabilities in the country.

With a view to have more credible enumeration of Persons with Disabilities in Census 2011, the matter was taken up with the Registrar General of India (RGI). The Ministry of Social Justice and empowerment proposed to include all the 7 types of disabilities mentioned in the PwD Act for enumeration in the Census, 2011 and also suggested a Household Schedule as well as simple and comprehensive definitions of various disabilities for canvassing during Census 2011. According to the in Census 2011, the following disabilities have been covered for enumeration:-

i. In Seeing
ii. In Speech
iii. In Hearing
iv. In Movement
v. Mental Retardation
vi. Mental Illness
vii. Multiple Disability
viii. Any other

What is Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) law and proposed amendments in this law?

A meeting to launch the Asian and Pacific Decade of Disabled Persons 1993-2002, convened by the Economic and Social Commission for Asia and Pacific (ESCAP), was held in Beijing in December, 1992. The Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region was adopted in this meeting, to which India is a signatory. The Central Government enacted The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act), 1995 to implement this proclamation.

The PwD Act defines "disability" as blindness, low vision, hearing impairment, locomotor disability, mental retardation mental illness, and leprosy-cured. It defines persons with disability as those who have a minimum disability of 40%, as certified by a medical authority. It provides for education, rehabilitation, employment, non-discrimination and social security for persons with disabilities.

The PwD Act 1995 is now over 15 years old. Keeping in view the developments taking place in disability sector over the last 15 years and to harmonize the provisions of PwD Act with United Nations Convention on the Rights for Persons with Disabilities (UNCRPD) and provisions of other legislations on the subject, it was proposed to amend the present Act.

Extensive consultations with various stakeholders including State Governments, NGOs, disabled persons' organizations and experts have been carried out and deliberations were compiled and placed before the Central Coordination Committee (CCC), which is a statutory body under Section 3 of the PwD Act and is chaired by Minister, Social Justice and Empowerment.. It was decided. To have wider consultation with the stakeholders before finilising the draft for whichthe Ministry constituted a Committee on 30 April, 2010 under the Chairpersonship of Dr. Sudha Kaul, Vice Chairperson, Indian Institute of Cerebral Palsy, Kolkata. The Committee comprised of experts in disability Sector and representatives of the Stakeholders including State Governments, Central Ministries, civil society organizations etc. The committee has submitted draft legislation on the Rights of Persons with Disabilities to the Ministry.

The Draft Rights of Persons With Disabilities Bill, 2012 has been uploaded on the Ministry's website (http://socialjustice.nic.in/pdf/draftpwd12.pdf). The Ministry will shortly be consulting States, in whose domain 'disability' figure under the constitutional scheme, on the proposed Bill.

(Source: Annual Report of Ministry of Social Justice & Empowerment) ❑

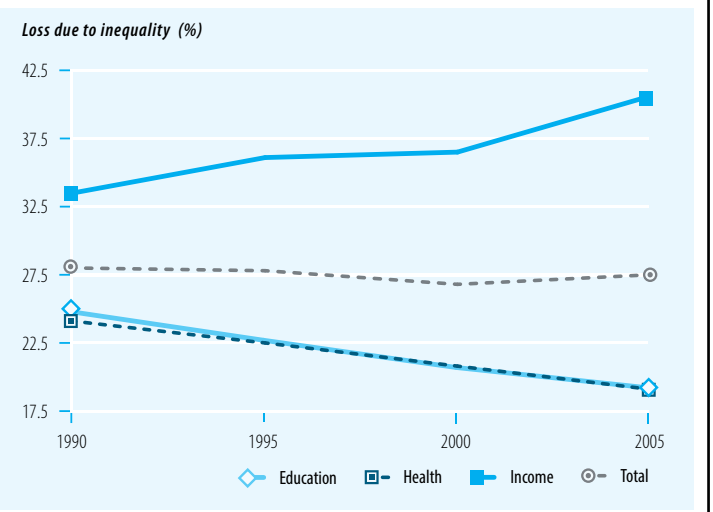
Inequality Holds Back Human Development

HDRO research using Human Development Index (HDI) data yields robust findings of an inverse relationship between inequality and subsequent improvement in human development, driven mostly by inequality in health and education rather than in income.

Using data on 132 countries for 2012, regression analysis showed the effects of multidimensional inequality (measured as the loss in the Inequality-adjusted Human Development Index relative to the HDI) on the HDI and each of its components (health, education and income) due to four explanatory variables: overall inequality in human development, inequality in life expectancy, inequality in educational attainment and inequality in income per capita.

A different regression was used for each explanatory variable, and all regressions included dummy variables to control for the level of human development (low, medium, high and very high). Overall inequality in human development, inequality in life expectancy and inequality in educational attainment showed a highly statistically significant (at the 1% level) negative correlation, but inequality in income per capita showed no correlation. Results were robust to different specifications, including grouping countries with low and medium human development on the one side and countries with high and very high human development on the other.

Losses due to inequality in HDI and its components



Note: Based on a population-weighted balanced panel of 66 countries.
Source: HDRO calculations using data from Milanović (2010).

