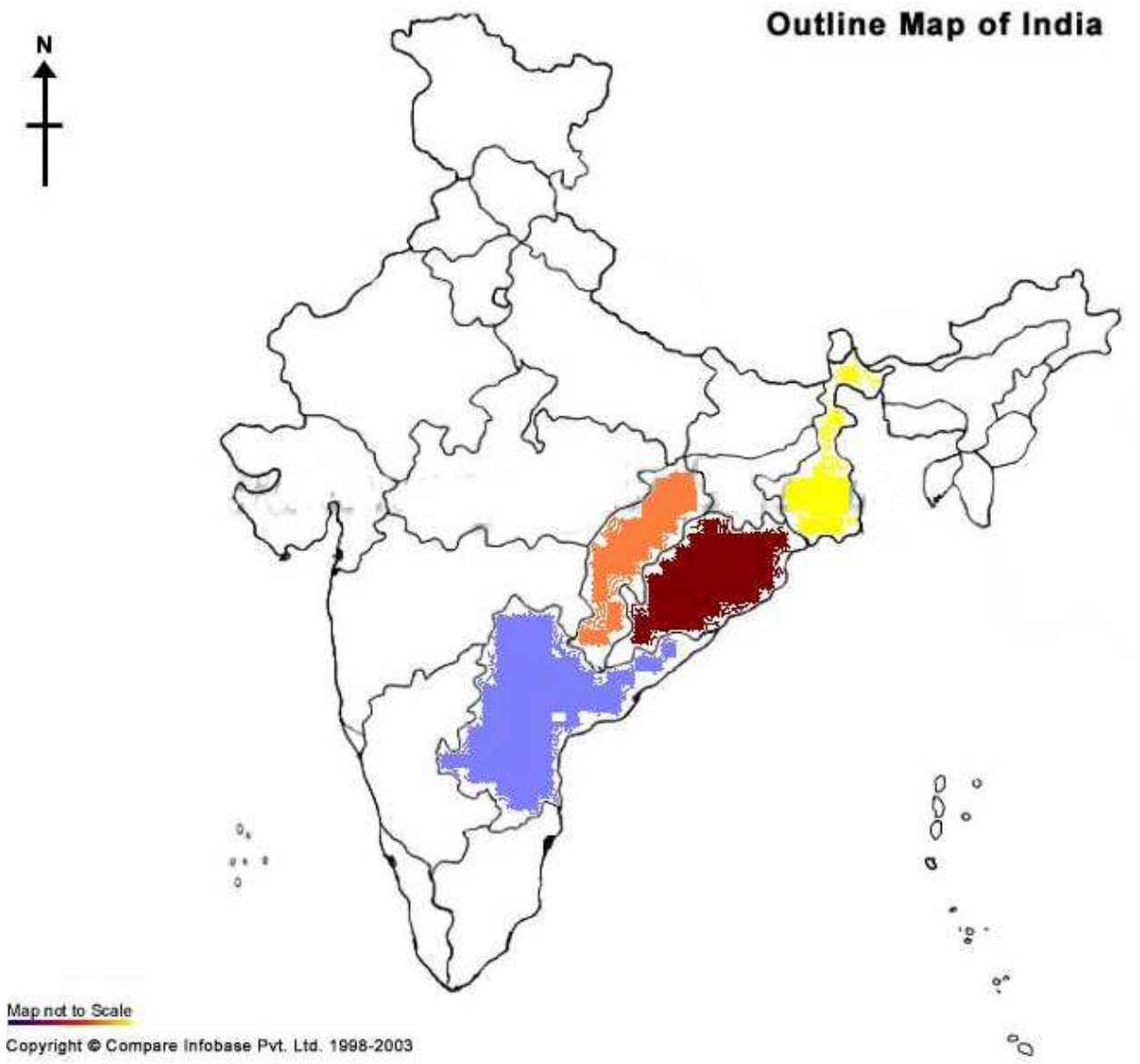
A Multi State Socio Economic Study of Women With Disabilities in India

Report

(UNDP – Government of India – SMRC Study)

Bhubaneswar

2007



TEAM FOR REPORT

A Multi State Socio Economic Study of Women with Disabilities in India

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While thankful for all the support we received, we assume full responsibility for the study.

Ashok Hans
Members of SMRC
2007

Women with Disabilities: Executive Summary

This project looks at the status of women with disability in four states of the country; Andhra Pradesh, Chhattisgarh, Orissa and West Bengal. Women with Disability represent a confluence of two divides in the society; gender and disability. While each of the divides has been studied independently, if not in isolation, the two have rarely been studied together (Annexure I)

The report first traces the contours of the available demographic data form the 2001 census on the population of persons with disability in the country as a whole. A mapping of the incidence of disability indicated various clusters of low and high incidence. While the low incidence clusters may need a further cross check in terms of the quality and completeness of reporting, the clusters of high incidence definitely call for programme intervention. Three such clusters mainly emerge one across the central region of India, secondly in the South India and a third, relatively smaller cluster in the hilly regions of India. The analysis also makes a strong case for a more detailed analysis of the census 2001 data on disability, a separate project in itself. Analysis of the data on disability available from the NSSO data from the 58th round follows next. Even though the NSSO and the Census data are not comparable on account of methodological and definitional differences, NSSO data provides important insights into the causes of disability and age specific prevalence rates for different types of disabilities.

Data for the four states, its gender dimension, and incidence of different disabilities is analysed separately and presented through maps in order to identify clusters of high and low incidence. Implication of such clustering is examined. In doing this analysis a unique mapping programme has been used which allows mapping of different incidences of disability at the district level using the census data. Apart from identifying pockets of high and low incidence of disability and gender gaps thereof, this technique brings out the clustering of a lot of trends on disability. This will be of considerable help in programme design and implementation. The cluster of high incidence in terms of the disabled population is surprisingly similar across different disabilities and spans a belt consisting of the districts of Raipur and Bilaspur in Chattisgarh, Bolangir, Sambalpur and Bargarh in Orissa along with the scatter location of Ganjam in Orissa and South Twenty four Parganas in West Bengal. The pattern remains so, when we look for high incidence by gender.

A rigorous exercise has been done to find any spatial correlation between district level HDI and prevalence of disability. Though no substantial link has been found but the income component of human development is likely to be loosely associated with prevalence of disability.

The study then presents an analytical framework linking impairment and disability through the structure of barriers. It uses the capabilities framework of Amartya Sen to examine the disadvantage faced by a disabled person in the space of outcome i.e. how does the person function in the society in the context of her disability. Personal characteristics or the 'endowments' of a person with disability create difficulties in utilizing the commodities into certain outcomes. This can be mitigated to some extent using certain technologies; aids and appliances come under such category. However, a bigger problem that one faces is of the entitlement failures of the Persons with Disabilities (PWDs) in general and Women with Disabilities (WWDs) in particular.

It is submitted next that the disadvantage of gender and disability aggravate the existing gender gap among persons with disability in various aspects of entitlements and functioning. This 'not so obvious' assertion is then examined with reference to the secondary data available from the four states. In doing so the first problem one faces concerns the nature of the data. Much of the public domain data is gender blind and even more so disability blind. Nevertheless, the available data does show an accentuated gender divide in the disabled population whether we look at literacy, schooling, access to work or employment. Gender gap in literacy among PWDs is stronger than in the overall population, so is the gap in schooling, access to skills and avenues of self-employment through loans. This aggravation cuts across state boundaries. This is seen right from the stage of giving disability certificates, access to literacy or education, acquisition of skills, chance to convert the skill into income – whether through wage employment or self employment and so on. Even in non – economic issue like marriage, stability

of marriage or violence in domestic as well as public sphere, gender and disability combine adversely.

Within gender, widowhood represents another disadvantage. Similarly within disability mental disability represents additional disadvantage. Analysis of primary data indicates that widows and WWDs in Mental Retardation (MR) category are perhaps the most vulnerable among the WWDs. This has important implications on the design of welfare programmes for WWDs. Disability Pension Scheme should perhaps aim to cover this group on a hundred percent basis on priority. Analysis of the primary data also reveals areas where it is imperative that the 2001 census data is cross tabulated to further corroborate or contradict some of the trends seen for the WWDs. Markedly lower longevity among the MR category is one case in point in this regard.

The patterns and the process by which disadvantages multiply rather than merely add, is analyzed further through the primary level data and the focused group discussions.

It is important to analyze the pattern of allocation of government funds in the field of disability. Budget analysis is a nascent area of analysis. But it has been undertaken in this study to make a beginning. As the allocation figures for disability are not available by gender, the analysis is done for the sector as a whole. Even if the analysis is preliminary, it provides important insights in terms of the gap between the budget estimates and the actual expenditure as well as the per capita allocation figures. If consistently done over a longer cross sectional and temporal data base, budget analysis can emerge as an important advocacy as well as a monitoring tool.

The insights obtained through the analysis above, themselves indicate some of the solutions. While programme interventions in the field of disability have made considerable headway in the past few years, they do lack the structure to monitor the lot of WWDs in a systematic manner. Besides the gender-neutral aspects of programme implementation, there is a serious need to address the problem of sexual vulnerability of WWDs in the younger age group. This is one aspect of the problem that the WWDs face and which needs urgent resolution.

Findings:

The macro data on disability shows certain consistent trends. It reveals regions that make a higher contribution to the disabled population compared to their share of national population. It shows that the sex ratios among the disabled are highly masculine, and most so among the orthopedically disabled persons. Urban sex ratios among the disabled too, are more masculine than the rural ones.

District level maps show a clear cluster of few Districts in Chhattisgarh and Orissa, with high incidence of disability. The pattern of high incidence remains as such whether we map it by gender or by categories of disability. This is intriguing and needs a closer analysis.

The low incidence clusters are spread across all states. But this may partly be attributed to quality of enumeration as well. An interesting approach for these Districts will be to take up a welfare scheme like pensions to saturation level. This will either throw up the unrecorded cases or will actually provide full coverage to the WWDs, both being desirable programme outcomes.

We have looked at the macro population data as it is. We also looked at the data related to other parameters e.g. literacy and work-force population. Before exploring these we first explore the question of what converts a impairment into a disability, for, what we have analysed so far is essentially impairment. By itself it may not translate into disability. It is the social organization that mediates such translation and dictates whether and to what extent, persons with impairment get their entitlements. The double disadvantage faced by the WWDs is clearly borne out through the secondary data.

Analysis of the primary data provides useful insights about the socio demographic parameters of WWDs. The age profile of the respondents brings the issue of longevity, particularly among the MR disabilities. This has important implications on the policy for social safety net particularly since the MR also happens to be the most deprived group among the WWDs in terms of various entitlements.

Analysis of the marital status brings out various nuances. First is the harsh reality of the low likelihood of marriage. This is particularly strong among the MR. Second is the hold of the norms

of hypergamy. Third is the emergence of widows as the more vulnerable among the married WWDs.

Literacy and educational level do present the rather disturbing picture of entitlement failure. Yet, schooling does provide employment hope to the Girl-child with Disability and must be an important component of any strategy to improve their lot.

The story of entitlement failure continues as we move up the 'value chain' chain; the disability certificates, access to skills, the wage/self employment opportunity thereof, aids and appliances, health check up, the security aspects and the decision making. Lack of awareness owing to lack of information appears to be the first and the major bottleneck. Beyond this too it is an uphill task for the WWDs to get their entitlements.

The community environment is not conducive to a better self-esteem and productive engagement with the work place. The family too leaves a lot to be desired. Starting with the stigma and the hidden and not so hidden prejudices, the WWDs have to face the spectre of violence and abuse. This is the most unacceptable part of the entitlement failure and will need an urgent resolution. The recent protective legislation against domestic violence towards women could provide a right beginning in this regard.

The total allocation of the disability sector serves a small percentage of the disability population. The study indicates the ratio towards allocation per disabled persons is highest in Chattisgarh (Rs. 412.93 for the year 2005-06) and lowest in West Bengal (Rs. 74.60 for the year 2004-05). As no gender disaggregated data on resource allocation is available, the prevailing gender discrimination against WWDs will mean less resources flowing for the women. In the absence of any women specific schemes for the WWDs or any reservation for the WWD in women specific schemes, their access to resource has to improve much more. For this, there should be specific allocation for WWDs in and every programmes/ schemes for the disabled. Which should be monitored through Gender budgeting in the disability sector. Specific allocation should be done for the skill and capacity building for the WWDs. Reproductive health and violence issues should have concrete allocation for the WWDs. Training of the care-givers should be taken up with adequate budgetary provision. There should be some specific programme for WWDs with severe disability and MR category. Awareness programmes should have more allocation and overall there should be improved expenditure. Setting up of an independent and separate department for the Disabled should be the priority.

Conclusion and Recommendations

A recapitulation: The analysis presented in the foregoing chapters does outline the way forward, at least partially. While making recommendations for the policy or programme implementation, it is useful to recapitulate the relevant findings.

Data disagregation by gender: To begin with, there is a clear need to make the public domain data sensitive to the gender and disability dimension. Much of the data available are, unfortunately gender blind or disability blind or both. This is so even where some of the programmes have been taken up pro-actively by the administration e.g. distribution of disability certificates, disbursement of pension etc. Regular and routine disaggregation of the data by disability and within it gender, and vice versa, emerges as the first need if programmes for welfare or empowerment of WWDs are to be meaningfully implemented.

Use of a user-friendly mapping package: Most of our social realities have a spatial or regional context. Incidence of disability and different discriminations associated with these are no exceptions and do exhibit spatial patterns. Mapping these is important, as some of the examples in Chapter II have shown. The user-friendly mapping package used in this report readily shows areas of high and low incidence. It will be worthwhile using this package for a pan-India analysis of different dimensions of disability.

Accentuated entitlement failure: Analysis of secondary as well as primary data brings out the 'not so obvious' conclusion that the twin disadvantages of gender and disability aggravate each other resulting in entitlement failure. The gender gap among the disabled for various entitlements turns out to be higher than that found in the general population. This is surprisingly so even for more elementary entitlements like access to pensions, aids and

appliances etc. involving simple organization and direct resource transfer. The gaps aggravate further as we go up the value chain of different entitlements. It seems plausible that among the PWDs, men access the advantages of any new opportunity first and women follow the trail.

Even in the case of simple entitlements like the pensions, training, enrollment, getting aids and appliances, an invisible barrier of 30 to 35% seems to operate. Such barrier needs to be consciously overcome. This will either improve the coverage among WWDs or confirm low incidence of given disability among women e.g. locomotor disability. National guidelines in this regard may need some change and the mandatory coverage for WWDs needs to be increased to ensure greater access to resources e.g. NHFDC loans.

Low participation of WWDs in Self Help Groups (SHG) activity is surprising and points to the need for more sensitive approach of SHG members towards WWDs. Formation of mixed SHG groups of women, exclusive SHGs of PWDs including members of both sexes and exclusive SHG of WWDs may need more encouragement and documentation. As of now it is not clear as to which arrangement will work better in a given context.

Saturation coverage for the more vulnerable: The primary data clearly shows that MR among the WWDs and the widows, are the more vulnerable but less numerous groups. Such groups should be covered under welfare schemes on a priority basis and on a 100% coverage basis. The longevity problem among the MR category stands out in this context, and this group needs saturation coverage on a priority basis. Another group that needs attention in this regard is the mother- daughter dyad which may need support through a pension oriented scheme. Given the size of resources put in the overall welfare schemes, this should not pose a problem. However, care has to be taken to keep out the 'free riders' from enjoying the benefit of such coverage through fraudulent certification.

Bringing down barriers: Sensitization, awareness, access and structures: While schemes involving direct transfers are easy to administer, those involving organizations, particularly mainstream organization, present a number of difficulties. Insensitivity on the part of service providers, design barriers due to structures that are disability indifferent, lack of information among WWDs about their entitlements and the procedure to access these are some of the difficulties emerging from the study. Overcoming these require allocation of resources. Budgetary analysis of the disability sector becomes important in this context. While a beginning has been made in this study, this has to be followed more in depth. The first and foremost action point however, is that the gap between BE and AE should be minimized. This may require alertness on the part of government as well as the civil society.

Economic empowerment of the WWDs: The stark reality of marriage as an institution of limited significance for the WWDs, makes it necessary that they are economically empowered and have access to support structures should the family or the sibling support fail or become unavailable. Anecdotal evidence has it that low yet steady income is more useful for the PWDs rather than highly visible or high paid but uncertain jobs.

Safe environment at home and at the work-place: For WWDs and additional issue of safety of the work place and of the passage to the work –place becomes important. As the analysis has shown, WWDs face the spectre of violence and sexual harassment at the work – place as well as within the households too (Annexure II (FGDs & III (Narratives for details) . This is an area of stronger concern. No entitlement failure can justify violence or sexual harassment particularly of an individual who has less where withal to defend herself. Experience narrated by the respondents also chimes in with other similar studies. No civil society can claim to be a developed one when it cannot guarantee dignity to its vulnerable population. WWDs represent one such segment of vulnerable population and how we treat them is probably a barometer of our social progress.

INTRODUCTION

Women with Disabilities: how do they fare in our society?

Introduction: This project looks at the status of women with disability (WWD) in four States of the country; Andhra Pradesh, Chhattisgarh, Orissa and West Bengal. Women with Disability represent a confluence of two divides in the society; gender and disability. While each of the divides has been studied independently, if not in isolation, the two have rarely been studied together .

The report first traces the contours of the available demographic data on the population of persons with disability in the four States and its gender dimension. Incidence of different disabilities is analyzed separately and presented through maps in order to identify clusters of high and low incidence. Implication of such clustering is examined. In doing this analysis a unique mapping programme has been used which allows mapping of different incidences of disability at the District level using the census data. Apart from identifying pockets of high and low incidence of disability and gender gaps thereof, this technique brings out the clustering of a lot of trends on disability. This will be of considerable help in programme design and implementation.

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The insights obtained through the analysis above, themselves indicate some of the solutions. While programme interventions in the field of disability have made considerable headway in the past few years, they do lack the structure to monitor the lot of WWDs in a systematic manner. Besides the gender-neutral aspects of programme implementation, there is a serious need to address the problem of sexual vulnerability of WWDs in the younger age group. This is one aspect of the problem that the WWDs face and which needs urgent resolution.

Chapter 1:
Women with Disability – The Macro Picture.

This chapter looks at the demographic data from Census 2001 on Women with Disabilities (WWD). Deficiencies in the census data and debate over definitions not withstanding, data from population census 2001 are internally consistent and allow a robust comparison of certain indicators relating to disabilities. Apart from that, the recent NSSO 58th round report on disabled persons in India helps us to understand the country wide picture of the disabled and their socio – economic conditions. As this particular study covers four contiguous states – West Bengal, Orissa, Chattisgarh and Andhra Pradesh, we will give adequate attention to analyse state specific – region specific socio – economic co-relates of disability rate so that policy variables can clearly be identified. The analysis of the all India level data clearly indicates that the four states covered in this study have an important share of country wide disability scenario. The geo-statistical maps indicated in this chapter do show that the state of Orissa needs special attention as the state has a considerable number of different kinds of disabilities. The state of West Bengal is not very far from Orissa. Proportion of different types of disabled is also very alarming in some district of West Bengal. Andhra Pradesh and Chattisgarh are relatively better state as can be found from the cartographic analysis of the data. The contiguity of districts with different level of disability rate is important for policy formulation and advocacy. As the analysis will show the systematic geographical patterning though have some socio – economic links clearly pin points to lack of policy interventions and hence can be found to be useful to eradicate all types of disabilities in near future. This chapter is organized as follows. In section I, we analyse the India wide picture using the census 2001 data on disability by employing statistical as well as geographical methods. In the following section, we present the state of the disabled in India on the basis of NSSO 58th round data on disabled persons in India. In section III, we give adequate attention to the study area in terms of development indicators at the district level. Last section summarizes the finding and indicates some policy directives.