Source : Human Development Report 2013

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Women with Disabilities: Gendered Impairment

Leni Chaudhuri

In general, sex ratio among people with disabilities shows that they are skewed towards men. However, inter disability analysis reflects that while there are more men with orthopedic disability and visual impairment, mental health issues are skewed towards women

INDIA IS a vast country with a population of more than one billion and nearly 70 million persons (based on the projections made by various international agencies such as the United Nations, WHO and World Bank) with disabilities. About 48 percent of them are women. In India women have been struggling to get their rights and women with disability are toiling far behind.

This paper attempts to recount the concerns of women with disabilities. It is an attempt to demonstrate the dual peril faced by women with disabilities- one on account of their disability and other on account of their gender.

The disabled are deprived of all opportunities for social and economic development. The basic facilities like health, education and employment are denied to them. The State infrastructure is grossly inadequate and ill functioning where disabled are concerned. It is estimated that 40 million of more than 100 million children out of school have disabilities. Around 70 percent of the disabled are unemployed. Millions are in the verge of collapsing due to severe disabilities. People with physical disabilities at least get noticed, but the others with mental illness are just written off. Along with the physical problems they also bear the brunt of social ostracism and stigma.

If numbers matter: Actual vs. Estimated Data

The NSSO 58th round was first endeavor by the Government of India to bring out data regarding persons with disability and also a gendered disaggregation. According to that, out of the 18.49 million disabled people, 10.89 million are males and 7.56 million were females, which constitutes of around 59 percent males and 49 percent males and females respectively.

Estimates from this round show that on an average about 21 per thousand populations are found to be disabled and female disability rate is around 19. The state wise distribution of total disability rate indicates that Orissa has the highest disability rate while Maharashtra has the lowest.

The author is Program Manager, Narotam Sekhsaria Foundation, Mumbai.

There are more than 9 states where disability rate is more than national average.

In general, sex ratio among people with disabilities shows that they are skewed towards men. However, inter disability analysis reflects that while there are more men with orthopedic disability and visual impairment, mental health issues are skewed towards women. The rural- urban disaggregated data shows that urban sex ratios are masculine in nature.

Though there has been some progress in recording state specific data on disability, gender disaggregated data pertaining to each form of disability and also regional spread is yet to be achieved. This is a primary requirement for making any programmatic provisions for addressing the concerns of women with disability. Also, framing a national level program for all women with disability, without taking into account other disparities such as class, caste and region will fall short of achieving the desired goal.

Women with disability and Employment

The reality of economic empowerment of people in lower and Middle Income countries is people's access to employment opportunities. Women with disability are the most disadvantaged with regard to their employment status. The labor market can be conceived of as being divided into two distinct segments: a 'primary' labor market with low paid 'dead- end' jobs and 'secondary' labor market which consists of well paid white collar jobs with good career prospects. The prerequisite for the first category is physical strength and the ability to carry out arduous work and the requirement for the second category is higher education and professional qualification. Women with disabilities cannot meet any of these requirements both on the grounds of their physical impairment and also on account of their lack of access to basic education.

The Directive Principles of State Policy of the Indian Constitution enshrines the following provisions for people with disability in the Indian Constitution. While Article 39 deals with principles of policy to be followed by the State, especially with regard to securing (a) that the citizens, men and women equally, have the right to an adequate means of livelihood, right to shelter, food, education, work and so on; (b) that the health and strength of workers, men and women and tender age of children are not abused and that children are not forced by economic necessity to avocations unsuited to their age or strength; and (c) that children are given opportunities and facilities to develop in a healthy manner and kin conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment. The Article 41 prescribes that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in another cases of undeserved want. Article 42 further requires making provision for securing just and humane conditions of work. Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, three Sections of the PwD Act are intended to address exclusively the issue of employment of the persons with disabilities; which requires that: The appropriate Governments to identify posts in the establishments which can be reserved for persons with disabilities; It also prescribes the quota reservation, not less than 3 percent for persons or class of persons with disabilities of which 1 percent each shall be reserved for persons suffering from certain vision impairment of 40 percent certified by Medical authority, The reservation of not less than 3 percent for poverty alleviation for the benefits of persons with disabilities has also been provided in the schemes. The source of employment is through special employment exchange.

The employment status of persons with disabilities shows that disabled adults have far lower employment rates than the general population. In fact, employment of persons with disabilities actually fell from 43 percent in 1991 to 38 percent in 2002, despite the country's economic growth.

The major challenge which the disabled fail to circumvent is the issue of access. In some facilities and in smaller offices there are no facilities at all. A survey conducted in 2004 audited

the disability access of public offices in Mumbai, found that only 30 percent of the offices were truly equipped and followed the physical access norms. There were no ramps, washrooms, wheelchair access, disabled friendly toilets and libraries. The other challenge which most disabled face is in the area of discrimination. While disabled persons irrespective of their gender face discrimination in terms of their career growth prospects, holding senior management positions etc, women with disabilities face various kinds of discrimination some as serious as sexual harassment. Since most organizations had no mechanism to address their grievances, women silently faced the harassment.

Barriers which confront people with disabilities with regard to their employment opportunities:

1. Poor accessibility to and at work place.
2. Lack of information about availability of jobs.
3. Lack of exclusive job portals and placement agencies dedicated to the needs of persons seeking employment
4. Lack of opportunities in technology to be used by people with disabilities
5. Scarcity of disabled people with relevant education and training who can act as mentors for others.
6. Familial attitude of discrimination and apprehension
7. Lack of reservation policy in the private sector
8. Negative attitude of employers towards people with disabilities
9. Lack of positive attitude among some people with disabilities

Persons with Disabilities Act, 1995, not only reserves three percent of all categories of identified jobs in the public sector industries for disabled persons but also provides for incentives for public and private sector companies that have at least 5 percent of their workforce comprising disabled persons.

Access to universal and quality education

It is common knowledge that education is the key to development for any person or a community. Education in pure sense of the term enables people to acquire knowledge, skills for employment and also to develop soft skills such as positive attitude, confidence, communication skills etc. In sum education can have life changing experience for people. Unfortunately, not every section of the population of a country has equal access to education. Data shows that certain sections of the population from the resource poor backgrounds do not equal access to education. Women in general are at a disadvantageous position when it comes to education. Women with disabilities are a section of population which has been historically discriminated upon with regards to their right to education. They face multiple layers of barriers in accessing education. First of all, mainstream schools are often not equipped to address the needs of girl children with disabilities. Girls with extensive physical disabilities are the most disadvantaged. Secondly children with disabilities need schools with special aides and trained human resources to address their needs. Since mainstream schools are incapable of extending the facilities to the students with disabilities, special schools are considered as better alternative. However, special schools are concentrated only in few big cities which are beyond the reach of the children from remote rural areas and small towns. Residential schools are considered to be the answer for circumventing the challenge of accessibility for children with disability. Issues related to safety in residential schools where girls are away from their families are remotely accessed. Cases of sexual abuse, physical torture and discrimination deter parents from sending their daughters to residential schools.

Hence girls with disabilities face dual discrimination. Those who access mainstream schools are confronted with secondary treatment and those who access special schools are faced with a segregated and often less academic oriented education system. A study of disabled girls, both in special (usually residential) schools and in regular schools, found that those in special schools were less proficient in basic literacy and numeracy skills, had lower expectations about their own capabilities and lacked confidence in social settings.

Towards a health mind and body- insurmountable barriers

Since women with disabilities are not a homogenous lot, their need for healthcare is also not uniform. While some women, particularly those with orthopedic disabilities can manage with medical aids, others with more serious and chronic morbidities like mental health issues have different health care needs. The Tenth Revision of the International Classification of Diseases (ICD-10) categorizes mental and behavioral disorders into eleven broad categories, encompassing the wide variety of mental and behavioral disorders that are experienced by people in the world. The categories are: organic, including symptomatic, mental disorders; mental and behavioral disorders due to psychoactive substance use; schizophrenia, schizotypal and delusional disorders; mood (affective) disorders; neurotic, stress-related and somatoform disorders; behavioral syndromes associated with physiological disturbances and physical factors; disorders of adult personality and behaviour; mental retardation; disorders of psychological development; behavioural and emotional disorders with the onset usually occurring in childhood and adolescence; and unspecified mental disorder. Though an estimated 450 million people in the world suffer from a mental or behavioural disorder, however, such problems are 'largely ignored or neglected' in many parts of the world (WHO, 2001). While Anxiety and depressive disorders are more likely to be found in women, in both developed and developing countries, minimal access to health care and a social treatment of non discrimination and stigma, impairs their growth as individuals.

Studies on the mental health of women in India show that they are the most vulnerable in the society. While, gender differentials in severe mental illnesses are not significant, the familial care and medical treatment is particularly skewed towards men. Often common mental illnesses such as anxiety, depression, etc are neglected by the families till they manifest in suicidal behavior or become life threatening. A study of more than 11,000 patients from two hospitals in south India found that depression and somatoform and dissociative disorders were more prevalent in women. Such disorders are results of the multiple burdens in women's lives and the imperative demands from each role, which women often find difficult to cope. The mental stress coupled with secondary social status, inadequate decision making powers and economic subjection exposes women to abject vulnerability. The study found five groups of women to be most affected by mental disorders. These are: married women; women in the reproductive age group; unskilled labourers; women with little education; and women who were 'principally housewives'.

A life free from violence

Women with disabilities experience multiple disadvantages resulting from the interplay between gender, disability and poverty. Several studies internationally as well as in the Country have shown high prevalence and experiences of gender-based violence of women with disabilities in comparison to women without disabilities. Some studies have found that though women with disabilities and women without disabilities experienced similar magnitude of sexual, physical and emotional violence by partners, but the nature of familial violence the former group faced was disproportionately high. Women with disabilities were often subjected to subtle ridicule, intimidation and discrimination within the households.

While there are limited studies on prevalence and experiences of violence for women with disabilities in India and the neighboring countries, a small-scale yet insightful study conducted in Orissa has indicated that experiences of violence are omnipresent and all pervasive. 100 percent of women with disabilities interviewed had experienced violence in their homes.