Section I

DISABILITY IN INDIA.

This section presents data on the inter – state and inter-group variations in disability rates. (See Table 1). These data are estimated from 2001 population census. It is the first time that census of India provided the information at a disaggregative level. On average about 21 person per thousand population 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. There are more than 9 states where disability rate is more than national average. The geographical location of these states with disability more than national average is striking. Together they form a contiguous region. The state wise distribution of disability rate can be judged by the following figure 1 and 1A.

Figure 1.1: State-wise distribution of disability rates: All India, Total, Census 2001

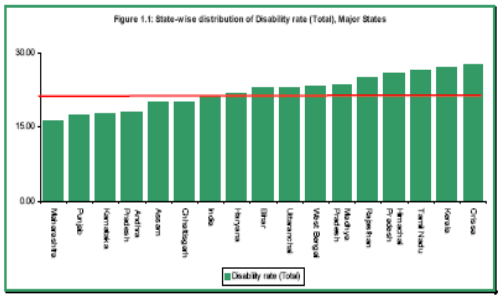
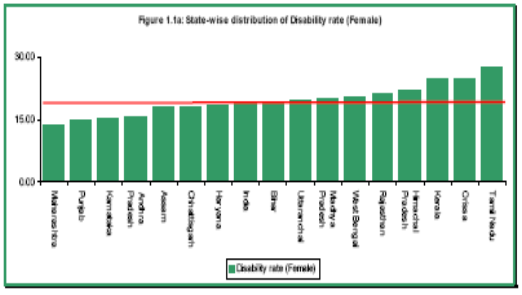


Figure 1.1a: State-wise distribution of disability rates: All India, Female, Census 2001



The geographical clustering is discernable from the state level maps presented here.

Figure 1.2: State level disability distribution, Census 2001, Total Population

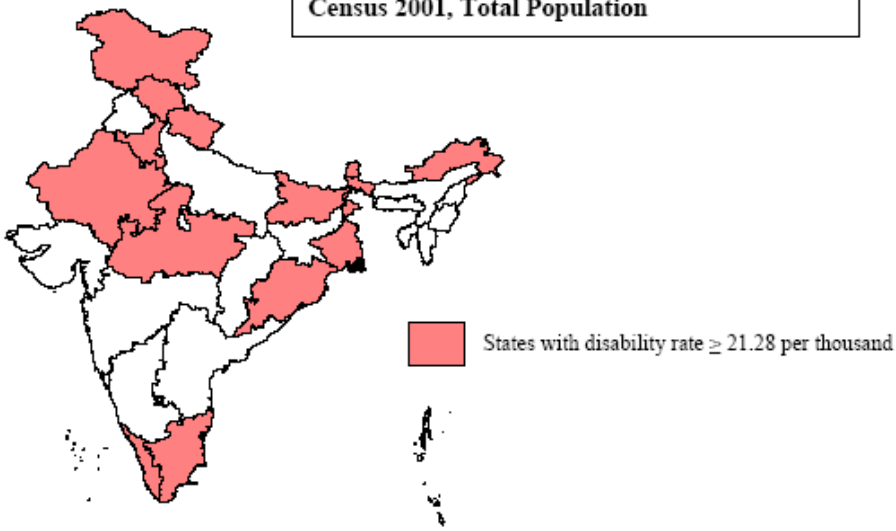


Figure 1.2a: State level disability distribution, Census 2001 Female Population

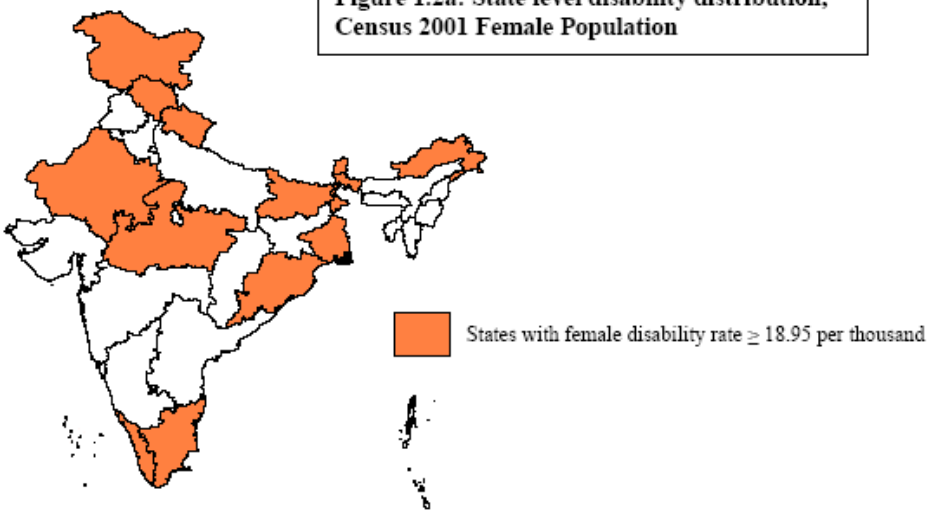


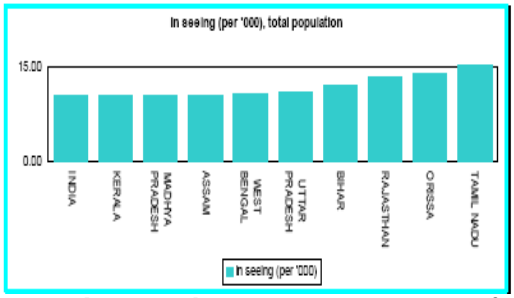
Table 1: State-level distribution of different kinds of Disability Rates

India/States/Union Territories	Total disability rate		In seeing		In speech		In hearing		In movement		Mental	
District	person	female	person	female	person	female	Person	Female	person	female	person	Female
INDIA	21.30	18.74	10.34	9.88	1.60	1.41	1.23	1.18	5.94	4.44	2.20	1.83
JAMMU & KASHMIR	29.84	27.36	20.58	19.38	1.67	1.51	1.40	1.35	3.74	3.06	2.45	2.06
HIMACHAL PRADESH	25.66	21.93	10.55	9.80	2.10	1.76	2.51	2.38	7.65	5.81	2.85	2.26
PUNJAB	17.43	15.09	7.01	6.83	0.93	0.81	0.71	0.71	6.15	4.71	2.62	2.02
CHANDIGARH	17.25	15.24	9.35	8.59	0.98	0.84	0.67	0.64	4.25	3.37	2.00	1.80
UTTARANCHAL	22.94	19.59	10.09	9.42	1.97	1.63	1.88	1.72	6.65	5.01	2.34	1.79
HARYANA	21.52	18.53	9.52	9.18	1.38	0.95	1.31	1.28	7.16	5.39	2.35	1.73
DELHI	17.08	14.58	8.72	7.91	1.12	0.97	0.63	0.62	4.68	3.55	1.88	1.52
RAJASTHAN	24.99	21.09	13.34	11.94	1.29	0.98	1.33	1.31	7.09	5.44	1.93	1.43
UTTAR PRADESH	20.78	17.53	11.14	10.30	1.54	1.33	0.77	0.70	5.60	3.93	1.72	1.25
BIHAR	22.74	19.02	12.13	11.29	1.57	1.34	0.89	0.77	6.17	4.16	1.99	1.46
TRIPURA	18.42	16.36	8.60	7.63	1.60	1.44	1.78	1.86	4.37	3.52	2.08	1.92
MEGHALAYA	12.42	11.80	5.77	5.44	1.48	1.47	1.58	1.64	2.21	1.95	1.38	1.30
ASSAM	19.89	18.08	10.58	9.93	2.14	1.96	1.94	1.88	3.45	2.76	1.78	1.54
WEST BENGAL	23.04	20.37	10.75	10.16	2.32	1.95	1.64	1.56	5.15	3.75	3.38	2.96
JHARKHAND	16.64	14.10	6.91	6.28	1.47	1.31	1.05	0.96	5.13	3.87	2.08	1.68
ORISSA	27.75	24.93	13.97	13.22	1.87	1.71	2.29	2.12	6.82	5.39	2.81	2.49
CHHATTISGARH	20.15	18.16	7.69	7.34	1.46	1.33	1.64	1.52	7.38	6.05	2.09	1.92
MADHYA PRADESH	23.34	20.20	10.54	10.02	1.26	1.05	1.41	1.28	8.22	6.32	1.91	1.53
GUJARAT	20.63	18.14	9.76	9.10	1.31	1.06	1.39	1.44	6.13	4.91	2.04	1.63
DAMAN & DIU	20.04	21.19	12.00	12.62	1.19	1.26	0.76	1.14	4.36	4.20	1.73	1.96
DADRA & NAGAR HAVELI	18.36	17.39	10.64	10.05	1.34	1.31	1.53	1.68	3.61	3.22	1.25	1.19
MAHARASHTRA	16.20	13.68	6.00	5.60	1.17	1.06	0.95	0.87	5.88	4.20	2.20	1.94
ANDHRA PRADESH	17.91	15.68	7.63	6.98	1.82	1.67	0.96	0.99	5.46	4.23	2.04	1.82
KARNATAKA	17.80	15.53	8.34	7.68	1.72	1.55	0.94	0.94	5.04	3.77	1.75	1.58
KERALA	27.03	24.58	10.51	10.22	2.31	1.83	2.50	2.64	7.47	5.82	4.45	4.07
TAMIL NADU	26.32	23.44	15.45	18.28	1.99	1.82	1.16	1.22	5.67	4.35	2.04	1.78

The all India disability rate and its state specific distribution, though found to be informative, but can be inadequate for framing policy directives. To make the report policy sensitive, next we look at the different types of disabilities and their state wise distribution. The state wise distribution of total and female visually impaired disability rates are given in the following figures, where we have presented those major states that have visual disability more than the national average. Similarly distributions of states for other different types of disabilities are given in Annexure 4. It is quite discernable from the figures that the state of Orissa is emerging as a prominent state with major shares in different types of disability rates. Among the major states West Bengal has the highest prevalence of mental disability while Kerala has the highest prevalence of mental disability among the female population (see Annexure 4).

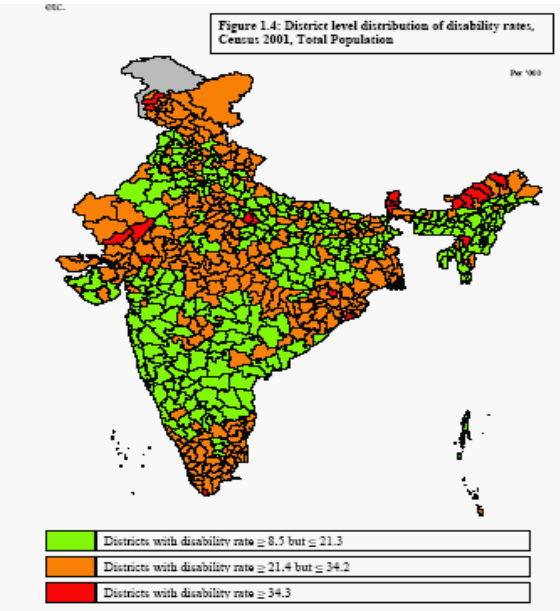
The state level analysis however conceals within state variations. It is the district level, that can give more intriguing and nuanced pattern. The district level disability data shows

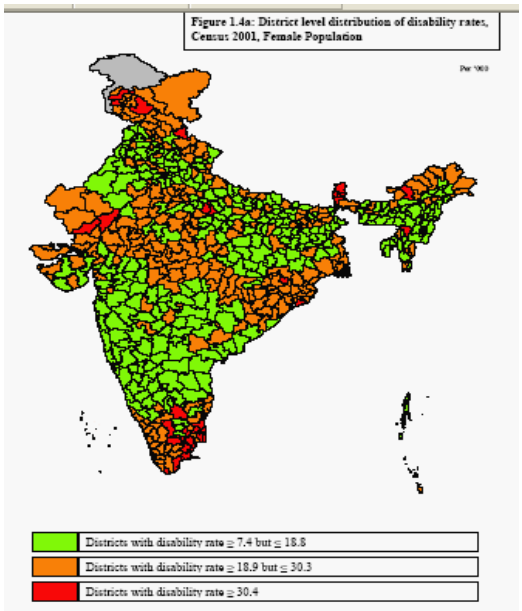
Figure 1.3.1: State-wise distribution of person with visual disability



exciting pattern. As the following map shows there are clusters of districts with high disability rate. The most visible clusters comprises of some districts of Rajasthan, MP, Chattisgarh, Orissa and West Bengal. Another cluster can be found in the southern belt comprising of most of the districts of Kerala, Tamil Nadu. The districts o J& K and HP also form a contiguous belt of high disabilities. The state of Auranachal Pradesh is emerging as a state with considerable high rate of disability. Similar pattern of high disability can be found in case of female disability rate, though the manifestation is more alarming in the southern region mainly some contiguous districts of Tamil Nadu. No such spatial clustering of high disability can be found for the male population. The spatial patternings of disability rate, as pointed out in this section, are important from policy perspectives. It shows the policy should be contextualized and should be targeted to those districts with high prevalence rate. It should be noted in this connection that high disability is not

necessarily connected with socio-economic under-development. Though the rate is more at the underdeveloped states like Rajasthan, MP, Orissa. It is also considerably high in some districts of relatively developed states like Kerala, Tamil Nadu and West Bengal. Beside that the spatial patterning does indicate that the disability is considerably low at the economically developed states like Punjab, Haryana and Karnataka etc.





Section II
ANALYSIS OF NSSO DATA

NSSO report on disabled persons in India gives an overview of the country wide scenario on disability. Besides providing incidence and prevalence rate by rural urban residence, this report also highlights the demographic and other correlates. According to NSS 58th round, the number of disabled persons in the country is 18.49 million and they formed about 1.8% of the total estimated population. According to the report, more than 10% of the disabled persons suffer from more than one type of following disabilities –

1) Mental disability in the form of mental retardation and mental illness.
2) Visual disability in the form of blindness and low vision.
3) Hearing disability
4) Speech disability
5) Locomotor disability.

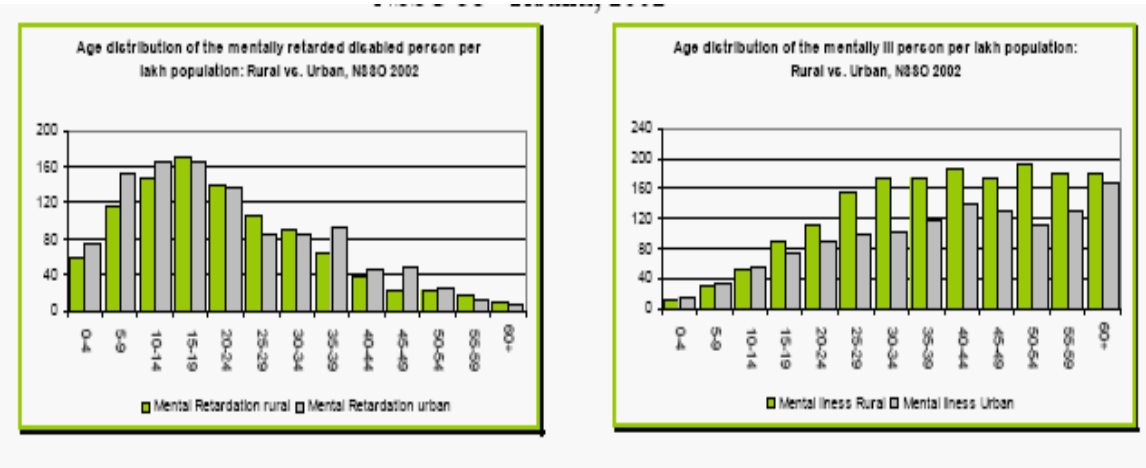
Table 2: Per thousand distribution of persons with multiple disabilities
NSSO 58th Round, 2002, All India

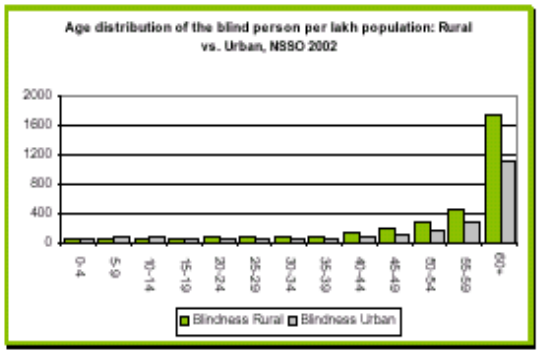
The distribution of person having multiple disabilities by type of disabilities is given in the following table. According to this table, there are as many as 1,216,000 speech disabled who have other types of disabilities among which hearing disability has the highest proportion. High frequency is also found in the group comprising of hearing disabled and low vision. Interestingly, considerable gender bias in multiple disabilities is documented here. Out of 1000 mentally retarded female population, there are as many as 467 females who have three or more disabilities, but the comparable figure for the male population is 437. Among the 1000 females with mental illness, there are 305 cases with multiple disabilities, while it is 289 for the male out of 1000 male with mental illness. According to the above table, there are as many as 165700 females with blindness who have other types of disabilities. Significant gender bias in multiple disabilities should be a matter of concern and calls for urgent attention to check this relational deprivation faced by the disabled women in the country.

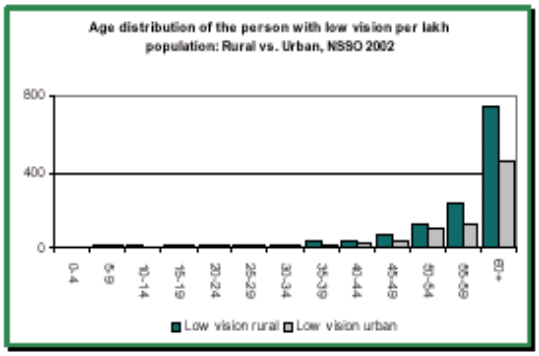
	mental retardation	mental illness	blindness	low vision	hearing	speech	locomotor	3 or more disabilities
	Male							
mental retardation	X	X	12	9	9	309	224	457
mental illness	X	X	68	19	55	324	344	289
blindness	14	34	X	X	486	20	301	145
low vision	24	21	X	X	486	19	335	125
hearing	2	6	196	47	X	625	98	115
speech	71	0	4	2	505	X	172	186
locomotor	69	45	78	38	116	329	213	210
	Female							
mental retardation	X	X	12	7	25	288	202	457
mental illness	X	X	65	31	97	146	355	305
blindness	7	23	X	X	459	9	321	181
low vision	19	24	X	X	520	22	319	196
hearing	5	19	138	70	X	555	84	145
speech	59	0	3	3	615	X	118	202
locomotor	55	52	134	63	122	156	158	250
	Person							
mental retardation	X	X	12	8	15	301	215	469
mental illness	X	X	67	34	75	288	349	296
blindness	19	28	X	X	472	14	312	164
low vision	15	22	X	X	505	21	322	114
hearing	3	8	170	58	X	592	91	129
speech	65	0	4	2	586	X	149	198
locomotor	63	49	102	49	119	198	189	231

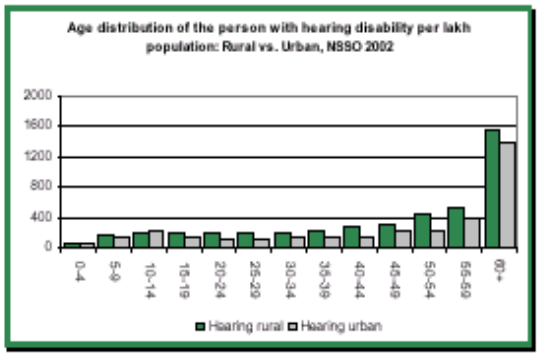
The age specific prevalence rate by types of disabilities are presented below in the following figures.