Several studies in South Asia has demonstrated that women with disabilities experience adverse physical, mental, sexual and reproductive health outcomes as a result of violence at a higher rate than women without disabilities. Women with disabilities who have experienced gender based violence (GBV) are also at increased risk of experiencing high levels of stigma, discrimination and other rights violations including in relation to reproductive rights and

sexual health. A study conducted by a group of women's rights activist in 1994, exposed the case of forced hysterectomies conducted on several mentally challenged women between 18 and 35 years of age at the Sassoon General Hospital in Pune because they were incapable of maintaining menstrual hygiene and hospital staff found it a strain on their resources and time. Most of the girls were from poor families and their parents had very little bargaining power. The staff members of the shelter home connived with the hospital staff to seek permission from the parents to conduct this irreversible surgery, which was not medically indicated. Acts like this are guided by ill-informed and shortsighted understanding about protection of women in disabilities. This perception fails to take cognizance of the fact that sterilization does not safeguard against sexual assault or harassment in any way and can only guarantee that a pregnancy will not arise in case sexual intercourse occurs. The only (limited) purpose it serves is a guarantee and assurance to parents of disabled girls that the unwanted pregnancy can be prevented. These acts of coercion fail to recognize that all persons with disabilities are entitled to human rights and their inherent dignity must be respected at all times.

There are two apparent reasons why violence against women with disabilities continues fairly longer when compared with those without disabilities. Firstly, often disabled women fail to realize they are victims, or fail to communicate the act of violence. In rarest of rare cases even if women complain, they are not trusted and no action is taken against the perpetrators. There is also an apprehension that reporting the violence could result in breaking ties with the caretaker.

Perspective

Policy makers and civil society organizations need to acknowledge that women with disability suffer on both accounts, for being women and also for being disabled. Women's movement in India has not specially looked into the problems of women with disabilities. The government programs either take women as a homogenous group or disabled as another group. Programs especially for the disabled women, cutting across all identities is not available. The society needs to evolve to stage where women are recognized for their person hood and do not have to face stigma and discrimination for being unable to fulfill the role of homemaker, wife as also mother, and unable to conform to the stereotype of beauty and femininity in terms of physical appearance. There should be an urging to mainstream gender issues for girls and women with disabilities to an extent that gradually the need for adopting a sectional approach towards them becomes unnecessary. With renewed momentum efforts should be made to adopt strategies to ensure that women with disabilities are not neglected from policies and programmes. ❑

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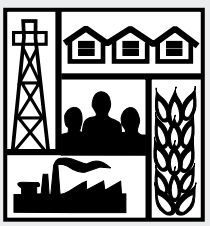

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YE-291/2013

Social Competencies: Human Development beyond the Individual

F Stewart

Individuals cannot flourish alone; indeed, they cannot function alone. The human development approach, however, has been essentially individualistic, assuming that development is the expansion of individuals' capabilities or freedoms. Yet there are aspects of societies that affect individuals but cannot be assessed at the individual level because they are based on relationships, such as how well families or communities function, summarized for society as a whole in the ideas of social cohesion and social inclusion.

Individuals are bound up with others. Social institutions affect individuals' identities and choices. Being a member of a healthy society is an essential part of a thriving existence. So one task of the human development approach is to explore the nature of social institutions that are favourable for human flourishing. Development then has to be assessed not only for the short-run impact on individual capabilities, but also for whether society evolves in a way that supports human flourishing. Social conditions affect not only the outcomes of individuals in a particular society today, but also those of future generations.

Social institutions are all institutions in which people act collectively (that is, they involve more than one person), other than profit-making market institutions and the state. They include formal nongovernmental organizations, informal associations, cooperatives, producer associations, neighbourhood associations, sports clubs, savings associations and many more. They also consist of norms and rules of behaviour affecting human development outcomes. For example, attitudes towards employment affect material well-being, and norms of hierarchy and discrimination affect inequality, discrimination, empowerment, political freedom and so on. To describe what those institutions can be and do, and to understand how they affect individuals, we can use the term social competencies.

Central to the human development perspective is that societal norms affect people's choices and behaviours towards others, thus influencing outcomes in the whole community. Community norms and behaviours can constrain choice in deleterious ways from a human development perspective—for example, ostracizing, or in extreme cases killing, those who make choices that contravene social rules. Families trapped in poverty by informal norms that support early marriage and dowry requirements might reject changes to such entrenched social norms. Social institutions change over time, and those changes may be accompanied by social tension if they hamper the interests of some groups while favouring others. Policy change is the outcome of a political struggle in which different groups (and individuals) support or oppose particular changes. In this struggle, unorganized individuals are generally powerless, but by joining together they can acquire power collectively. Social action favouring human development (such as policies to extend education, progressive taxation and minimum wages) happens not spontaneously, but because of groups that are effective in supporting change, such as producer groups, worker associations, social movements and political parties. These organizations are especially crucial for poorer people, as demonstrated by a group of sex workers in Kolkata, India, and women in a squatter community in Cape Town, South Africa, who improved their conditions and self-respect by joining together and exerting collective pressure.

Societies vary widely in the number, functions, effectiveness and consequences of their social competencies. Institutions and norms can be classified as human development–promoting, human development–neutral and human development–undermining. It is fundamental to identify and encourage those that promote valuable capabilities and relationships among and between individuals and institutions. Some social institutions (including norms) can support human development in some respects but not in others: for example, strong family bonds can provide individuals with support during upheavals, but may constrain individual choices and opportunities.

Broadly speaking, institutions that promote social cohesion and human development show low levels of disparity across groups (for example, ethnic, religious or gender groups) and high levels of interaction and trust among people and across groups, which results in solidarity and the absence of violent conflict. It is not a coincidence that 5 of the 10 most peaceful countries in the world in 2012, according to the Global Peace Index, are also among the most equal societies as measured by loss in Human Development Index value due to inequality. They are also characterized by the absence of discrimination and low levels of marginalization. In some instances antidiscriminatory measures can ease the burden of marginalization and partially mitigate the worst effects of exclusion. For instance, US law mandating that hospital emergency rooms offer treatment to all patients regardless of their ability to pay partly mitigates the impact of an expensive health care system with limited coverage, while affirmative action in a range of countries (including Brazil, Malaysia, South Africa and the United States) has improved the situation of deprived groups and contributed to social stability.

The study of social institutions and social competencies must form an essential part of the human development approach—including the formation of groups; interactions between groups and individuals; incentives and constraints to collective action; the relationship among groups, politics and policy outcomes; the role of norms in influencing behaviours; and how norms are formed and changed.

Source : Human Development Report 2013

Technology and Innovation

T K Choudhury

The larger share of public investments into R&D could also be leveraged by focusing of R&D for public and social good priorities of the country

THE ABILITY to innovate and deploy globally competitive technologies has been recognized as the next key driver of gobal economic change in the emerging knowledge economy. While science is scholarship driven, technology and innovations are market and competition driven, respectively. Currently, Indian Research and Development landscape is largely influenced by the character of public funded research and selection of R&D priorities is mostly supply driven. The private sector investments into R&D have been marginal. Therefore, demand driven component of R&D goals has been limited. Policy, strategy and tools are required to stimulate larger investments into demand driven R&D goals. Energy sector invests far too low into R&D, although industrial turn over in the sector is extremely high. Promotion of Public-Private Partnerships into R&D and clean energy is a critical component of India's competitiveness in global trade and industrial growth. New strategies and tools are required to stimulate engagement of private sector into R&D and enhance the share of private sector investment from the current 26% of India's R&D spend to at least 50% during the 12th plan period.

The larger share of public investments into R&D could also be leveraged by focusing of R&D for public and social good priorities of the country. There is an un-tapped opportunity for India to emerge as a global leader in affordable innovations under PPP by focusing on R&D for public and social goods in the areas of agriculture and food security, water, energy, affordable health care, education, environment, renovation of urban infrastructure, S&T inputs to rural development etc. Residual idealism among the youth and vast talent base offer an opportunity for the R&D sector in the country to gain leadership in affordable and social innovations. The Twelfth Five Year Plan should lead to the creation of an innovation ecosystem most suited to the developmental phase of the country. Such an ecosystem should be complete with new

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responses to risk averse nature of the society, delivery models for innovative deployment of technologies, business models for financing deployment of innovations and adjustments in governance and management models for supporting strategic goals of innovations. The approach for R&D sector should address all stages of life cycles of ideas; from creation to commercialization and value creation. This would call for paradigm shifts in approaches of planning for R&D in India during the Twelfth Five Year Plan period.

A paradigm shift in approach for the Science and Technology sector is required to focus on an output directed development path strategy rather than the present input driven model. Such changes are essential for making a tangible and traceable change in the socio-economic scene of the country. While basic research would need necessarily an input-led growth path, differences in approach through output directed model would be required for connecting knowledge and wealth generating activities of the country. Supply side approach for promotion of advanced basic research should be further enabled with tools for demand-side planning for innovations and technology development.

The structure and work culture within the R&D sector in the country are supportive of transactions of knowledge for money and technology transfer ideologies. Success of this model has been limited so far. In the selection of R&D priorities and goals, strategic approaches and time bound delivery of outputs are not generally factored into. Whenever the participation of the user sector in selection of R&D priorities has been ensured, the usability of the R&D outputs increases significantly, a relationship model involving all stake holders engaged in the conversion of concepts into commercial realities has been far more successful than the transaction models deployed in the R&D sector in the country. Several countries have successfully developed relationship models to connect R&D outputs to national goals and economic development processes. Israel is highly successful in creating wealth out of innovations. The approach of the Twelfth Five Year Plan for the R&D sector should adopt such global best models for leveraging R&D outputs for national economic development. Below are some strategic concerns that needs to be addressed for strengthening the eco-system and the proposed approaches for the way forward:

Enrichment of knowledge base

Natural evolution of Basic research in India during the last three decades is inspired by the directions and priorities of the industrialized world, but without the matching linkages among academy-research and industry. Various factors have limited the global competitiveness of India in basic research. Various factors have limited the global competitivess of India in basic research. Although there are some general improvements during the Eleventh Five Year Plan period with respect to publications and patents on account of several measures. Indian basic research has been mostly supply driven rather than catering to the increasing demands; both in terms of quantity and quality. Indian systems for supporting basic research has so far not adopted adequate measures for promoting institutional joint collaborative research with active schools in the global scene in futuristic frontier areas of science. The multidisciplinary approach towards solving India relevant specific problems as challenges needs to be undertaken in a systematic manner.