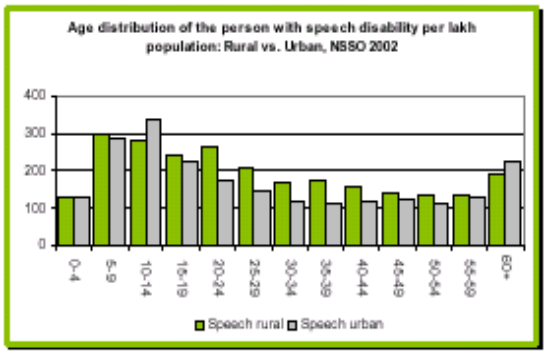
Figure 2.1: Age specific prevalence rate of different types of disabilities, NSSO 58th Round, 2002

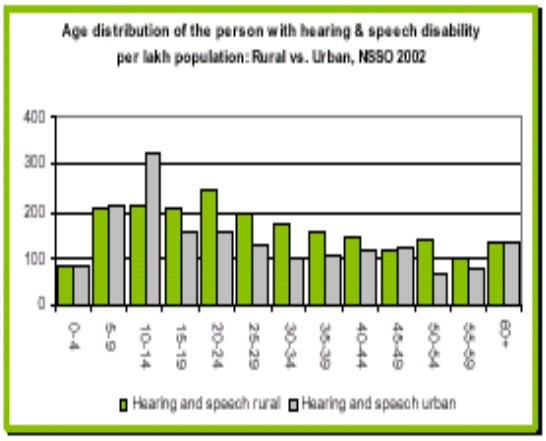


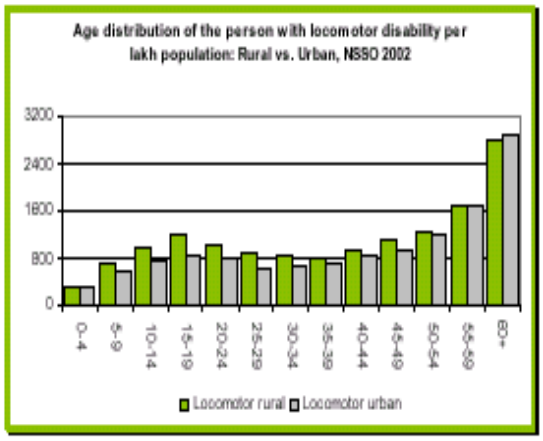




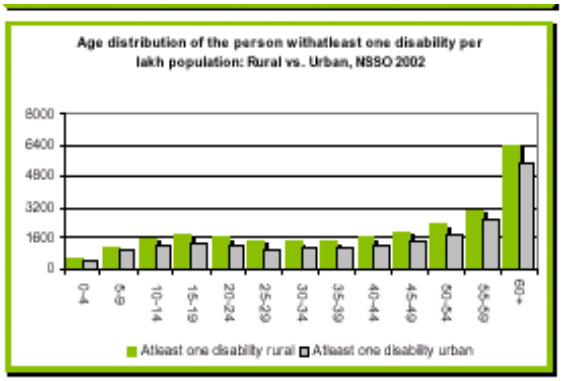








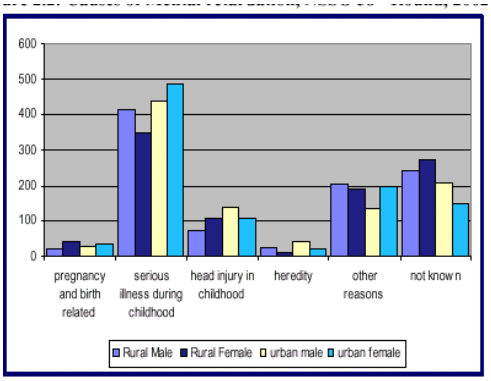
According to these figures, blind, low vision, hearing disability and locomotor disabilities are mainly concentrated among the old age population. But the problem of mental retardation is mostly concentrated among the child population. The problem of speech disability is mostly concentrated in the age group 5-24 years. The age distribution of the different types of disability by gender is given in Annexure 5.



Causes of Disabilities

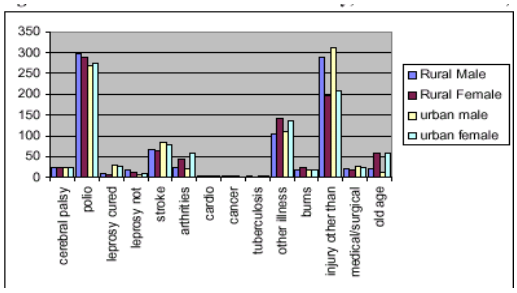
NSSO 58th round report on disabled persons in India identified number of causes or different types of disabilities. The summary results are presented below.

Figure 2.2: Causes of Mental retardation, NSSO 58th Round, 2002



According to NSSO 58th round, 42% of the cases of mental retardation is caused by head injury in childhood. Cases of mental retardation due to 'pregnancy and birth related' is just 3% and about 2% of the mentally retarded reported that the incidence is hereditary.

Figure 2.3 Causes of Blindness, NSSO 58th Round, 2002



Old age is indicated as the major cause of blindness. Despite a marginal difference in male-female and rural-urban distribution, the pattern of the blindness shows that the blindness is essentially an old age problem. Similarly, hearing disability is also an old age problem.

Figure 2.4: Causes of Speech disability, NSSO 58th Round, 2002

On the other hand, speech disability does not necessarily associate with old age. NSSO 58th round indicates that paralysis or other illness as the major reasons of speech disability.

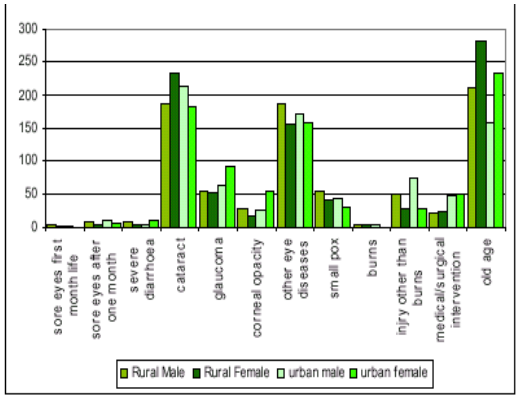
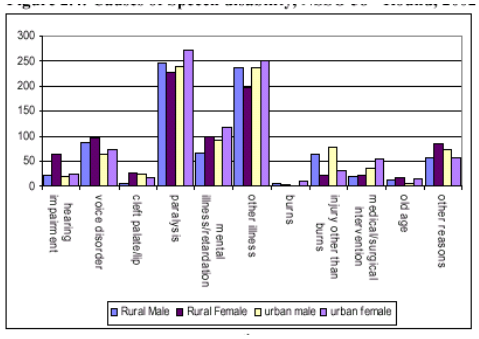


Figure 2.5: Causes of Locomotor disability, NSSO 58th Round, 2002

As for the causes of locomotor disability, NSSO reports that polio is found to be the major



reason. Beside that injury other than burns is also an important cause of locomotor disability. This disability is weakly associated with old age as only 3 – 4 % of the disabled population with locomotor disability indicates old age as a cause of locomotor disability.

Section III
FOCUS ON STUDY AREA

In this section, we focus on the four major states covered in this study. These four states mainly Andhra Pradesh, Chattisgarh, Orissa and West Bengal do form a contiguous region that facilitates analysis of certain parameter at district level and highlights certain clusters of high and low incidence of disability and in some cases, the state of some of the entitlement of the WWD. According to census 2001, there are as many as 2.29 crores of disabled population in India, that constitutes 2.23% of the total population. In the four states under consideration, this incidence ranges from 1.79% in Andhra Pradesh to 2.77% in Orissa as shown in the **figure 3.1**. The contribution of Orissa and West Bengal to the disabled population in the country is higher than their contribution to the overall population while AP and Chhattisgarh would be making a lower contribution. Following **table 3.1** provides information regarding

Table 3.1: State Level percentage of disabled Population out of total disable population of India, Census 2001

	India	Orissa	%	Andhra Pradesh	%	Chhattisgarh	%	West Bengal	%
Total	22906769	1021335	4.66	1364981	6.23	419887	1.91	1847174	8.43
Male	12605635	568914	4.51	773971	6.13	231768	1.83	1058685	8.39
Female	9301134	452421	4.86	591010	6.35	188199	2.02	788489	8.47
Total Rural	16388382	877709	5.35	1050400	6.4	344993	2.10	1354253	8.26
Rural Male	9410185	485418	5.15	590258	6.27	188571	2.00	774521	8.23
Rural Female	6978197	392291	5.62	460142	6.59	156422	2.24	579732	8.3
Total Urban	6518387	143626	2.6	314581	5.7	74894	1.35	492921	8.93
Urban Male	3195450	83496	2.61	183713	5.74	43197	1.35	284168	8.89
Urban Female	2322937	60130	2.58	130868	5.63	31697	1.36	208757	8.98

disabled population by gender and rural urban location as percent of corresponding population at all India level. The state level contribution of female disabled out of the total female disabled in India is higher in all 4 states than their male counterparts. This is particularly true for the rural population.

It is instructive to see the incidence of disability in the male and female population of the 4 states. Next figure 3.2 gives this for rural and urban areas.

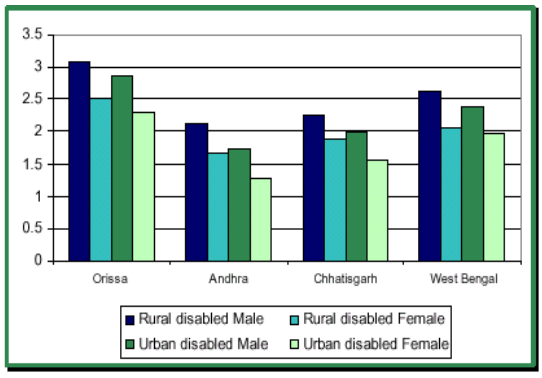
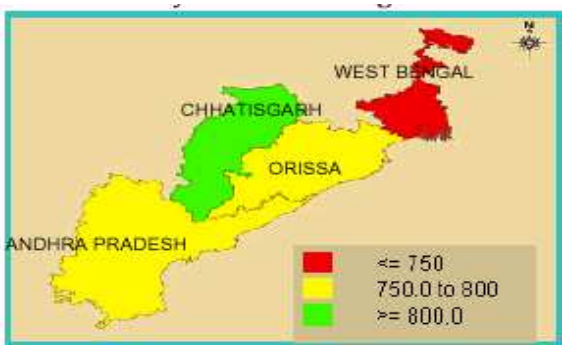


Figure 3.2: Incidence of disability by gender and area of residence

One could notice that the incidence of disability among men is invariably higher than that among women in all the states and in all population segments. This is also corroborated by the sex ratio map of the four states below. The disability sex ratio is highest in



Chhatishgarh (812) in rural (830) as well as urban area. While West Bengal has the lowest overall (754) as well as rural (749) sex ratio. But its urban sex ratio (735) is higher than those of other states. Orissa and Andhra Pradesh fall under the intermediate range in rural as well as urban location. Sex ratio figure of different disabilities given below, indicate a similar pattern for different categories of disability. Chhattisgarh, by and large, has higher f/m sex ratios in all categories with the exception of 'hearing' and 'speech' category. Similarly, West Bengal has the lowest sex ratio in all categories; the lowest being the case of loco-motor disabilities. Low sex ratio in the loco-motor category in all the states is consistent with the pattern observed in the received literature as a large number of men suffer from these disabilities in course of their participation in the work-force. Next table 3.2 indicates the sex ratio among the disabled by category – total, urban and rural.

Table 3.2: Sex ratio among the total disabled

Data on sex ratios in rural and urban areas indicates that urban areas usually show lower sex ratios in all the categories and all the states. Why it may be so needs closer investigation. It must be borne in mind however, that the urban

different categories

	Andhra		Chhattisgarh		Orissa		West Bengal	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Total Disabled	460	131	156	32	392	60	579	209
Visual	200	63	62	14	205	34	280	113
Orthopedic	127	32	53	10	87	11	113	32
Hearing	31	6	14	2	35	3	50	10
Speech	49	14	11	2	27	4	59	17
Mental	53	16	16	4	37	7	78	37

Source: Census of India 2001

population is considerably smaller compared to the rural population. **Table 3.3** below, presents rural urban break up of the WWD population by different categories in the four states.

Table 3.3: Population of PWDs (in ,000) - rural and urban, in the four states by different categories

	Andhra Pradesh	Chhattisgarh	Orissa	West Bengal
Total Disabled	764	812	795	745
Visual	825	905	875	838
Orthopedic	621	705	639	543
Hearing	1044	858	841	849
Speech	828	822	825	796
Mental	788	838	775	731

One can see that the visually disabled persons account for about 40-45 % of the total WWDs in all the states. Enumeration of visual disability in census 2001 has been a point of contention, but that is outside the purview of this study. Another noteworthy aspect is the high number of WWDs with mental disability in urban West Bengal. The rural to urban ratio is nearly 2:1 which is the highest in all the states and among all categories of disability. Whether lower number of WWDS compared to their male counterparts is on account of under-reporting, biological reasons or occupational reasons, is an issue that needs resolution through a more detailed study.

At the same time, lower number of WWDs in urban areas has a positive programme implication. Since the training, transportation, marketing and monitoring infrastructure in the urban areas is stronger, it should be possible to implement the welfare / empowerment programmes for the WWDs in urban areas on a saturation basis. This will include pension programme as well as vocational training programme and the consequential marketing support needed by the WWDs.

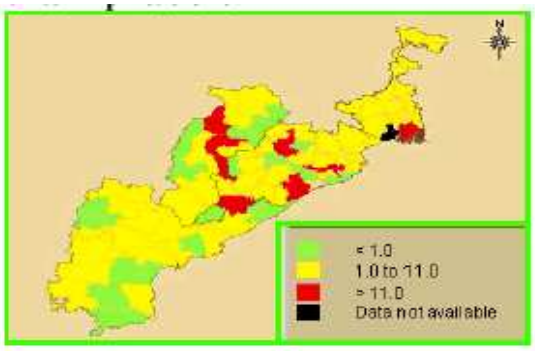
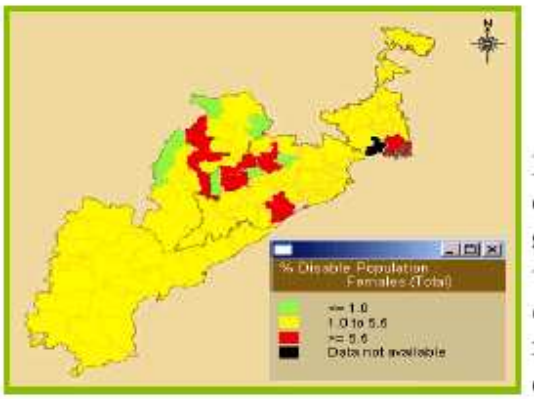


Figure 3.3: Percentage of male disabled population, census 2001

Clusters of low and high incidence and its implications:

We now turn to the incidence of different disabilities at the district level so as to identify clear clusters of high and low incidence. The cluster of high incidence in terms of the percentage of the disabled population is surprisingly similar across different disabilities and spans a belt consisting of the districts of Raipur and Bilaspur in CG, Bolangir, Sambalpur and Bargarh in Orissa along with the scattered location of Ganjam in Orissa and South 24- Parganas in WB.

Figure 3.4: Percentage of female disabled population, census 2001



This pattern remains so whether we look for high incidence by gender. As such there is a clear case for going into the likely causes of this pattern and, more important, the likely measures which will improve the lot of the WWDs in these districts. Regarding the clusters of low incidence of disability we find these in different states. An issue may remain regarding the quality of enumeration in these districts. While recording of the high incidence of disability provides is a clear evidence of the problem, recording of low incidence may not give similarly clear evidence of absence of disability. Still, it may be possible to take up such clusters for a 'saturation coverage' in terms of the welfare scheme like pensions. This will either ensure a complete coverage, which is a desirable programme goal or bring out unenumerated cases which is a desirable monitoring goal.

Relationship with socio-economic development.

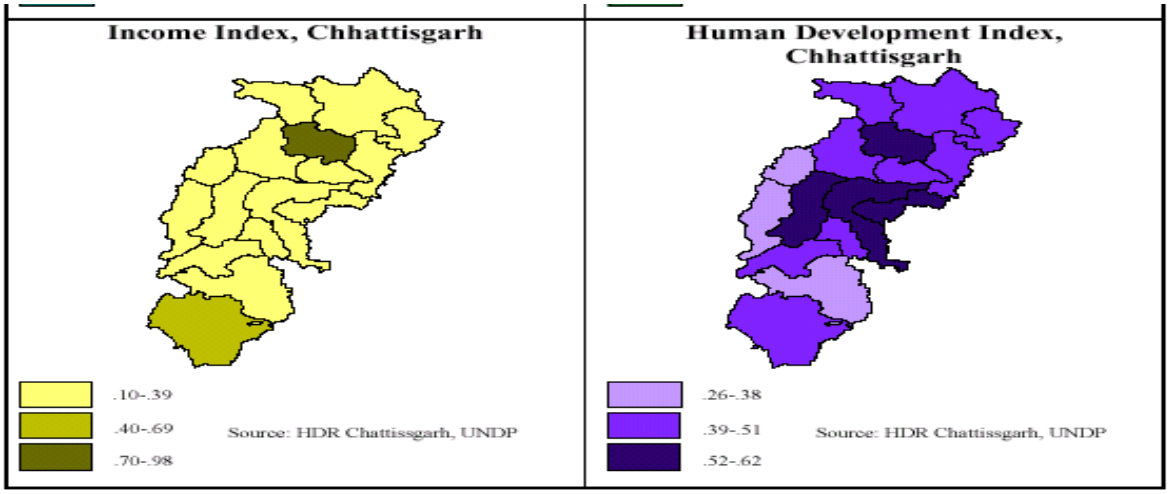
Is there any relationship between socio-economic backwardness and prevalence of disability? In order to find whether such a link can exist, we use state level Human Development reports of Orissa, Chattisgarh and West Bengal. Unfortunately, the state of Andhra Pradesh still does not have a similar report. So we use literacy rates, child mortality and head-count ratio as the three most important pillars of Human Development Index (HDI henceforth). We proceed with a state by

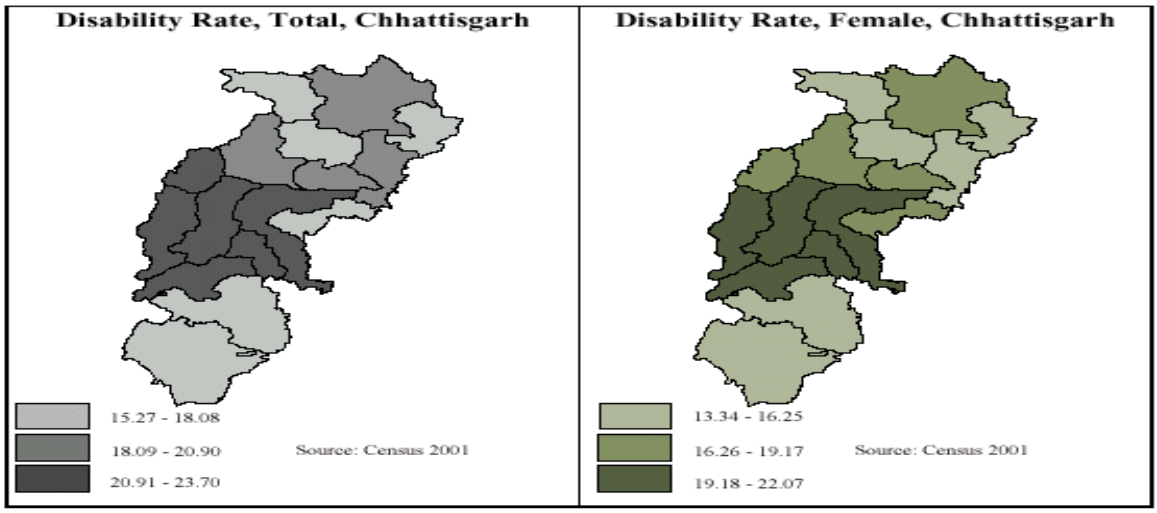
state analysis. First of all we provide cartographic representation of HDI and its components. Then we will see the spatial pattern of disability rates to check the link between socio-economic backwardness and prevalence of disabilities.