The approach therefore should be to (i) reduce the artificial divide between academic teaching and research institutions in India, (ii) spot, attract, nurture, and encourage sparks and talent in scientific research from under graduate to post graduate research through a lifelong learning approach, (iii) Identify areas of national interest, gaps for promotion of basic research and improving the quality of science education, (iv) focus on oriented basic research for meeting the national priorities on food and nutrition security, affordable health care, water, energy and environment security etc., (v) Incentivize the sharing and collaboration of multidisciplinary approach to enriching the knowledge base through the global integration, and (vi) participate in GlobalResearch Consortia in creating mega facilities for basic research.

University, industry, and Scientific Establishment Collaboration

India has the third largest education system in the world. A

conducive research sector requires cutting edge research universities, industrial R&D Centers and a network of Government Laboratories with well-maintained infrastructure and liberal funding, working together towards defined objectives. Further, effective mechanisms of collaboration need to be created for universities and industry bodies so that research output and innovations can effectively be commercialized and transformed into marketable products and services for last mile benefits.

The approach therefore should be to (i) encourage universities and research centers to focus expertise and resources on key industrial focus areas, (ii) encourage flows of knowledge, created by universities and scientific research establishments, into industry, (iii) help universities create industry-ready talent pools, with practice-relevant skills, (iv) use university expertise to upgrade industry talent, (v) encourage universities and industries to apply faculty expertise in specific, operations-relevant problem areas, (vi) synergize the expertise in universities and research establishments – in areas such as manufacturing, ICT, and industrial management – to enhance the efficiency and productivity of existing industries (vi) identify, develop, and scale programmes and projects (such as new research parks) that draw on and synergize complementary capacities within research institutes and the private sector (vii) draw on industry practitioners' experience and expertise to develop and advance research objectives at scientific establishments, teaching curriculum development and upgrades at universities, and (viii) utilize industry infrastructure for upscaling of technologies.

Incentivizing R&D in Public and Private Sector

There is an urgent need for attracting larger investments of private sector into R&D. Whereas the private sector investments into R&D in most gobally competing economies are in the range of 1.2 to 3.0% of GDP, the corresponding investment of the Indian private sector never exceeded 0.2%. While public funded institutions are generating technology leads from Public funded R&D, the levels of utilization of such technology leads by commercial enterprises have been limited. The present models of research funding by and large in the country do not facilitate the venture funding of translational research in the private sector, whereas several global models do so. Current fiscal incentives for attraction of investments into R&D by way of tax benefits have lead only to marginal results and the linkages between academia-research and industry remain under developed and weak. The investments into/ by the Public Sector Undertakings for R&D have also been much lower than desired. The State led stimulus for innovative products through procurement guidelines, technology acquisitions or facilitating FDI in research in the country has not been explored adequately. The systematic encouragement to the Indian diaspora also has not been fully exploited. Stimulation of the entrepreneurial environment, reduction of the stigma on failure, a strong angel and venture capital supporting system to back up innovations and access to assured market for products of innovation are some key elements of a well designed innovation ecosystem. The Twelfth Five Year Plan programmes of R&D sector should look beyond the generation of technology leads, patents and intellectual products. It should design and position sufficient incentives for not only R&D but also for the utilization of R&D results leading to an economic outcome.

Conclusion

There is therefore a need to create a vibrant landscape of Public-Private Partnership and an enabling framework for attracting investment from the industrial sector, both public and private sector into R&D system and incentivize the same for linking development with technology sector. This would include: (i) creating early 'trial' markets around national priorities and allowing private firms to recoup investments in R&D (ii) helping private companies access the best technical resources – increasing the chances of R&D success, reducing uncertainties, and incentivizing investment, (iii) enabling public and private sector companies to overcome risk in commercialization and value capture and (iv) making regulatory frameworks less complex, and more facilitative, for technological innovation in the industrial sector. ❑

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Slash and Burn-Jhum Cultivation

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SHIFTING OR *JHUM* cultivation is the process of growing crops by first clearing a piece of land, burning the same and growing crops on it. The burnt soil contains potash which increases the nutrient content of the soil. The early farmers used to practise shifting agriculture as land was freely available. It is also known as 'slash and burn' method. In this system, land is cultivated temporarily and then abandoned. It often involves clearing of a piece of land followed by several years of wood harvesting or farming until the soil loses fertility. The land is then left for reclamation by natural vegetation. The ecological consequences are claimed to be deleterious. Many cultivators use slashing and burning as one element of the farming cycle, others employ land clearing without any burning, and some are purely migratory and do not use any cyclic method on a particular plot. This traditional system of hill and forest land cultivation has still been practised in South America, Western Europe, Africa including Mexico, Brazil, India, Laos, Vietnam, Malaysia, Thailand, Bangladesh, Zambia and Tanzania and in the country states like Arunachal Pradesh, Nagaland, Mizoram, Tripura, Meghalaya, Manipur, Sikkim, Assam Orissa, West Bengal, Jharkhand, Uttaranchal and Chattisgarh. Slash-and-burn/*jhum*/shifting cultivation is mainly associated with tropical and sub-tropical rain forests and the technique is used by almost 400 million people worldwide.