Human Development Index is a measure of welfare that incorporates both the aspects of commodities and capabilities. While nobody denies that development is a multi-dimensional phenomena, there is a plea with a view to seeing wood out the forest for reduction of the complex process of development in a simple indicator – percapita income. Critics of this summary indicator argue that realities of economic development posit a conundrum. Rising per capita income associates with socially regressive factor is an unreliable summary indicator of development. Hence with a view to capture different aspect of development,

UNDP proposed a composite index (HDI). The three component of this indicator are income, health and education. This summary indicator not only deals with development of present generation, equally it enforces adequate attention to understand future development prospect. Hence we use Human Development Index as a sustainable composite indicator of socio economic development.

Chhattisgarh





Chattissgarh

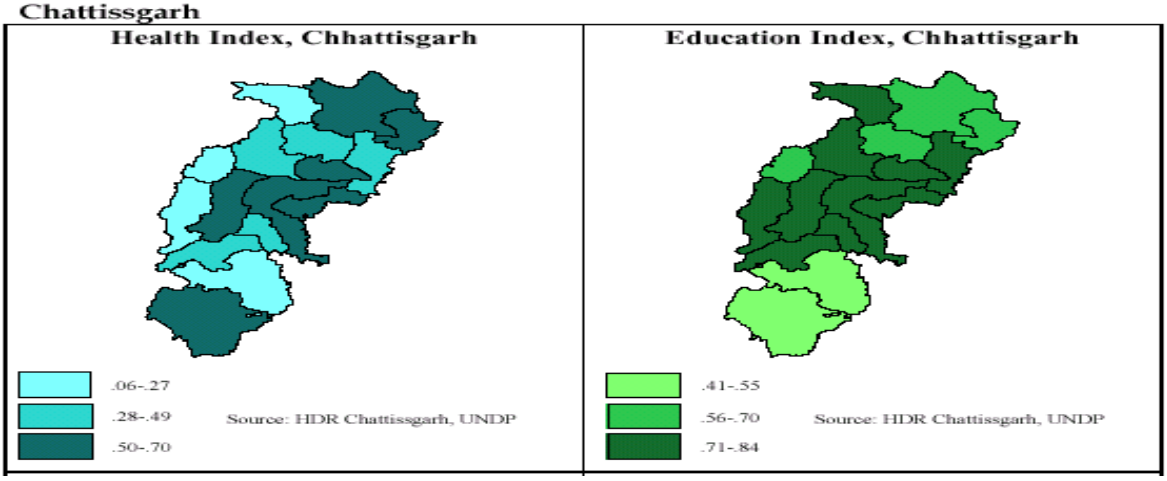


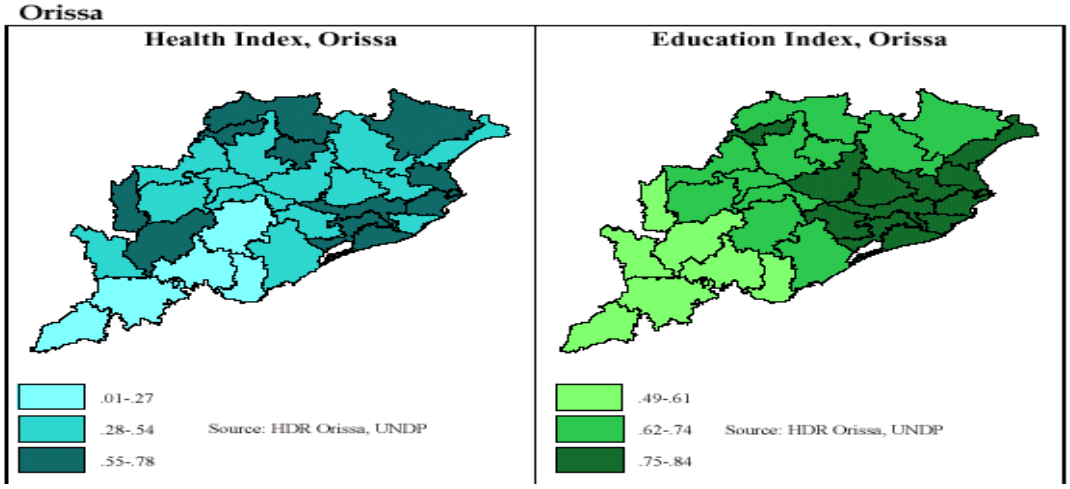
Table 3.4: District wise distribution of HDI, its components and Disability rates, Chhattisgarh

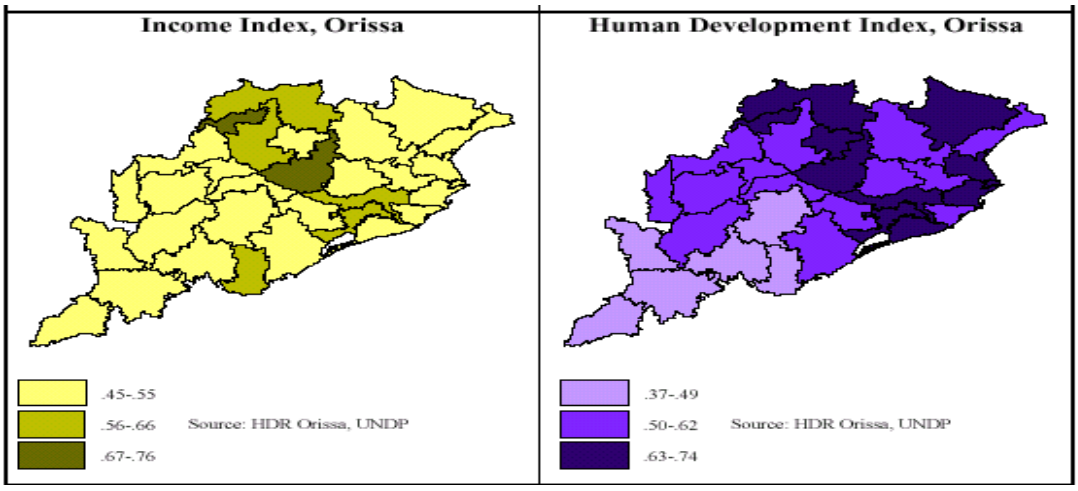
Dist	Disability Rate (Total)	Disability Rate (Female)	Education Index	Health Index	Income Index4	Human Development Index
Koriya	17.60	15.55	0.714	0.14	0.318	0.391
Surguja	18.41	16.28	0.59	0.532	0.132	0.418
Jashpur	15.27	13.34	0.57	0.621	0.173	0.455
Raigarh	18.55	16.20	0.79	0.295	0.205	0.43
Korba	16.89	15.07	0.603	0.293	0.98	0.625
Janjgir-Champa	18.66	16.52	0.739	0.58	0.181	0.5
Bilaspur	20.70	18.18	0.723	0.411	0.214	0.449
Kawardha	21.51	18.86	0.681	0.193	0.104	0.326
Rajnandgaon	21.84	19.54	0.838	0.063	0.221	0.374
Durg	22.76	20.54	0.828	0.545	0.362	0.578
Raipur	23.70	22.07	0.782	0.558	0.262	0.534
Mahasamund	17.84	16.62	0.773	0.697	0.262	0.577
Dhamtari	22.29	20.48	0.781	0.412	0.295	0.496
Kanker	22.83	21.63	0.758	0.28	0.152	0.397
Bastar	16.69	14.97	0.527	0.132	0.134	0.264
Dantewada	16.06	14.68	0.413	0.514	0.396	0.441

Legends						
	Above 20.90	Above 19.17	Below 0.56	Below 0.28	Below 0.40	Below 0.39
	18.09 – 20.90	16.26 – 19.17	0.56 – 0.70	0.28 – 0.49	0.40-0.69	0.39 – 0.51
	Below 18.09	Below 16.26	Above 0.70	Above 0.49	Above 0.69	Above 0.51

Orissa

Orissa





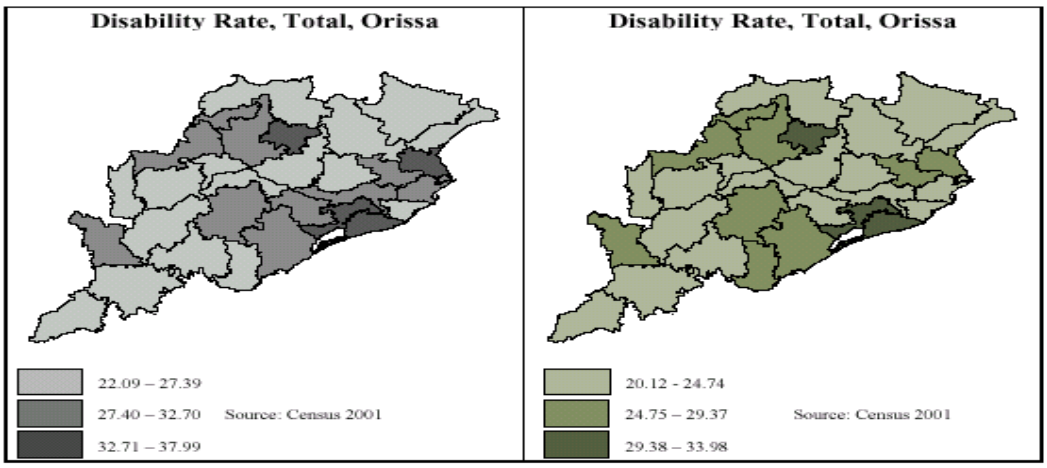
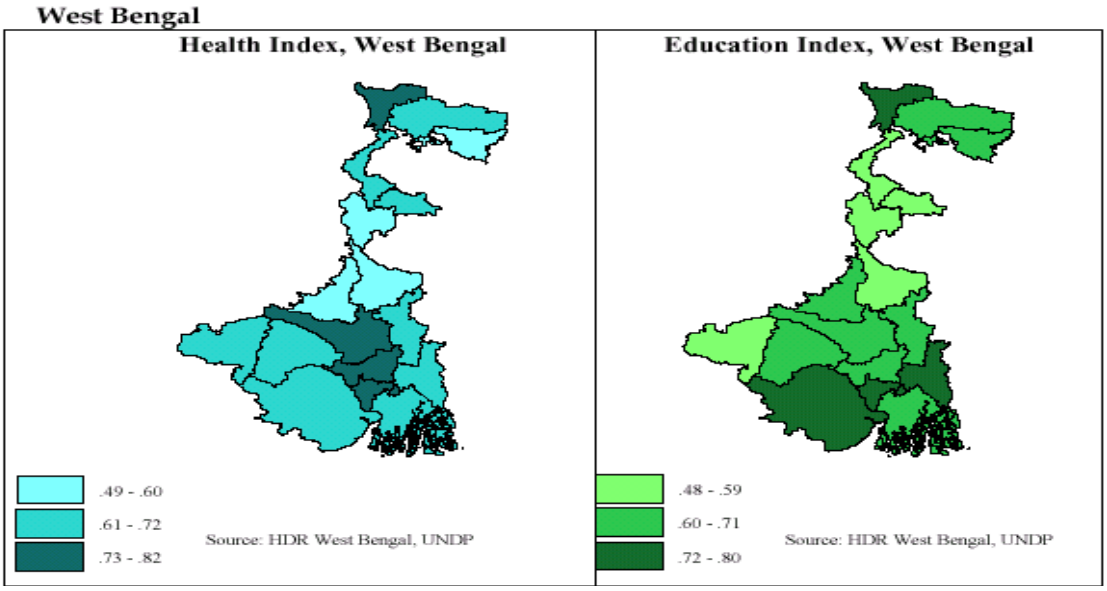


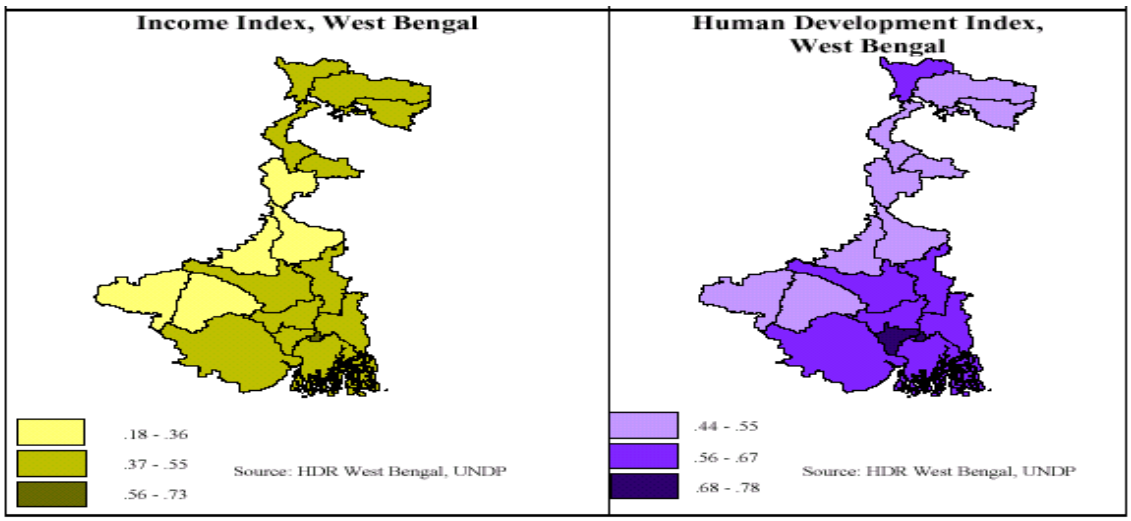
Table 3.5: District wise distribution of HDI, its components and Disability rates, Orissa

Dist	Disability Rate (Total)	Disability Rate (Female)	Education Index	Health Index	Income Index	Human Development Index
Bargarh	31.30	28.33	0.73	0.45	0.52	0.57
Jharsuguda	30.02	28.28	0.77	0.64	0.76	0.72
Sambalpur	30.23	27.61	0.74	0.44	0.59	0.59
Debagarh	36.09	31.11	0.70	0.78	0.53	0.67
Sundargarh	22.65	20.92	0.74	0.69	0.62	0.68
Kendujhar	22.23	20.12	0.70	0.34	0.55	0.53
Mayurbhanj	24.58	23.25	0.65	0.78	0.49	0.64
Baleshwar	26.55	23.14	0.77	0.44	0.47	0.56
Bhadrak	33.19	28.63	0.80	0.67	0.46	0.65
Kendrapara	28.73	24.62	0.82	0.60	0.47	0.63
Jagatsinghapur	25.68	22.09	0.83	0.29	0.55	0.56
Cuttack	28.01	24.38	0.81	0.69	0.59	0.70
Jajapur	31.85	26.94	0.79	0.33	0.50	0.54
Dhenkanal	27.36	23.60	0.77	0.47	0.53	0.59
Anugul	25.93	22.98	0.76	0.48	0.75	0.66
Nayagarh	27.53	24.11	0.77	0.46	0.49	0.57
Khordha	33.30	29.46	0.85	0.72	0.64	0.74
Puri	37.99	33.98	0.82	0.62	0.53	0.66
Ganjam	29.49	27.29	0.72	0.40	0.53	0.55
Gajapati	26.00	24.93	0.56	0.17	0.56	0.43
Kandhamal	27.82	24.81	0.65	0.01	0.52	0.39
Baudh	27.01	24.47	0.69	0.42	0.50	0.54
Sonapur	24.79	21.89	0.73	0.47	0.49	0.57
Balangir	23.94	22.19	0.67	0.47	0.50	0.55
Nuapada	25.81	24.27	0.58	0.69	0.47	0.58
Kalahandi	24.28	22.41	0.59	0.76	0.47	0.61
Rayagada	24.79	23.94	0.53	0.25	0.55	0.44
Nabarangapur	27.40	25.73	0.52	0.34	0.45	0.44
Koraput	22.55	20.79	0.54	0.22	0.54	0.43
Malkangiri	22.09	20.23	0.49	0.12	0.50	0.37

* Legends follow the corresponding legends of the above maps

West Bengal





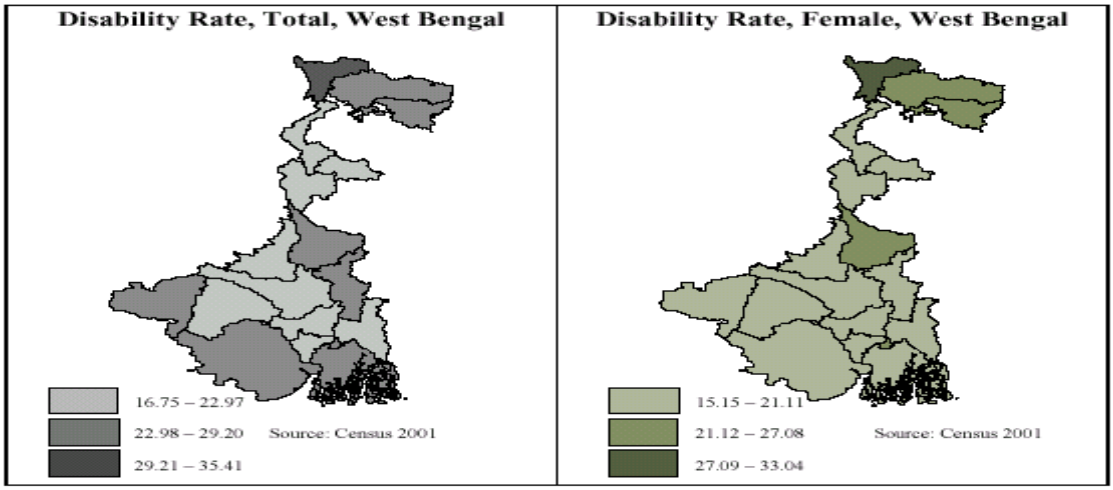


Table 3.6: District wise distribution of HDI, its components and Disability rates, West Bengal

Dist	Disability Rate (Total)	Disability Rate (Female)	Education Index	Health Index	Income Index4	Human Development Index
Darjiling	35.41	33.04	0.72	0.73	0.49	0.65
Jalpaiguri	24.77	22.49	0.60	0.61	0.38	0.53
Koch Bihar	26.6	23.32	0.65	0.50	0.41	0.52
Uttar Dinajpur	16.75	15.15	0.53	0.62	0.39	0.51
Dakshin Dinajpur *	20.26	18.76	0.53	0.62	0.39	0.51
Maldah	18.65	16.7	0.48	0.49	0.36	0.44
Murshidabad	26.64	23.42	0.52	0.57	0.29	0.46
Birbhum	19.85	16.84	0.61	0.53	0.27	0.47
Barddhaman	21.4	18.54	0.71	0.74	0.47	0.64
Nadia	23.59	20.93	0.66	0.65	0.41	0.57
North Twenty Four Parganas	22.56	20.5	0.76	0.72	0.49	0.66
Hugli	21.92	19.16	0.67	0.77	0.46	0.63
Bankura	21.53	18.85	0.62	0.67	0.26	0.52
Puruliya	23.15	19.96	0.55	0.61	0.18	0.45
Medinipur	23.86	20.85	0.74	0.68	0.45	0.62
Haora	22.56	19.54	0.75	0.77	0.53	0.68
Kolkata	23.58	21.47	0.80	0.82	0.73	0.78
South Twenty Four Parganas	23.41	20.35	0.68	0.71	0.40	0.60

Legends						
	Above 29.20	Above 27.08	Below 0.60	Below 0.61	Below 0.37	Below 0.56
	22.98 – 29.20	21.12 – 27.08	0.60 – 0.71	0.61 - 0.72	0.37- 0.55	0.56 – 0.67
	Below 22.98	Below 21.12	Above 0.71	Above 0.72	Above 0.55	Above 0.67

Certain features emerge from this analysis. Firstly, the disability rate is higher in districts which are more developed in terms of health, education or human development. These conspicuous results may be due to good reporting in those areas. Secondly in some cases districts with high disability is associated with relatively non-prosperous districts. There may be a weak link between prosperity level and prevalence of disability[1]. Only in districts of Sundargarh, Mayurbhanj and Anugul of Orissa, Mahasamund, Bastar and Korba of Chattisgarh and Howrah of West Bengal has been found to have association between high Human Development Index and low Disability rates.