Bottom of Form

Itit Shifting cultivation is the backbone of subsistence and small land holder-agriculture, but today it is abandoned in many places to take up large scale cash crop cultivation like tea, coffee, fruits and bio-fuels. Shifting cultivation has frequently been negated as it is believed to degrade the fertility of forest lands. Nevertheless, shifting agriculture is an adaptation to tropical soil conditions in regions where long-term, continued cultivation of the same field, without advanced techniques of soil conservation and use of fertilizers, which is claimed to be detrimental to soil fertility. In such environments it may be preferable to cultivate a field for a short period and then abandon it before the soil is completely exhausted of nutrients.

Dynamics of shifting cultivation

Post shifting cultivation fallow fields are not unproductive. During the fallow period, shifting cultivators use the successive vegetation species for bamboo, rattan, thatch, timber for fencing and other constructions, firewood, ropes, clothing, tools, carrying devices and medicines. It is common for fruit and nut trees in fallows to be planted in fallow fields to the extent that parts of some fallows are in fact orchards. Soil-enhancing shrub or tree species may be planted or protected from slashing or burning in fallows. Many of these species can fix nitrogen. Most importantly, tree fallows protect soil against physical erosion and draw nutrients to the surface from deep in the soil profile.

The relationship between the land cultivated and the time period it is fallowed are critical to the stability of shifting cultivation systems. These parameters determine whether or not the shifting cultivation system as a whole suffers a net loss of nutrients over time. In some cases soil can be irreversibly exhausted due to erosion and nutrient loss which can be controlled to some extent by growing fast ground covering crops green gram, black gram etc. The longer a field is cropped, the greater the loss of soil organic matter, the reduction in the cation-exchange-capacity and in nitrogen and phosphorus, higher acidity, increase in soil porosity and reduction in infiltration capacity and higher loss of seeds of naturally occurring plant species from the soil seed bank.

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If the fallow period continues to be reduced, an observable change will occur in the fallow vegetation. Secondary forest may be reduced to shorter, thinner stemmed, fewer, woody bush or jungle species, bush may be reduced to scrub and tall grasses and scrub and tall grasses may be reduced to short grasses. Changes in environmental conditions that happen subsequent to either a lengthening of the cropping period or a shortening of the fallow period often result in a fall in crop yields.

Shifting cultivation induced secondary forests are usually richer in plant and animal resources than primary forests, even though they are much less bio-diverse. Stable shifting cultivation systems are highly variable, closely adapted to micro-environments and are carefully managed by farmers during both the cropping and fallow stages. Shifting cultivators tend to possess knowledge and understanding of their local environments and crops as well as native plant species they exploit.

Ecological implications

The consequences of slash-and-burn techniques on ecosystems are almost always destructive. This happens due to increase in population density, and as a result farming is becoming more intensively practiced with increasing demand for land and as such the fallow period by necessity declines. When biomass is extracted even for one harvest of wood or charcoal, the residual soil value is heavily diminished for further growth of any type of vegetation. Sometimes there are several cycles of slash-and-burn within few years. The first wave might be cutting of all trees for wood use. A few years later, saplings are harvested to make charcoal, and within the next year the plot is burned to create a quick flush of nutrients for grass to feed the cattle. If adjacent plots are treated in a similar fashion, large-scale erosion will usually ensue, since there are no roots or temporary water storage in nearby canopies to arrest the surface runoff. Thus, any small remaining amounts of nutrients are washed away.

Impact of shifting cultivation

Cultivation under *jhum* is done with 'no or zero tillage'. Artificial fertilizers and plant protection chemicals are not at all used. *Jhum* cultivation is hence eco-friendly with less cost of cultivation, but comparatively low in yield or productivity. With reduction in *jhum* cycle from 10-20 years to 3-5 years, the land under shifting cultivation loses its nutrients and the top soil. With reduction in crop yield, the families start moving to other virgin areas.

Due to shifting cultivation, area under natural forest has declined; disappearance of native species and invasion by exotic weeds and other plants are some of the other ecological consequences of shifting agriculture. The area having *jhum* cycle of 3-5 years is more vulnerable to weed invasion as compared to *jhum* cycle of above 5 years. It was reported from Meghalaya that water and nutrient loss in shifting-cultivation areas is far greater than in the virgin areas. Reduction in the *jhum* cycle affects the recovery of soil fertility and the nutrient conservation by the ecosystem.

Economics of shifting cultivation

In the hilly states of India, two third of the cultivable land is under permanent cultivation and the remaining one third under shifting or *jhum* cultivation. The commonly held view is that shifting cultivation pays back low remuneration when the production per unit area is converted in to market value, and the practice involves extensive and systematic destruction of the forest and its produce, which constitutes a tremendous loss of valuable resources of the country. It is claimed that shifting cultivators can never enter into the cash economy since they are isolated from the market and they can hardly build surplus. Thus, shifting cultivators have limited financial resources to invest for increasing productivity, which instead remains low. Therefore, shifting cultivation is an economically inefficient land use practice. This argument is quite unacceptable; a high altitude shifting cultivator harvests a crop worth the equivalent of a net daily wage, while a lower altitude cultivator harvests the equivalent to less than that.