Conclusion:

This chapter indicates national and sub-national level of spatial patterning of disability rates. It also indicates state level distributions of different kinds of disability rates and highlights the states that need urgent intervention. The district level maps presented in this section indicate nuanced pattern of prevalence of disability and identify the clusters with high rate of incidence. Pockets of high disability have been chalked out that spreads dispersedly in Indian landscape. Brief analysis has been done on the basis of the NSSO 58th round data to understand the distribution of multiple disabilities and age specific prevalence of different types of disabilities. Considerable gender bias is found in case of prevalence of multiple disabilities. The report also summarizes different causes of disabilities. Old age is found to be an important cause of blindness, low vision and hearing disability. Mental retardation is mainly caused by serious illness during childhood and speech disability is mainly caused by paralysis and other illness. Polio is found to be the major reason of locomotor disability.

Special effort has been given to analysis the patterns of different types of disabilities in the four states of Andhra Pradesh, Chattisgarh, Orissa and West Bengal. The macro data on disability shows certain consistent trends. It reveals regions that make a higher contribution to the disabled population compared to their share of national population. It shows that the sex ratios among the disabled are highly masculine, and most so among the orthopedically disabled persons. Urban sex ratios among the disabled too, are more masculine than the rural ones.

District level maps show a clear cluster of few districts in Chattisgarh and Orissa, with high incidence of disability. The pattern of high incidence remains as such whether we map it by gender or by categories of disability. This is intriguing and needs a closer analysis.

The low incidence clusters are spread across all states. But this may partly be attributed to quality of enumeration as well. An interesting approach for these districts will be to take up a welfare scheme like pensions to saturation level. This will either throw up the unrecorded cases or will actually provide full coverage to the Women With Disabilities, both being desirable programme outcomes.

In this chapter, we have looked at the macro population data as it is. We next look at the data related to other parameters e.g. literacy and work-force population. Before exploring these we first explore the question of what converts a impairment into a disability, for, what we have analysed so far is essentially impairment. By itself it may not translate into disability. It is the social organization that mediates such translation and dictates whether and to what extent, persons with impairment get their entitlements.

[1] Endeavour to find statistical association between socio-economic variables and disability rates have failed to yield any meaningful results. In some cases $\chi 2$ association or Crammer V statistic is highly significant but due to a positive link between socio-economic development and disability rate, which may indicates better reporting in those areas.

Chapter II
When Do Impairments Become Disability And How Do The Gender And Disability Disadvantages Combine?

Introduction: This brief chapter elaborates an analytical framework to examine as to when does impairment become disability. In doing so it uses the entitlement framework of Amartya Sen along with the Capabilities approach to human well being[1]. Elaborating as to how 'barriers' convert an impairment into a 'disability', we explore how the gender barrier aggravates disability further. While entitlements relate to the command a person can have over a commodity basket, capabilities relate to the use to which the person can put the commodity basket into actual outcomes through personal characteristics. Impairment is one such characteristic that may affect her ability to convert the concerned commodity basket into an outcome. This can worsen further if there are barriers, both social and physical, that impede the outcome. The situation can be mitigated, at least partly, through removal of such barriers and provision of suitable technology and social infrastructure.

Among different barriers, gender acts as one important barrier affecting a person's ability to extend a command over commodities as well as her ability to use the commodity set to get a desired outcome. This is looked at in some detail. Different combinations of these two disadvantages are possible; one of these could be a non – linear and multiplicative combination. If you are a woman and have disability you may face the worst of both the worlds.

Does the assertion that the gender disadvantage aggravates the disability disadvantage further, stand scrutiny through available secondary data? Analysis of the secondary data does indeed show this to be the case, even though much of the available data, including disability data, is 'gender blind'. This is seen right from the stage of giving disability certificates, access to literacy or education, acquisition of skills, chance to convert the skill into income – whether through wage employment or self employment, and so on. Even in non-economic issues like marriage, stability of marriage or violence in domestic as well as public sphere, gender and disability combine adversely. An interesting case is of participation in Self Help Group (SHG) movement. Within the sample of women's SHGs, gender discrimination should be non-existent at least in principle. Yet, the representation of WWDs in SHGs is abysmally low, indicating a lack of sensitization on part of SHGs. It is not out of place to indicate here, that WWDs in the MR category emerge as the most disadvantaged among WWDs themselves. This aspect is elaborated in more details while analyzing primary data.

Regarding the gender gap in entitlements among the PWDs, it is noticed that the gap is lower in schemes where coverage of the target group is very high e.g. grant of certificates or schemes that involve direct transfer of resources e.g. pensions. Where mobilization or capacity building of PWDs is involved, the gender gap is large. This raises an important issue regarding implementation of different welfare schemes. It also raises an issue of strategy. Is universal coverage of certain small groups, through direct transfer, an effective way of reaching vulnerable WWDs? Widows among the WWDs are one such prime small group that may benefit from such an approach through grant of pensions.

Entitlements and 'functioning': In 'Inequality Re-examined', Sen identifies the space of outcomes or functioning as the most appropriate space for examining inequalities that a person may face[2]. Inequalities exist at various levels. There is inequality in the 'endowments' that a person has, people differ in various physical characteristics, skill levels, state of health and so on. But these inequalities can be modified as far as the entitlements of the person are concerned. An unemployed person can be given allowance, wage

[1] Amartya Sen. 1999. Commodities and Capabilities. Oxford University Press. Oxford.

[2] Amartya Sen, 1995. Inequality Reexamined Oxford University Press. Oxford.

increase can be imposed, skills can be enhanced, the access to commodities can be facilitated through the PDS and so on. There could be inequality in the space of entitlements themselves; income inequality being the prime example affecting the choice of commodities a person can have.

But commodities by themselves may mean very little. How these are put to their intended use decides the actual outcomes or 'functioning' of a person. Is the person able to live a long life? Is the quality of the life tolerable? Is she able to acquire skills and put these to use for earning a sustainable livelihood? These are questions and issues related to the 'being' of the person. Inequalities in the space of 'being' is what matters at the end of the day.

Impairment figures in at different stages of this sequence spanning endowments to functioning. These could affect entitlements of a person in a straightforward manner, a blind person may not find much use for a bicycle. But cases of entitlement failure may also occur through the organizational aspects in the society; a person with hearing impairment may not get data entry operator's job or same wages for a given job merely on account of being disabled. Even after she gets her entitlements, impairment may affect her ability to put these to a specific use; a orthopedically disabled student may get admission to a school, but may not be able to attend classes on the first or second floor. Or she may get a job but may not be able to commute to her place of work in the absence of a tricycle. Barriers can thus be physical, social or attitudinal and can result in entitlement failure or impairment of the 'freedom to function' i.e. capabilities of a person.

While this may be the case for all Persons with disability, an additional fault – line or feature gets added to the process; the gender dimension. Given that gender does introduce entitlement failures through social and attitudinal barriers and the conversion of these into outcomes, it is not surprising to imagine that the combination of disability and gender may be aggravating the entitlement failure, as well as the well-being in an accentuated way and not as a mere combination of the two. In practical terms it would mean that the gender gap in, say, literacy in the general population, may in fact be sharper among persons with disability. The same argument can be extended to host of other entitlements and functioning; admissions to schools, access to scholarships, skill acquisition, support for wage or self employment, ability to get married, or 'appear in public without a feeling of shame' and so on.

We analyze relevant secondary data available from the four States to examine above assertion. However, much of the public domain data are gender blind, even the one for the PWDs. This itself calls for a conscious effort to make gender and disability disaggregated data available for policy purposes. Nevertheless, data that are available do show accentuation of entitlement failure and well-being failure when the twin disadvantages combine. This 'accentuated failure' is also seen when we add another disadvantage to the situation; widowhood or mental disability. Widowhood represents a sharp fault line within gender, while mental disability represents an equally sharp fault line within disability.

Disability Certificates: One can start with the very basic data on disability certificates. Interestingly, no gender disaggregated data is available in three of the States. In Orissa Disability Certificate were made available to 61% men and only 39% women[3].

One could thus notice that the gender gap in giving disability certificates are sharp particularly where the coverage levels need to be universal as an effective antidote to gender gap. Nevertheless, this is a good indicator of the first barrier to access that WWDs may face vis a vis the system.

[3] Govt. of Orissa. Department of Women and Child 2006

Literacy: Next coverage that needs focus is literacy; a more basic indicator than formal education. **(Table- 2.1)** below provides the literacy rates in the general population of the four States by gender along with the literacy rate among disabled population by gender.

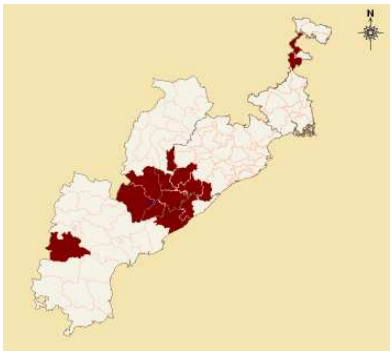
Table-2.1

Literacy of Disabled vis a vis General Literacy

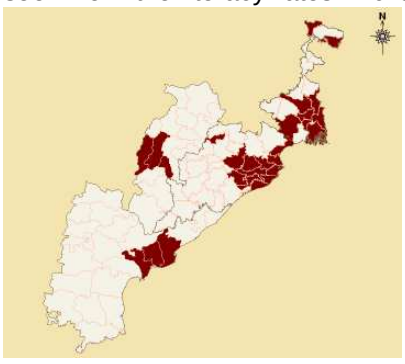
Sl No	Literacy Rate	AP	CG	OR	WB	Remarks
	Male (Total)	77.9	70.9	75.5	75.9	
	Female (Total)	51.2	52.4	50.9	60.2	
	Male (PWDs)	53.2	60.0	60.8	60.8	
	Female (WWD)	32.4	33.3	34.6	41.9	
	Male (WWD) Rural	48.8	57.3	57.9	56.5	
	Female (WWD) Rural	27.3	29.8	31.5	35.3	
	Male (WWD) Urban	67.8	77.2	72.4	72.3	
	Female (WWD) Urban	50.5	50.6	55.3	60.3	

Source: Census 2001 (India) and Census 2001 (India/ Disability)

It is noteworthy that the gender gap in literacy among the disabled is greater than that in the overall population. The gap tends to reduce at higher levels of literacy as seen from the literacy rates in urban areas for the WWDs.



Map-2.1
Source: Census of India 2001

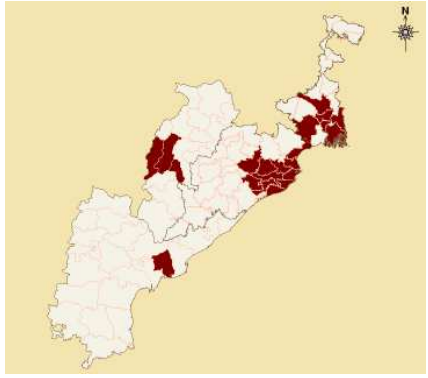


Map-2.3
Source: Census of India 2001

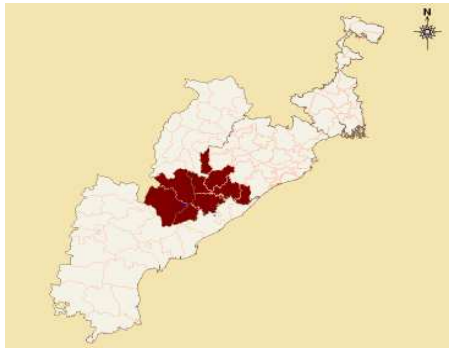
It is instructive to look at the distribution of illiteracy in the region under consideration. **(Map-2.1)** shows a cluster of low literacy rate (< 34 %) among PWDs in rural areas covering the Bastar – Koraput – Kalahandi – Vishakhapattanam – Vijaynagaram belt.

The same cluster stands out for low level of rural female literacy among WW Ds but at a far lower cut off level (<18%.). **(Map- 2.2)**

At the higher end of the Literacy rate, the cluster of coastal Orissa and West Bengal stands out with a cut off level of 34% **(Map- 2.3)** and above for rural female literacy which remains the same for the rural literacy rate of 49% among PWDs. **(Map-2.4)** One could notice that the gender gap narrows down as literacy levels go up.



Map-2.4
Source: Census of India 2001



Map-2.2
Source: Census of India 2001

Access to Education: Enrolment into primary or secondary education comes up next in the ladder. A gender wise break up of enrolment of students with disability, or children

with special needs as they are termed, is not available across the States. This is the first sign of gender blind data-base and it is necessary to step up advocacy efforts to ensure that the SSA data are made available by gender for children with disability.

For the present, we can look at the data from special schools and scholarships for students with disability and compare the gender gap with that in the gross enrolment ratios for total student population. In Andhra Pradesh the 2003-04 data from 111 special schools revealed a 2:1 ratio among the male (6401) and female students (3502). The ratio has improved during 2004-05 to 7504: 4119 [4]. Yet the gender gap is quite large indicating yet again the access problem. As we go up the ladder of facilities and educational levels, the gap widens further. The Homes and the Hostels for students with disability, crowded as these are, accommodate 1009 male students and only 290 female students[5]! Similarly in Orissa, the Special Schools supported by the State Government have 2028 male and 917 female students while the Special Schools supported by the Central Government have 884 male and 448 female students [6]. While Andhra Pradesh and Orissa have the data by gender, no such break up could be obtained in Chhattisgarh and West Bengal.

Table-2.2

Vocational Training Intake since inception

Intake	Bhubaneswar	Hyderabad	Kolkata	Total
Male	33039	42075	29809	104923
Female	10871	9226	8725	28822

Source: VRC Narrative Report Bhubaneswar, Kolkata and Hyderabad 2006

Vocational Training: Vocational Rehabilitation Centres (VRCs) are an important centre of vocational training and rehabilitation of PWDs. The gender segregated data available with these centers indicates that less than a fourth women either join or are rehabilitated

Disability Pension: For persons having access to disability pension, the gender gap can be expected to be minimal and in fact in favour of the female beneficiaries in the older age group. However data from two Districts of West Bengal and one District of Andhra Pradesh shows that WWDs constitute only 30 to 40% of the recipients of disability pension[7]. In Orissa where State level data was available the variances is between 60% for males and 40% for

females[8]. This is one imbalance that can and needs to be immediately corrected.

Access to health services and aids and appliances: Like pensions, aids and appliances represent direct transfer of assets. Distribution of aids and appliances is another robust indicator of the extent of access and the gender gap thereof. Once again, the data from ALIMCO, Bhubaneswar **(Table 2.3)** reveals a 2:1 ratio among the male and the female beneficiaries. Likewise, the data from Vishakhapatnam shows a break up of 1253 males and 458 WWDs having received appliances. In Mayurbhanj District in Orissa, the figure was 4998 and 1453 in 2004-05 and 3941 and 2021 respectively in 2005-06. While the gender gap declined the access inequality is quite clear. This is against a backdrop of a proactive District level campaign for such distribution[9]. West Bengal and Chhattisgarh do not have gender wise break up of beneficiaries.

Table-2.3

ALIMCO, Bhubaneswar
Distribution of Aids and Appliances

Year	Male	Female	Total	Male %	Female %
2004-2005	75	46	121	61.98	38.02
2005-2006	436	171	607	71.83	28.17
2006-2007	633	372	1005	62.99	37.01
Total	1144	589	1733	66.01	33.99

Source: ALIMCO, Bhubaneswar 2006

[4] Director of Education Andhra Pradesh, 2006.
[5] Govt. of Andhra Pradesh Disabled Welfare Department. District Review Committee Meeting to be held on 06.05.2006
[6] Handicapped Welfare , Dept. of WCD; Govt. of Orissa, 2006
[7] Govt. of West Bengal. 2006. Office of the Controller of Vagrancy.
And Govt. of Andhra Pradesh. 2006 Disabled Welfare Visakhapatnam.
[8] Govt. of Orissa , Dept. of Women and Child. 2006.
[9] District Magistrate, Mayurbhanj Personal Communication

Table-2.4								
Population of Total Workers (in ,000) among persons with disability (Male, Female)								
	Andhra		Chhattisgarh		Orissa		West Bengal	
Total Workers	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Total Disabled	272, 127	81, 16	81, 46	16, 04	215, 76	34, 06	363, 93	132, 23
Visual	141, 67	47, 8	35, 23	08,02	121, 46	22, 4	181, 52	76, 13
Orthopedic	73, 25	20, 04	25, 10	06, 01	45, 11	07, 01	80, 14	24, 04
Hearing	16, 11	2, 0.8	10,07	01, 0.8	23, 08	02, 0.3	34, 11	05, 01
Speech	25, 15	06, 01	06, 04	0.8, 0.2	12, 05	01, 0.3	30, 10	08, 02
Mental	15, 09	05, 01	5.3, 3.5	0.8, 0.2	14, 05	2.2, 0.4	37, 10	19, 03
Source: Census of India 2001								

(Table- 2.4) below provides population figure for total workers in different categories in Rural and Urban areas of the four States. The pair of figures in each cell are for the male and the female population.

Interestingly enough, the National Policy guideline itself stipulates a recommended level of 25 percent coverage for women beneficiaries. While the break up by value of the assets is not available, it is highly likely that the gender gap goes up as the asset value increases.

The issue of distribution of free or subsidized assets is essentially an issue of access. This point is corroborated by the data on evaluation of PWDs by the VRC at Bhubaneswar. Of the total number of PWDs that have been evaluated by the centre from 1983 to Aug 2006, 30795 have been males and only 10133 females[10]. A similar picture is seen in the Multi purpose identification camps in Visakhapatnam; 4207 men and 2595 women[11].

Access to Employment: The picture regarding access to employment can be judged by following parameters;

- work force participation as per census 2001 data,
- registration in the employment exchange and actual placement thereof,
- membership of SHGs and,
- access to loans for self employment.

Work force participation as per census 2001 data:

A striking pattern that one notices is the low work participation among the WWDs in the urban areas. While in rural areas, number of WWD workers is ½ to 1/3rd of the MWD workers, the ratio comes down to 1/5th to 1/6th in urban areas (occasionally 1/4th). This pattern is seen in all the States without any exception. This is really surprising given the larger scope for work, awareness and more proximate presence of government and NGOs in urban areas. Another surprising result is the low sex ratio among the workers in West Bengal compared to the other States.

The gender gap in the Total Worker category among the PWDs needs to be compared with that in the overall population of the Total Workers.

Registration in the employment exchange and jobs thereof: This represents the opportunities available in the formal sector to WWDs. Data from West Bengal, reveals that there were 10034 PWDs applicants on the live register of which female applicants was only 2369 in the Month of July 2006. The ratio for the overall population figure in the State is higher with 74 lakh total applicants of which there were 20 lakh female applicants, in the State in PWD category, 620 WWDs were able to get employment against a total of 2234 PWDs (about 28%)[12].

[10] Govt. of India. Vocational Rehabilitation Centre for Handicapped, Bhubaneswar 2006

[11] Govt. of Andhra Pradesh. Disabled Welfare Visakhapatnam. 2006

[12] Govt. of West Bengal Special Employment Exchange for the Physically Handicapped Persons. Progress Report on the Working of the Directorate of Employment West Bengal March 2006

Table-2.5.a

Special Employment Exchange for the Physically Handicapped Person For the Month of July 2006 Kolkata West Bengal

	Registration			Submission			Live Register		
	M	F	T	M	F	T	M	F	T
Blind	01		01				804	367	1171
Deaf & Dumb	01		01				1362	491	1853
Orthopedics	08	02	10	05	25	30	5470	1502	6972
Resp. – Disorder							07	03	10
Ex – Leprosy							22	06	28
Total	10	02	12	05	25	30	7665	2369	10034

Source : Employment Officer (P.H.Section) West Bengal Dt. 18.08.2006
* Placement is NIL

Table-2.5.b

Special Employment Exchange for the Physically Handicapped Person Kolkata West Bengal for 2002-2006

Year	Registration		Placement		Live Register	
2002-2006	M	F	M	F	M	F
	812	274	33	3	6798	1747

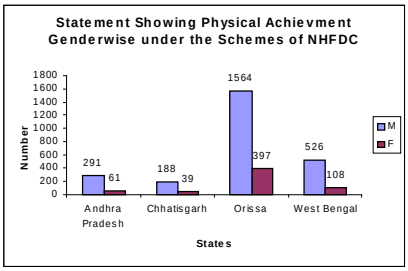
In Orissa, placement for 5 years has been only 9% though there has been a steady rise in registration but decline in Live Registration[13]. The track record of Andhra Pradesh in terms of providing jobs in Government has steadily improved. In the first 100 roster cycles 6 visually handicapped women have been given jobs as compared to 31 hearing impaired men and 56 orthopaedically handicapped men. In the second 100 roster cycles while 131 hearing impaired women were given jobs, 106 visually impaired men and 156 orthopaedically handicapped men were benefited. In the third 100 roster cycles 256 orthopaedically handicapped women were given jobs, 206 visually handicapped men and 231 hearing handicapped men were given jobs[14]. No gender data was available from Chhattisgarh.

Self Employment Programmes: WWDs involved in self employment programmes are likely to face less inconvenience in terms of mobility, care-giver's support and so on. Moreover, their repayment track record is known to be better compared to the male beneficiaries. Yet, their representation in the self employment programmes, does not appear to cross the '25% barrier'. This is substantiated by the **(Figure 2.1)** below giving gender-wise break-up of NHFDC beneficiaries since inception (i.e. 1997-2006).

The ER (Economic Rehabilitation) scheme in Andhra Pradesh indicates a coverage of 137 WWDs as recipients of subsidy against 342 men[15]...

Participation in the SHG Activities: The picture under SGSY is no better, 82 WWDs against 204 men[16]. A similarly dismal pattern is noticed from the SGSY in Orissa for Raygada and Khordha District as shown in the table below. The report on the SHGs in

Figure-2.1



Source: National Handicapped Financial & Development Corporation

Chhattisgarh a very low participation of WWDs in SHGs. Out of a total of 7797 SHGs in Raipur with 89477 female members, only 225 members are WWDs. Same is the case in Bilaspur District. Out of its 6523 SHGs, with a total number of 78752 female members only 83 members are disabled women[17]. There is reportedly no exclusive SHG for WWDs in both the

Table- 2.6

Physical Achievement Under SGSY During 2005-2006 in Orissa Upto March 2006

Rs. In Lakhs

District	Total	Women	Disabled
Raygada	1791	1756	8
Khorda	1869	1796	128
Total	63904	57307	1174

Source Govt. of Orissa. Panchayati Raj Department Annual Report 2005-2006. p. 138

[13] Govt. of Orissa Special Employment Exchange for P.H.Persons 2006.
[14] Govt. of Andhra Pradesh Abstract WD&CW Dept. 1997

[15] Govt. of Andhra Pradesh Asst. Director Disabled Welfare Visakhapatnam, 2006
[16] Govt. of Andhra Pradesh Asst. Director Disabled Welfare Visakhapatnam, 2006

[17] Self Help Groups (Women) State and District May 2006.

Districts. The situation is better in Visakhapatnam District in Andhra Pradesh. Out of a total 5994 members in SHGs, while disabled male have a higher presence with 3778 members, there are 2216 disabled female members[18].

One can thus see a clear gender gap within the disability domain that is often worse than what obtains in the overall population. Such gap is less in simpler entitlements that are easy to administer e.g. certificates or pensions. However, the gap starts increasing as we move on to processes requiring more organization of inputs. The access inequality of the WWDs goes up as one moves up the 'value chain' of the entitlements. Such inequality can be mitigated if we try to universalize the coverage. Interestingly, Government led

entitlements seem to offer a better deal to WWDs than those left in the private domain. This is brought out sharply in the case of participation in the SHGs.

WWDs appear to lose the race in two ways. Among the PWDs, as there is a competition over the limited assistance available, men tend to access the benefits disproportionately at least in the initial stages. Where the coverage is very large or a quota is fixed, WWDs do appear to get the benefit. Among the SHGs, since its members are themselves struggling the improve their economic lot, they have little time for the WWDs. This is particularly so, since there is no mandated inclusion of WWDs in a given SHG, not is there a stipulation about forming SHGs exclusively for WWDs.

The double disadvantage faced by the WWDs is clearly borne out through the secondary data. In the next chapter we will look at what the primary data reveal about the nature and the processes of deprivation.

[18] Govt. of Andhra Pradesh Disabled Welfare Visakhapatnam 2006.

Chapter III

Where does the shoe pinch: Analyzing the Primary Data:

Introduction: This chapter analyses the primary data from a sample of 320 WWDs in 8 Districts of the four States. Two Districts were selected from each of the States and 40 respondents were interviewed in each Districts. Focused Group Discussions (FGDs) were also held with different stakeholders. The purpose of the primary the survey and the FGDs was to see the situation of WWDs in different contexts first hand and to draw some conclusions about the programmes for their well-being if not empowerment.

The primary data is analysed in terms of the demographic parameters, entitlements as they obtain in the field as against what the secondary data reveal, the perception of the WWDs and other stake-holders about the processes and reasons for entitlement failures and the barriers to well being. A number of insights emerge on policy as well as programme implementation. These are discussed.

The survey: The study involved a survey in eight Districts in the four States of Andhra, Chhattisgarh, Orissa and West Bengal. Two Districts were selected from each of the State keeping in mind the rural-urban representation. In each State the District covering the State capital was selected as this would be the seat of most privileges; more awareness, more GO and NGO presence and so on. Though all Districts were supposed to have urban and rural population, Hyderabad and Kolkata was an exception as it did not have rural population. As a result, the selection of rural respondents had to be suitable increased in Visakhapatnam and South 24 Pargana. The rural – urban representation was kept close to 80:20 to provide more representation to rural women.

The sampling has been purposive and not in proportion of the population of the District or the incidence of disability in the given State. It was a conscious decision to take 80 WWD respondents from each State at 40 respondents per Districts. It was further decided to give comparable representation to each major type of disability as per census classification e.g. loco-motor, visual, hearing including speech and mental, even though their incidence differs significantly from each other[1]. As WWDs in the MR category get represented the least their sample size was kept adequately large. **(Table 3.1)** below gives the disability – wise break up of respondents in different States.

Table- 3.1
Profile of WWD

	HI	VI	OH	MR	Total
WB	18	11	38	13	80
OR	20	17	24	19	80
CG	16	17	25	22	80
AP	22	13	29	16	80
Total	76	58	116	70	320

Age distribution of the WWDs: (Table - 3.2) Provides the age distribution of the respondents in five age – groups by type of disability. The age group of 14-17 fell outside the marriage and political range but is important in the context of education and skill acquisition.

Table-3.2
Age Profile

	HI	VI	OH	MR	Total
14-17 yrs.	23	10	17	18	68
18-25 yrs.	25	15	48	26	114
26-36 yrs.	20	15	32	21	88
37-45 yrs.	6	9	8	4	27
46-60 yrs.	2	9	11	1	23
Total	76	58	116	70	320

It is also an age where livelihood options can be decided. The next three age groups clubbed together from age 18-45 years account for approximately seventy two percent of the respondents. This large group needs study and intervention in the context of skills, employment, higher education, decision making and political participation etc. The smallest group of about eight percent belonging to the oldest age group

[1] It may be noted that the incidence of disability of different types as reported by census 2001 and NSSO, differs significantly. Census data on visual disability is subject to certain controversy owing perhaps to the way visual disability is defined. But this aspect is beyond the scope of this study and not crucial either.

(46 – 60 yrs.) would require interventions such as health, pension etc. Issues such as violence and social exclusion, however, cut across all age groups.

The age distribution among the sample WWDs shows lower longevity particularly for the MR and the Hearing Impaired (HI). Their presence in the 37 – 45 age group is itself low and certainly so in the 45-60 age-group. This pattern is similar across all States **(Table – 3.3).** This has important policy implications in terms of safety net / welfare for MR women beyond the age of 35 years.

Table-3.3

Age/ Category and State Profile

		WB	OR	CG	AP	
HI	14-17 yrs.	7	5	4	7	23
	18-25 yrs.	5	7	6	7	25
	26-36 yrs.	4	7	4	5	20
	37-45 yrs.	1	1	1	3	6
	46-60 yrs.	1		1		2
	Total	18	20	16	22	76
VI	14-17 yrs.	2	3	4	1	10
	18-25 yrs.	2	8	3	2	15
	26-36 yrs.	3	2	5	5	15
	37-45 yrs.	3	1	1	4	9
	46-60 yrs.	1	3	4	1	9
	Total	11	17	17	13	58
OH	14-17 yrs.	10	4	2	1	17
	18-25 yrs.	12	9	13	14	48
	26-36 yrs.	10	5	7	10	32
	37-45 yrs.	1	1	3	3	8
	46-60 yrs.	5	5		1	11
	Total	38	24	25	29	116
MR	14-17 yrs.	7	5	4	2	18
	18-25 yrs.	2	7	9	8	26
	26-36 yrs.	4	5	6	6	21
	37-45 yrs.		2	2		4
	46-60 yrs.			1		1
	Total	13	19	22	16	70

Cross tabulation of the census 2001 data for age distribution among WWDs of different categories will be helpful in this context.

Marital Status and family support: (Table - 3.4) below gives the marital status of the sample respondents

Table- 3.4

Marital Status of Respondents

State	Unmarried	Married	Separated	Deserted	Widow	Total
WB	61	15		2	2	80
OR	70	9			1	80
CG	64	11		1	4	80
AP	53	20	3	1	3	80
Total	248	55	3	4	10	320

About one in six WWD in the sample tends to be married. But the State wide variation is significant, from 1:9 in Orissa to 1:4 in Andhra Pradesh. The marriage prospects for WWDs do not differ much by urban or rural location (except in urban Chhattisgarh where all respondents are unmarried which is a non-representative situation).

Table-3.5

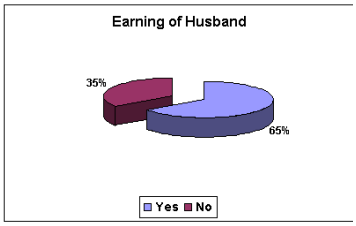
Marital Status by Age/ Table

	14-17 yrs.	18-25 yrs.	26-36 yrs.	37-45 yrs.	46-60 yrs.	
1Married	1	9	30	7	8	55
Unmarried	67	102	52	18	9	248

Age-wise, married women appear clustered around 26-36 age group as shown below with very few getting married in the 18-25 age group **(Table-3.5)**.

Interestingly, disabled women among the respondents were found to have married non-disabled persons against the general impression that they marry only the disabled. While this may be a strengthening factor it is only partially so, as most illiterate disabled women married illiterate men and mostly were wage earners who do not necessarily provide support especially economic **(Figure–3.1).** The poverty levels of the women therefore remain high as 79% married women remained below the poverty level in contrast to 67% unmarried.

Figure-3.1



Marital status by disability types: Analysis of the marital status by disability types show a higher proportion of Orthopedically Handicapped (OH) among those married, followed by the Visually Impaired (VI) and HI. The **MR WWD do tend to remain unmarried**. However in terms of percentage of married among WWD category, VI enjoys a higher rank followed by OH and HI. This has implications on the care of WWDs in the MR disability. It also suggests that **2001 census data need to be cross-tabulated by marital status and disability types** for better targeting of policy and programmes **(Table-3.6).**

Table-3.6				
Marital Status by Type of Disability				
	Married		Unmarried	
Type	No	%	No	%
HI	14	25.6	62	23.4
% out of Category Total		18.4		81.6
OH	23	41.8	93	35.2
% out of Category Total		19.8		80.2
VI	16	29	42	15.8
% out of Category Total		27.6		72.4
MR	2	3.6	68	25.6
% out of Category Total		2.8		97.2
Total	55	100	265	100

Analysis of the marital status by caste, economic status and level of education indicates that, the chances of marriage of WWDs among the BPL (13%) are higher compared to the APL (4%). Similarly, the chances of marriage for WWDs among the SC, one in four, are higher than among the general category, one in five. This pattern is more or less same across all the four States. In Orissa however, where chances of marriage are low in over all sample, the incidence of marriage among WWDs in the BPL category is also low **(Table- 3.7)**. Both these trends conform to the hold that hypergamy has among the APL and the caste Hindu households.

The hold of hypergamy is further corroborated when we look at the break up among the unmarried and the married in terms of education level.

Tables 3.8a and **3.8b** provide the break up of WWDs by marital status and educational levels. Among intermediate and above hardly any WWD is married. This is in line with the pattern of more qualified women finding it more difficult to get a hypergamous match. For the WWD the gap is rather sharp. The pattern is similar across States. Curiously in West Bengal there is no married WWD even in the High School category.

Table-3.7							
Marital Status by State and Economic Status							
	State	Married	Unmarried	Separated	Deserted	Widow	Total
BPL	WB	12	44		2	2	60
	OR	4	43			1	48
	CG	10	35			3	48
	AP	17	43	3		3	66
	Total	43	165	3	2	9	222
APL	WB	3	17				20
	OR	5	27				32
	CG	1	29		1	1	32
	AP	3	10		1		14
	Total	12	83		2	1	98

Table-3.8a							
Literacy level of Married Respondents by State							
	Illiterate	Just Literate	Primary School	Middle School	High School	Intermediate	Total
WB	7	1	5	2			15
OR	4	1	1		3		9
CG	6		2	2	1		11
AP	13		2	1	3	1	20
Total	30	2	10	5	7	1	55

An important aspect of the marital status is the employment status given in **(Table – 3.9**) below vis a vis the unmarried WWDs. We find considerable unemployment among the married as well as the unmarried respondents but the more disturbing aspect is the status of widows with 8 out of 10 respondents being unemployed. Widow WWDs are the worse off in terms of economic status. This once again supports the hypothesis that disabilities multiply and widow hood

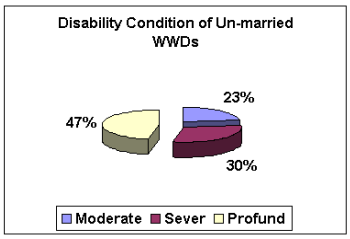
Table-3.8b									
Unmarried WWD by educational level									
	Illiterate	Just Literate	Primary School	Middle School	High School	Intermediate	Graduate	Post Graduate	
WB	33	7	7	8	2	2	1	1	61
OR	42	6	8	4	5	3	1	1	70
CG	31	2	13	4	7	3	1	3	64
AP	24	7	3	5	8	5	1		53
Total	130	22	31	21	22	13	4	5	248

Table-3.9									
Marital Status and Work Profile									
	Studying	Undergoing Training	Self Employment	Employment or Service	Agricultural Activities	Wage Earning	Unemployed	Others	
Married		2	3	1	1	8	32	8	55
Unmarried	21	17	12	7	1	10	162	18	248
Separated			2			1			3
Deserted						1	2	1	4
Widow						2	8		10
Total	21	19	17	8	2	22	204	27	320

combining with gender and disability increase vulnerability non linearly. Even if the sample is small, this may have important policy implications and this **'most vulnerable group' may need some pension support**.

Role of the family as 'care – givers': Given the preponderance of unmarried among the WWDs, it is important to look at the support structure that they have. This is particularly important since a significant number of unmarried women were also from the severe and profound category **(Figure-3.2)**. The high number of unmarried women especially in the severe and profound category has policy implication in the context of livelihood and dignified survival, which must be taken into account.

Figure-3.2



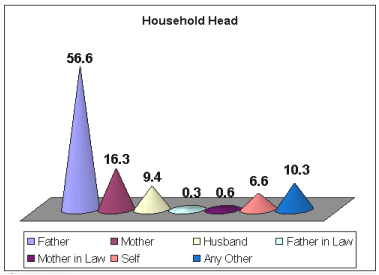
In the absence of a credible State supported social security system, families play an important role. The study probed the role of families from the twin perspective, of being facilitators or a hindrance. It was also felt that many women with mental and speech and hearing condition may not be able to communicate with the field staff for the length of time required to interview them. They were given the option of obtaining the assistance of a family member. A major finding in this context was that many in these groups relied on their mothers **(Table- 3.10)**. In many cases the disabled and mother form a dyad. When assessing needs of disabled women those of mothers needs as care givers are to be kept in mind.

Table-3.10					
Profile of Spokesperson other than Self					
	HI	VI	OH	MR	Total
Father	17	2	8	21	48
Mother	28		8	28	64
Brother	8	2		8	18
Sister	5		3	3	11
Husband	2	2	1		5
Any Other	8		1	9	18

Besides dependence on parents, respondents' reliance on siblings and others was high. With majority living even in rural areas in nuclear families, what emerges is the limited support structures available to the women. With care giving being limited to parents and siblings, the family emerged as a unit in the lives of the women and the role of siblings thus becomes recognized as central to their well-being.

Women headed households: One important sub-set of households that need attention of the policy makers as well as programme managers are the women headed households. Disability wise analysis of these women headed households did not include women with mental conditions as expected. Contrary to common perceptions a relatively large number of women headed households include the disabled themselves and mothers. This sizeable number of households being headed by women poses critical questions **(Figure-3.3)** in terms of safety net provision and empowerment. It strengthens the view above that mothers and the disabled WWD form a dyad and assumes significance when assessing the needs of the women as inclusion of mothers is essential.

Figure-3.3

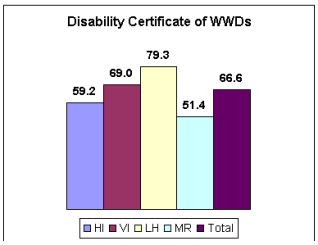


Women headed households have defining characteristics of illiteracy or low literacy, highly unemployment, little training and assets, (mostly in the form of livestock and not houses or land) and often severe and profound disability. These creates a picture where women are found living on the margins without any structures and in need of comprehensive support both economic and extended.

The entitlement failure: While above analysis highlights some of the demographic features of the respondents, it is important to examine their entitlements and their view about factors that facilitate access to entitlements and failures that occur if any.

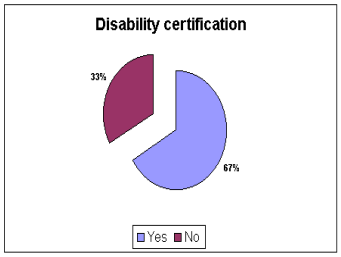
Disability Certificates: Possession of Disability Certificate indicates access to the system and resources.

Figure-3.4



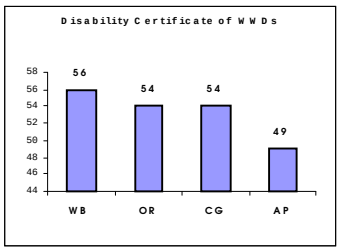
The study therefore paid importance to this aspect in the selection process of the women participating in the survey. This was done to overcome the problem of wrong assessment of disability by the

Figure-3.5



investigators in the field, and enabled in the selection of the severely disabled who were central to this study. Yet, only 67% of the respondents were found to be in possession of the disability certificates **(Figure-3.4 & 3.5);** MR being the most deprived (51%) while 80% of the OH respondents were having the certificates. **(Figure-3.6)**. Curiously least number of women in Andhra Pradesh possessed the Certificates.