Practicability of shifting cultivation

Shifting cultivation has evolved out of the combined effects of the biophysical setting, socio-cultural beliefs and lack of effective economic activity. Therefore, if shifting cultivation is a problem, it is part of the total economic development problem. It cannot be isolated from the other development issues; any attempt to abolish it in isolation will have ramifications on the whole development process. Shifting cultivation provides the best possible solution for subsistence production to farmers. The practice, with or without simultaneous permanent cultivation, cannot be abandoned. Any change in shifting cultivation may affect the lives of more than 80% farmers engaged in the same; they may face heavy food deficits if the policy interventions and associated programs fail to address the problem.

Environmental concerns on shifting cultivation

Shifting cultivation is often perceived as a destructive practice leading to accelerated environmental degradation. It is believed that this practice has led to the destruction of forests causing soil erosion and loss of soil fertility. Shifting cultivation has been adopted to circumvent the constraints like limited land for cultivation, scarcity of skilled farm labour and shortage of capital to use external inputs or

labour. The practice is ecologically more stable than the permanent cultivation and produce relatively less environmental impact where farmers have strictly followed the traditional norms developed through generations of indigenous experience.

The traditional shifting cultivation is an ecologically stable cultivation practice in the hills of North East India, where the farm environment, among other things, is mainly at subsistence level and characterized by a non-monetized economy. However, owing to recent socio-economic changes, such as demographic pressures, incentives for cash cropping, changes in the traditional systems of shared community labour, the traditional shifting cultivation has slowly been declining. As a result, adverse environmental impacts as well as socio-economic problems are emerging.

Improvement of shifting cultivation system

Under the present technological, socio-economic and institutional conditions, shifting cultivation as a farming system shall remain; it is socially accepted, economically rational and scientifically sound. However, owing to emerging socio-economic trends, the present practice requires some changes and modifications. The practice would be acceptable to the majority of small farmers practising shifting cultivation. The appropriate technologies proved successful elsewhere need to be tested in the concerned areas of *jhum* cultivation.

It is expected that improvement of traditional shifting cultivation would increase the carrying capacity of forest lands by introducing better levels of control and management. Use of effective soil management practices to improve soil fertility would permit farmers to increase the period of cultivation and decrease the fallow period, and the introduction of tree crops and new crop varieties besides maize would increase the productivity per unit area. Green manuring, cover and relay cropping with short duration leguminous crops like green gram, black gram and pigeon pea are expected to improve the production of *jhum* cultivation with the improvement of soil health and fertility.

Forestry and food production

There is a need of agro-forestry in several states and countries for local communities to address the problem of shifting cultivation. Instead of imposing a ban on shifting cultivation or nationalizing the land under shifting cultivation new and effective designs and implementable projects based on a participatory approach to natural resource management have to be worked out. The basic idea is to engage in agro-forestry, combining tree crops with food crops. Different systems have to be developed and tested. Important agro-forestry systems can effectively be tried in shifting cultivation areas like alley cropping, multi-storey intercropping etc.

Implementation of agro-forestry alternative will involve identification of suitable tree crops and food crops, including the establishment of nurseries to distribute seedlings to farmers. It will also be important to establish markets and marketing channels for forest produce and promoting rural forest-based industries. This alternative would be socially acceptable to the shifting cultivators. Multi-storey intercropping is likely to be attractive to farmers. It also encourages *jhumias to use the* land for productive use to improve cultivation and suitable package of practices leading to settled cultivation.

Physical and social criteria for *jhum* cultivation

i) A minimum of 25% of the watershed areas is under shifting cultivation.

ii) 50% and above families are engaged in shifting cultivation as the only means of livelihood and are living below the poverty line.

iii) Willingness of *jhumias* to go for alternative farming system leading to permanent agriculture practices.

iv) Good scope of integrated development.

A case study of improved shifting cultivation

A field trial was conducted at Diphu, Assam to study the effect of slash-and-burn practice and subsequent intensive management on soil properties and to evaluate improved cultivation practices alternative to shifting cultivation. Cultivation with improved varieties, use of manures and fertilizers, placing of fruits and vegetables in the border and field crops in the centre, sown across and along the slope, and the traditional ones with or without burning of surface litter for land clearing. The highest yield was robtained when pineapple, turmeric, ginger, and aroids were grown in the border and rice, maize, sesame and cotton grown across the slope in the centre. Line sowing of centre crops across the slope gave better result. Burning of surface litter had no effect on yield and soil pH, organic matter, available N, P and K content, cation-exchange capacity and water-holding capacity of the soil. Available N, P and K status and organic matter content of the soil were depleted after successive 3 years of cropping in all the treatments. Improved cultivation practices arrested the degradation of organic matter, conserved nutrients, increased soil pH and soil environment, and sustained higher productivity. ❑

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