Figure-3.6



The inability of the team to find all the women who possess Disability Certificates across all States confirms the issue being highlighted by the disability groups that Disability Certificates are difficult to obtain. The average is also low as the disability wise range of possession for instance of women with mental conditions, but higher for those with mobility conditions. The limited possession of Certificates by WWD in MR category is a matter of concern as their access to resources is constrained from the beginning.

The issues highlighted from the field were, the corruption involved in obtaining certificates as well as mention of the right percentage of disability which might be very high for some disabled while less for those who are severely disabled. The women complained of harassment in the obtaining of certificates, far distances to travel to get them, few days on which they are given out by the concerned authorities.

Educational Levels: The snap shot of educational level among the married and the unmarried WWDs given above, does reveal a high incidence of illiteracy with above 50% WWD respondents being literates. Among the unmarried respondents however, we find more participation at school level and above.

Table-3.11

Literacy Level by Group

	Illiterate	Just Literate	Primary School	Middle School	High School	Intermediate	Graduate	Post Graduate	
General	67	14	16	16	12	5	1	5	136
OBC or SEBC	47	6	14	6	9	3	2		87
SC	43	5	9	3	7	5	1		73
ST	16		5	1	1	1			24
Total	173	25	44	26	29	14	4	5	320

This clearly show that the Schooling % is higher among the general WWD, followed by the OBC / SEBC and then the SC and ST.

Table-3.12

Literacy with Work Profile

	Studying	Undergoing Training	Self Employment	Employment or Service	Agricultural Activities	Wage Earning	Unemp loyed	Others	
Illiterate	2	8	2		2	15	128	16	173
Just Literate	2	4	4			1	11	3	25
Primary School	3		3			2	33	3	44
Middle School	5	4	2			1	11	3	26
High School	4	2	5	2		3	12	1	29
Intermediate	4			2			7	1	14
Graduate	1		1	1			1		4
Post Graduate		1		3			1		5
Total	21	19	17	8	2	22	204	27	320

Does educational level confer any benefit on the WWDs? The **(Table 3.12)** below provides a tentative answer. High School education and above does show higher employability and illiteracy the least. Given the reality that a significant proportion of the WWDs will remain unmarried, this data suggests that **a strong emphasis has to be placed on the schooling of girls with disability so that they can be self -supporting**.

There are as expected variations in literacy among disabilities. The largest share of the illiterate at the bottom of the pyramid as expected were those with mental conditions, with the hearing a little higher than that **(Table-3.13)**. A woman with a mental condition, with no certificate and no education remains excluded from every facility the State may provide (except pension perhaps). It reflects the inadequacy of education provided to this group.

Table-3.13

Literacy by Type of Disability

	HI	VI	OH	MR	Total
Illiterate	35	22	21	52	130
School	17	10	31	16	74
High School & Senior Secondary	6	3	26	0	35
College	1	2	6	0	9
Total	59	37	84	68	248

When stipends are being provided and still more than half the women are illiterate it reflects on the inadequacy of the education system. The exception are those who reach primary level which is sufficient for many to enter the self employment schemes. Beyond this level and especially highly qualified have not been able to fulfill their aspirations of acquiring employment.

The process was not smooth for the literates even when they entered the institutes with over one third (35%) reportedly facing some difficulty or other. Accessibility remained a major issue for women with mobility problems but was not limited to physical accessibility alone, thus highlighting the complexities within the concerns of accessibility **(Table-3.14)**. Besides architectural barriers and especially absence of ramps and toilets, were the problems of long distances travel to reach the institutes and harassment by bus drivers. Among them the lack of disabled friendly toilet facility which after a certain age becomes a cause for drop outs. These are not insurmountable problems as suggestions from the field indicated. NGOs such as Sulabh Shouchalaya and UNICEF which provide toilets should be required to set up disabled accessible toilets and specific government orders as per the Act if given whenever money is released would make it easier to carry out the policy.

Table-3.14

Work Problems Faced by WWD (as per type of disability)

	HI	VI	OH	MR	Total
Long Distance from home	2		19	1	22
Ill treatment by other students	3	1	5	3	12
Negligence by teachers	3	1	3	2	9
No special provision for WWDs	3		7	5	15
Architectural Barrier		1	12		13
Non interest of the family	1	1	3	1	6
Any other, specify	1		2	2	5

Besides physical and structural barriers, the most difficult barriers are human, related to the people who come in touch with the disabled - family, carers, teachers, vehicle drivers etc. The first is the attitude of families towards girl child education and especially a girl child with a disability.

In the school itself lack of trained staff and ill treatment of disabled by both students and teachers creates barriers. All these are not impossible tasks and can be overcome by situating support structures wherever required. The lack of sensitization among teachers and students is a **significant cause of drop outs**. Teachers' sensitization remains a big challenge that needs to be addressed. In Kolkata, a parent alleged that her daughter admitted to a 'normal' school was excluded from the activities by other children and authorities did not play a role to integrate the children. Integration is not difficult as another parent admitted, where initially no one used to mix with her daughter, nor visit their house, as they thought that disability was infectious and their children would be affected, but later when provided explanation they came to know about the disability and its cause and they now include them in their activities. Sometimes superstitions come in the way of all protective Laws and Conventions.

The multiple challenges women face in accessing education could be overcome if provisions of the Act and other government orders were followed. Two important suggestions that emerged was the enforced monitoring of reservations of seats in schools which is being disregarded and which right from the start excluded disabled from the system. The other smaller step was the making of scholarship application forms being made available in schools and colleges. This step the disabled felt would halt the drop out rate especially after class ten. This could be further strengthened by provision of free residential schools and above all education at the door-step for girls with severe disabilities who could not travel. It may be worthwhile to look at the possibility of a 'friend' or a 'mentor' (of the WWD student) programme through NSS or a similar programme. This can help create required capacity in a long term in different schools. It may also be possible to experiment with 'mobile teacher' – a trained special educator who can provide teaching at the door – step for the severely disabled student.

Vocational Training: There is a clear relationship found between education, livelihood and vocational training especially when illiteracy is high. In this study there is a clear vacuum observed in the linking of the three more so where the marginalized group are concerned with only 17.5% respondents having availed vocational training. The coverage also varies by disabilities as well as by States, with women with visual disability and Andhra Pradesh topping and West Bengal the lowest. **(Figure-3.7).** Training is not accessed because it is not designed to be disabled-friendly. When most disabled are isolated from formal structures it is highly probable that their information levels would be low as the study indicated. No steps have been taken to make the information available to them, whether it is of the facility itself or the availability of scholarship. What with familial barriers to cross and little guidance by teachers it is not unexpected that training is so low **(Table- 3.15)**.

Figure-3.7

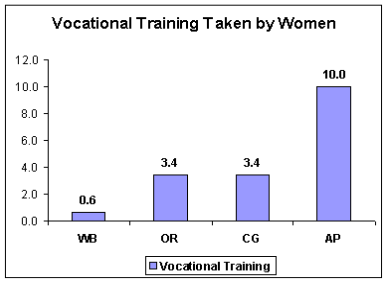


Table-3.15]
Vocational Training: Problems

	WB	OR	CG	AP	Total
Not Applied	72	41	19	26	158
Applied but rejected	0	0	0	0	0
Not within reach		3	3	5	11
Ill treatment by other students	0	0	0	0	0
Negligence by teachers	3	31	15	35	84
No special provision for WWDs	1		15	1	17
Architectural Barrier			2	2	4
Non interest of the family	8	4	12	11	35
Any other, specify		2	30	18	50

The non-formal training structures to which the women apply are not usually equipped to provide services except to any WWD in OH category. Even the orthopedic ally disabled WWDs, find the physical barriers at

the work-place difficult to handle. Though most women spoke of desires to enter Government training institutes as they are low cost and recognition of certification when applying for jobs is high, they could rarely access them.

The linkage between training and jobs is missing. To begin with, the trainees get the wrong training and are faced with missing backward-forward linkages (**Table-3.16**). While the respondents joined the trained as it is available, but only 32% of them could find it useful for any economic activity i.e. either wage or self employment. As such most training is a waste of time and resources. The women have little skills and what they have may not be marketable.

Table-3.16
Trade and Problems

	HI	VI	LH	MR	Total
Unsuitable trade to my disability	1		4		5
Unpopular trade			1		1
Marketable skills not transformed	1		4	1	6
Lack of forward and backward linkages	3	1	11	3	18
Any other specify	2	1	4	2	9

The women themselves are aware that their poverty stands in the way of acquisition of skill. This adverse situation is compounded by multiple barriers, which are physical, attitudinal and professional such as identification of unsuitable trades. Many also could do trades with some physical adaptations, but while a computer is considered as an aid in acquiring employment for the general population and facilities for which are available, the same is not the case of occupational therapy and specialized aids and appliances needed for making the disabled women employable. The problem of social exclusion and mobility gets further compounded by non-availability of sheltered or residential training linked to production centers.

Aids and Appliances: Non-availability of aids and appliances to more than three fourth of the respondents represents one more barrier to accessing education training and jobs. The clear disability wise variations, with women with visual conditions accessing less, needs further investigation. There is also a need to assess the appropriateness of aids being manufactured in a gender indifferent manner.

Transportation: Most FGDs and narratives took up the issue of transportation from various angles. While lack of it in rural areas was highlighted and was predictable, significantly the majority said that they are dependant on care-givers to accompany them and this needs understanding and support from a national perspective and implementation at the State level especially for rural women's access to bus services. The respondents were highly critical of the treatment meted out to them by the bus staff, rude behaviour, refusal to carry them and extra money demanded for-carrying wheelchairs.

Work-force Participation: Livelihood is dependant to some extent on literacy and training and as mentioned the missing linkages in the process keep many women with disabilities out of the work force **(Figure-3.8).** There is a considerable regional variation with Andhra emerging as more sensitive to women's work participation on the whole, and with emphasis of self-help activities. **(Figure-3.9)**

Figure-3.8

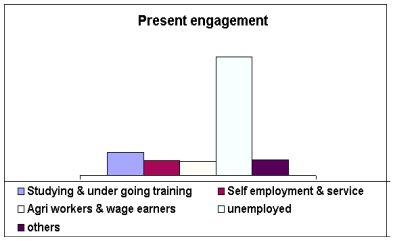
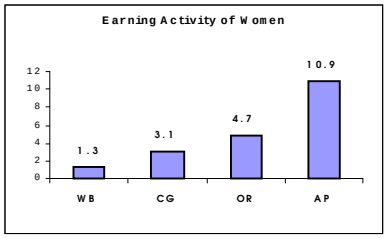


Figure-3.9



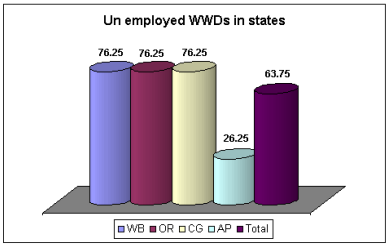
Employment: It is well known that employment is generally much lower for disabled than for others, but there is a further divide when it comes to involvement of WWDs in livelihood and other activities by disability. In general, women with mobility condition fare better while no employer wants to employ WWDs in the MR category as they do not reach an acceptable level of education or skill to be employable. The inaccessibility of employment in the private sector for women with disabilities is an indicator of the low public-private partnerships available and the low

Table-3.17
Access to Vocational Resources

	WB	OR	CG	AP	Total
Special School	78	55	31	53	217
National Scholarship	77	76	31	73	258
State Government Scholarship	79	75	32	60	246
Non Formal Vocational Training of VRC's	79	75	37	59	250
Non Formal Vocational Training of NI's	77	76	38	76	267
Non Formal Vocational Training of NGO's	79	75	36	62	252
Vocational training of State Government	78	76	38	69	261
Formal / Non Formal Training through polytechnic under MHRD scheme	79	78	38	77	274

awareness of women's capabilities found to be unemployed. The substantially high range of unemployment among the unmarried and marginalized women is again a loss to the State economy. Awareness again emerges as an important factor **(Table-3.17)**.

Figure- 3.10



The problem does not stop here because those who do get into the mainstream, except in Government jobs can rarely sustain them

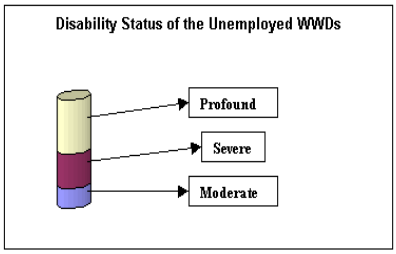
Table-3.18
Skills/Un Skilled & Uses of Skilled

	HI	VI	LH	MR	Total
Un skilled	26	23	30	16	95
Skilled but no scope for employment	5	1	6		12
Skilled, employed before but could not sustain					
Skilled but family is disapproving	2				2
Physically unfit	14	21	40	27	102
Age above 50	1	2	3		6

(Table-3.18). State variation in unemployment rates with a very low rate in Andhra Pradesh was surprising while limited variation in the other three States put West Bengal's progressive governance in the same league as Orissa and Chhattisgarh. **(Figure- 3.10)**. The high rate of unemployment in general remains a cause of concern. **(Figure-3.11)**

It is not that the disabled are unemployable, as seen in the case of a woman with

Figure- 3.11



multiple disabilities from West Bengal employed in a MNC. **(See Box-1)**. It showed that women can achieve high levels of employment if barriers both physical and attitudinal are removed. To improve the situation, State specific initiative and awareness creation is required with a focus on the type of disability.

Box-1

I am a young women with Cerebral Palsy using a wheelchair for mobility. I have complex communication needs and I communicate by pointing to an alphabet board or through a personal computer, with a head pointer. I also use a Tracker Ball, which is a special mouse, since I cannot operate the normal mouse. My head pointer is my lifeline as it enables me to communicate as well as fulfill my passion for painting. I have a full time friend, my _____ Didi, who has been with me ever since I was eight months old.

I completed my B.Com from IGNOU (Indira Gandhi National Open University). I have been employed as an executive in reputed corporate houses, working as a computer programmer and am perhaps the only adult with severe multiple disabilities in Kolkata who has worked in such

offices!

I am a disability activist and a member of an advocacy group of IICP.

I have had many Solo Painting Exhibitions and sold many paintings.

Self Employment: The livelihood options available in the formal sector are poor for the women with disabilities. **(Figure-3.12)** With nominal representation in the service and production / trade sector leaves the women engage with it only as wage earners. (the highest being Andhra in the service sector **(Figure-3.13)**. They are not able to join the agricultural work force due to their disabilities. Women not being able to participate in agriculture leaves them with very few avenues in the rural areas and this aspect needs special attention. This unskilled work force has no social security in the form of pensions or insurance. While skill remains a matter of concern the unavailability of a social net creates issues linked to food insecurity and survival.

Figure- 3.12

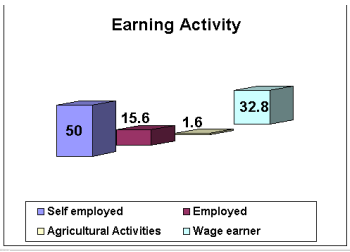
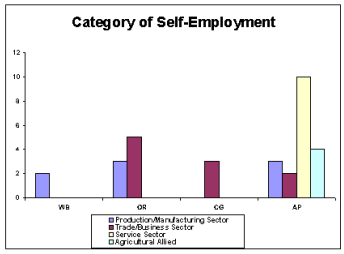


Figure- 3.13



With low wage employment self-employment is the only other option but even here the work participation is not encouraging. Again women with mobility problems were found to take up self-employment more readily while those unfortunately with mental condition were left outside the sector with no space for inclusion. However, emergence of women as small entrepreneurs provides a niche which should be explored. Across States, Andhra Pradesh and then Orissa are the ones in which more women with disabilities are seen to be self employed. The low earning potential in Urban West Bengal exposes the myth that urbanization could create better job opportunities for the WWDs.

Micro Credit: Micro credit often depicted as the panacea for women's economic independence in India has opened its door only partially to women with disabilities. Though SGSY in particular provides three percent for disabled, the participation of women as seen from secondary and primary sources was disappointing. **(Figure-3.14)** The States of Andhra and Orissa are well known for the micro-credit revolution, but even in these States, specially in Orissa, the revolution has side stepped the women with disabilities. The discrepancy between awareness and access is very high. **(Figure-3.15)** It is also surprising that the women do not join exclusive SHGs

Figure- 3.14

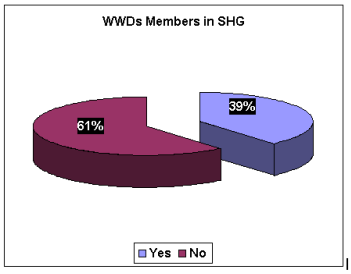


Figure- 3.15

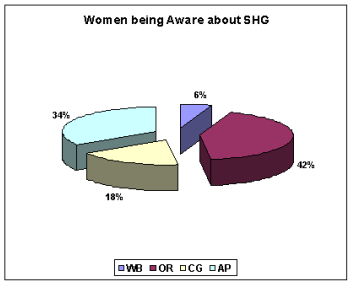
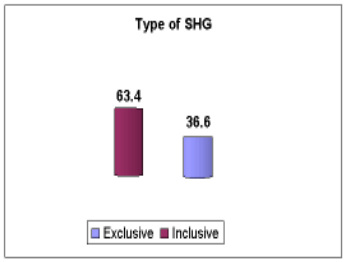


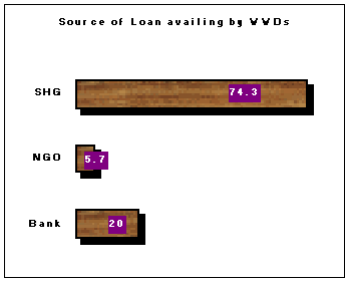
Figure- 3.16



(Figure-3.16). Even the limited number of women who could get in and adapted to the system well, face non-cooperation. The low awareness level of the respondents implies that SHG movement has not pervaded each section of the society and barriers for the groups remain. But these can be lifted with some effort at inclusion through awareness creation among local political bodies and bankers.

Access to Schemes: Schemes available to WWD come from the poverty alleviation programs in general and some from special schemes meant for the disabled. Among the schemes linked to micro credit are loans **(Figure-3.17)**. For disabled, the loans fall into two categories of exclusive meant for disabled and general loans especially as part of micro credit.

Figure- 3.17



As is becoming obvious throughout the study the awareness level on entitlements is extremely low. It is not therefore unexpected that women with disability are not provided loans and all WWDs except for some in OH category are excluded. State wise Andhra again emerges as the highest loan disburser and not surprisingly, but Orissa with its impressive track record in SHG movement does not show up as doing enough.

Many women do not access schemes as they are not aware of their entitlements. What is surprising is their low awareness on generally well known schemes such as SGRY, PMRY, IAY etc. in general and specific schemes meant for disabled such as NHFDC, DIR in particular. Their low awareness on related institutes such as VRCs, Polytechnics and Special Schools adds to the inaccessibility of women to their entitlements. Even for those aware of them the complexity of selection process, banker's low faith in their abilities, corruption at all levels, mobility problem, and lack of family support emerge as major barriers **(Table-3.19)**

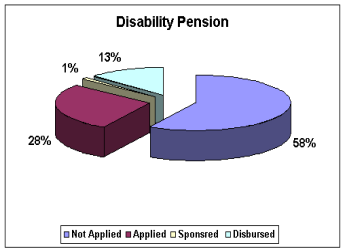
Table-3.19

Barriers to Schemes

	HI	VI	OH	MR	Total
Procedural	7	5	10	9	31
Attitudinal Barrier	1		1	3	5
Architectural Barrier	1	2	4	4	11
Lack of timely information	11	12	36	20	79
All the above	4	5	9	6	24

The only awareness on pensions is also predictable as disbursement process is easier. As most of the money goes for this scheme it would be thought that women would access these, but contrary to the common perception this is incorrect (**Figure-3.18)**.

Figure- 3.18



There is thus a clear need to step up the micro credit avenue for WWDs and their greater inclusion in SHGs either inclusive or exclusive. This is particularly crucial for women with more severe disability.

Assets and Family Support: The link between poverty and disability is evident from the large population of women who fell below the poverty line (BPL) **(Figure -3.19)**.

Figure-3.19

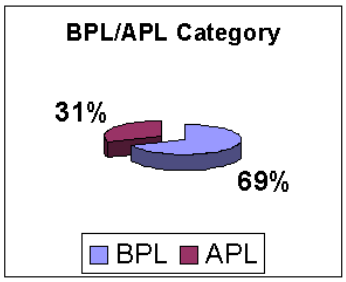
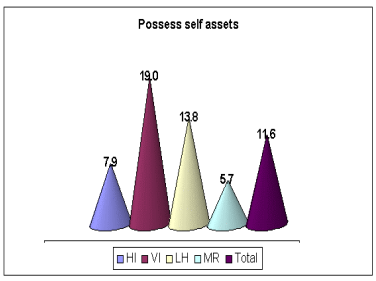


Figure-3.20



A more accurate picture emerges when we see these women in the context of the assets they or their families possess **(Figure-3.20)**. If expenses on disability in the form of hospitals and health

Table-3.20
Access to Training Institutes

		HI	VI	LH	MR	Total
Formal	Govt. Institute		1	3		4
Non Formal	Non-Govt. Institute				3	3
Total			1	3	3	7

related transportation cost, care-giver's expenditure, aids and appliances and their maintenance are taken into account, many women who are above the poverty line (APL) would also fall below the line. Another complexity is the large number of unmarried women who are part of this poor group, who are also illiterate, and unemployed with few having received training **(Table-3.20)**. The majority of the women in the study fall in the most Access to Training Institutes deprived of population in the country.

Among those who fall below the poverty line expectedly are those with mental conditions. Most of these women are assetless, the very few who have assets in the form of house and land would still not convert their disability into ability **(Figure-3.21).** State variation shows some women in Orissa and Andhra Pradesh possess self assets while most in West Bengal do not. Disability wise the asset holders on the lowest level are women with mental conditions. Though among the disabled the largest number who possess assets are those with visual conditions the difference is marginal. **(Figure-3.22)**

Figure-3.21

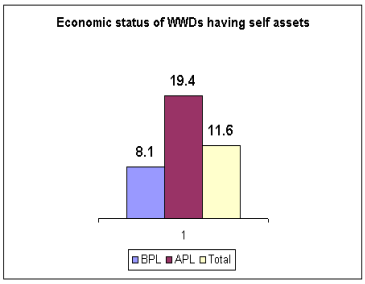
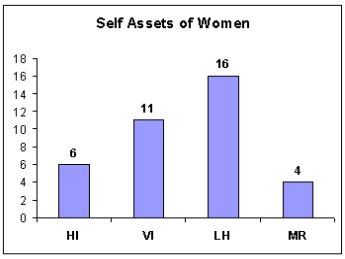


Figure-3.22



The variation between BPL and APL possessors of land is low so most women are on the margins**.** More families in contrast owned assets, but within these, women had little rights. This large number are the poorest of the poor and the State specific variation is only in Andhra Pradesh where assets are owned by both APL and BPL whereas in other States only APL women own assets.

Social Exclusion: The dilemma, of the women acknowledging in public any violence perpetuated against them, was revealed when there was a clear discrepancy in the survey and narratives. Whilst few women acknowledged it in the surveys which were conducted publicly, in the narratives most women spoke of multiple locations of violence **(Table-3.21)**. Feminist

Table-3.21
Locations of Violence

	HI	VI	LH	MR	Total
At home by family members,	5	2	8	11	26
Husband	5	2	6	2	15
In the community	6	3	5	5	19
In the educational institutions			1	2	3
In work place		1	2	1	4
In public place		2	4	2	8

research has been suggesting that women are reluctant to report violence due to the social stigma attached. It is therefore not surprising that this group is reluctant to acknowledge it publicly.

A variation as per disability shows up as women with mobility and mental conditions the two most visible disabilities are excluded from social cultural locations.

While in public, the respondents spoke of a high level of participation. But in their narratives they spoke of different levels of exclusion and discrimination. In the FGDs and narratives the frustration of the women at the social stigma attached to disability which manifested itself in many ways emerged as a major concern. Use of objectionable names, hiding them from public and a show of pity and sympathy reinforces their already low esteem. Found

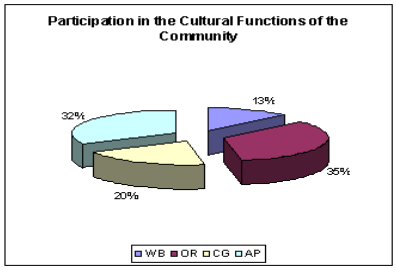
across all the regions, it must be nationally the same.

Table-3.22

	HI	VI	LH	MR	Total
Low self-esteem	4	9	5	6	24
Family members do not allow to participate	8	5	17	7	37
Community does not allow	4			5	9
Community does not encourage	8	4	6	8	26
Inaccessibility of the place		3	7	3	13
Unsuitable activities	4	8	4	9	25
Any other	2	4	6	15	27

While they encounter problems within the community and State institutions, the families also acts as barriers **(Table-3.22)**. Families usually blame the condition of disability on Karma and become important agents in disabled women's socio-cultural non-participation especially in States such as Orissa and Andhra. **(Figure-3.23)** A small group not only faces stigma but are abandoned from birth or childhood, some with old grandparents where they can neither be looked after properly nor access their needs.

Figure-3.23



Violence is the most extreme form of discrimination and when it is within the family it is difficult to assess. In the case of women with disabilities there is a difference in the definition of domestic violence because they face it all through their life cycle. The survey reported violence in both parental home and in marriage. The Domestic Violence Bill needs to take into account the high level of cruelty faced by women whose physical and mental conditions make them more vulnerable than others. Women's reporting of verbal and physical abuse created emotional and physical trauma **(Box 2).**

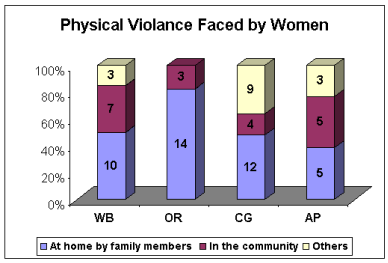
Box 2: Violence in Different Spaces (Narratives and FDGs)

- A Cerebral Palsy girl found to be frequently raped by the villagers and she is blamed for the rape.
- A women with a mobility condition women married to a disabled person is battered. Asset less and completely dependent on her family she is abused by her brothers.
- Another woman with mental condition is battered by her sister – in – laws.
- A women with a mobility condition was tortured and electric shocks were used and ultimately driven from her work place. After returning to her parents house she is now abused by her sister – in – laws, even though she does work at home and her pension is taken by her family.
- A women with a mobility condition unmarried women is psychologically abused by the village women who call her names and did not like her taking help from their husbands.
- A neighbour tried to molest her (women with hearing condition)
- Married to a non – disabled a women with a mobility condition faced violence by her husband which started after the initial year of marriage. Finally she was deserted. She later sought a divorce and now depends on old parents.
- Hysterectomy is very common on women with mental conditions
- There are cases of False promises to marry and desertions

Women with disabilities such as with mental and hearing conditions do not speak for themselves. When their mothers (as in the survey) become spokespersons it is possible that the truth is hidden. In the narratives women openly spoke of domestic, mental and physical violence at home and in the work place and in public spaces. As literacy and employment are low, the violence reported is more at home than in the educational and work places, but these institutions cannot be excluded when designing protection strategies which need to be comprehensive.

There is an equally clear relationship between violence perpetuation and under-reporting, but a larger picture emerges when settlement issues are taken up. Family reconciliation still remains the best means of settlement and not legal or institutional means. This is not only because women's knowledge on laws and the Institutions is low, but also due to lack of family support in taking the issue forward for structural settlement and making the violence public.

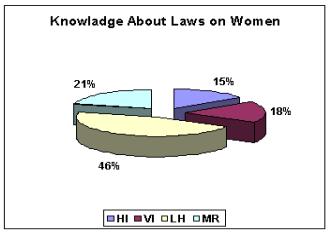
Figure-3.24



State wise differentiations were indicated with higher violence in most areas (except physical) which was concentrated in Chhattisgarh followed West Bengal, Orissa then Andhra. **(Figure-3.24)**

Knowledge About Rights: The lack of knowledge about rights is near universal with little variation by States. **(Figure-3.25)** Their information on the provisions of the Act seems limited for their articulation on what the Act had provided did not seem in keeping to what they had achieved. Disability groups have been protesting against the non-implementation of the Act, the study itself shows that very few people converted their rights to entitlements. The few women who suggested that the Act works are either among the few who could access or have limited information on the provisions of the Act or are excluded from the Disability Movement.

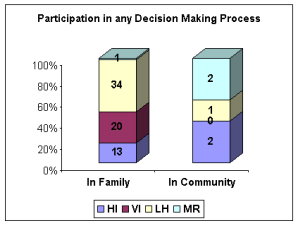
Figure-3.25



Women in general have limited information on laws and the Commissions and it was therefore not surprising that information level of this group was also low. The fact that rights of these women were neglected needs to be addressed.

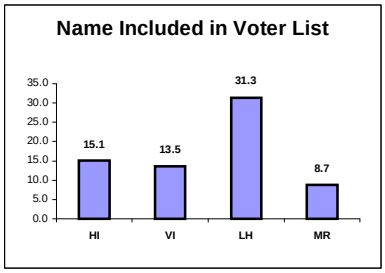
Decision Making and Political Participation: Low decision- making as provided by data in the study is in keeping with the emerging picture in this study of the low status of the women with disabilities. It is also in keeping with the other findings that women with mental conditions are completely excluded from decision making. Most of those who do decide, do so within the family. **(Figure-3.26)**

Figure-3.26



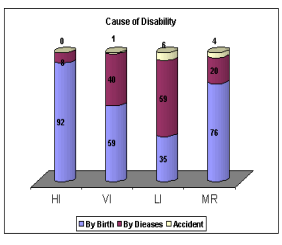
As to political participation, the inclusion in voters list does not convert to voting **(Figure-3.27)**. Among those women who did not exercise their voting rights were mostly those with mental or physical conditions. This is in keeping with the knowledge available that, most booths are not accessible to OH and MR women are not allowed to vote.

Figure-3.27



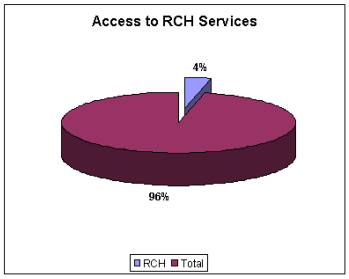
This was confirmed in the FGDs and narratives where women mentioned this as a denial of their rights. The study also breaks the myth that women with disability are more dependent on decision making including political, on parents or husbands. What was encouraging was that women had made an entry into politics even if they lost. These efforts will provide markers for many other women

Figure-3.28



Access to Health Services: The data provides valuable insights into the health of women with disabilities. A high range of women born with disability or disease suggests the absence of health services for disabled. This is reinforced by the data that most women who were disabled by these two

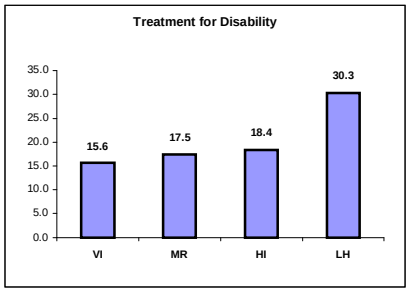
Figure-3.30



causes, in birth for those with the hearing and mental condition and by disease for those with mobility and visual conditions **(Figure-3.28)**

The data suggests that most disability could have been prevented. Prevention of disability remains a major gap in the system. Appropriate prevention strategies need to be devised. Low awareness of HIV makes the group more open to the disease which is dangerous considering its rising prevalence in India. Disabled are more prone as there is no available disability friendly awareness material and interest in the group is lacking.

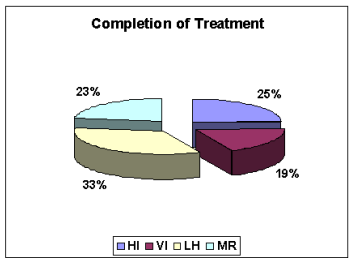
Figure-3.29



Access to health for disabled specific causes was near universal in Chhattisgarh with Orissa coming up with friendly treatment but specialized need like physiotherapy and occupational therapy and specialized institution was available only to a few **(Figure-3.29).** Women having access to medical treatment in general for reasons other than disability was lower signifying that, the other 'hidden' health problems such as reproductive care are not availed **(Figure-3.30).** If disability is to be treated professional services have to be made available **(Figure-3.31)** at village level, otherwise the majority of disabled are deprived of essential health services. The deprivation continues when there is non completion of treatment of the majority of women when due to reasons of treatment 'not having any impact' substantiates the conclusion that not enough specialized services are available. State wise though Chhattisgarh showed high access to treatment, completion of treatment fell by half.

In disability especially when people have to live with it all their lives chronic diseases among at least a fifth of the population suggests high poverty. This was confirmed by the BPL data that the chronically ill are also more deprived and perhaps a reason for being under the poverty line. The highest cases being from Andhra Pradesh indicates State specific measures to be taken up.

Figure-3.31



Summing up: Analysis of the primary data provides useful insights about the socio demographic parameters of WWDs. The age profile of the respondents brings the issue of longevity, particularly among the MR disabilities. This has important implications on the policy for social safety net particularly since the MR also happens to be the most deprived group among the WWDs in terms of various entitlements.

Analysis of the marital status brings out various nuances. First is the harsh reality of the low likelihood of marriage. This is particularly strong among the MR. Second is the hold of the norms of hypergamy. Third is the emergence of widows as the more vulnerable among the married WWDs.

Literacy and educational level do present the rather disturbing picture of entitlement

failure. Yet, schooling does provide employment hope to the Girl-child with Disability and must be an important component of any strategy to improve their lot.

The story of entitlement continues as we move up the 'value chain' chain; the disability certificates, access to skills, the wage/self employment opportunity thereof, aids and appliances, health check up, the security aspects and the decision making. Lack of awareness owing to lack of information appears to be the first and the major bottleneck. Beyond this too it is an uphill task for the WWDs to get their entitlements.

The community environment is not conducive to a better self-esteem and productive engagement with the work place. The family too leaves a lot to be desired. Starting with the stigma and the hidden and not so hidden prejudices, the WWDs have to face the spectre of violence and abuse. This is the most unacceptable part of the entitlement failure and will need an urgent resolution. The recent protective legislation against domestic violence towards women could provide a right beginning in this regard.

Chapter-IV

Gender Analysis of Disability Budget

Resource allocation is an important indicator to know the status and this study has attempted to look at the resource allocation to the Disability sector in general. It has to be borne in mind that gender disaggregated data on budget is not available and there by the analysis of the budget on the Disability sector as a whole will be indicative of the scenario for the WWDs as well.

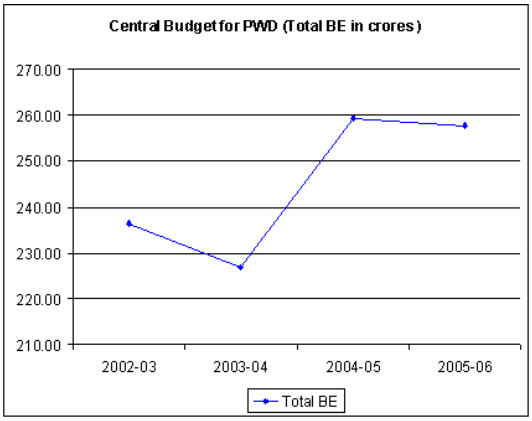
The Budget Estimate (BE), Revised Estimate (RE) and Actual Expenditure (AE) gives an insight into not only the allocations but also towards the utilization of the resources. A beneficiary incidence analysis also points out towards the expenditure that is done on each beneficiary.

The budget for disability sector is reflected in the budget of Ministry of Social Justice & Empowerment of the Central Govt. In the states it gets addressed in the Department of Women & Child Development (in case of Orissa), Department of Social Welfare (in Andhra Pradesh, West Bengal & Chattisgarh).

Central Budget for the Welfare of PWDs

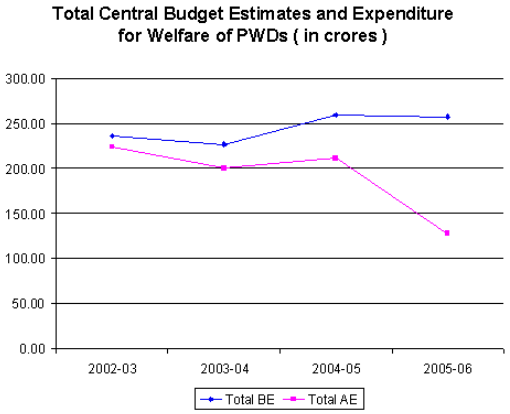
Total allocation

The total allocation (Budget Estimate) towards the programmes for PWDs under Central government was Rs 236.41 crores in the year 2002-03 which has increased to Rs 257.71 crores in the year 2005-06 (an increase of Rs 21.3 crores i.e. 9%). Overall there has been an increase though in the year 2003-04, there was a decrease of Rs 10 crores**. (Figure 1)**



Source – Annual Reports of relevant years, Ministry of Social Justice & Empowerment, Govt of India, Note – 2005-06 figures are till 31.12.2005

The expenditure of the Central allocation is always less than the Budget estimates in all the years under study. The highest gap is in the year 2005-06 (Rs 130.3 crores). Progressively, the gap between the Budget Estimate and Expenditure has increased. While in 2002-03, it was only Rs 12.54 crores, the gap has increased to Rs 130.3 crores in 2005-06**. (Figure 2)**

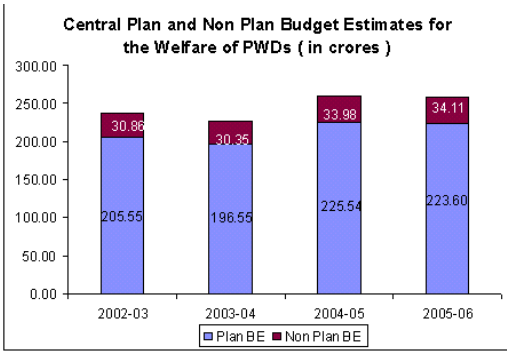


Source – Annual Reports of relevant years, Ministry of Social Justice & Empowerment, Govt of India, Note – 2005-06 figures are till 31.12.2005

Allocation ratio for PWD

Considering that the total adult disabled population in the country as per the 2001 Census is 2.2% of the total population of which 1.87% are females, total allocation of the Central Government programmes for the PWD is very small.

Non Plan allocation



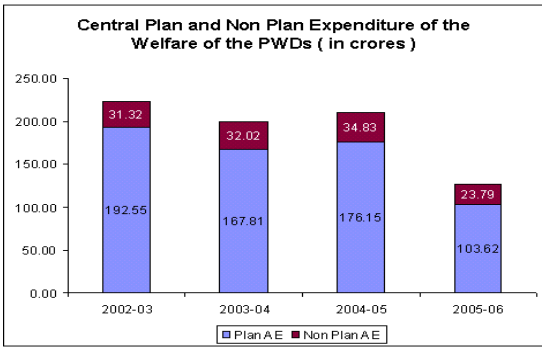
The Non Plan allocation of Budget Estimate of the Central programmes has been in the range of Rs 30

crores. The lowest was Rs 30.35 crores in the year 2003-04 while the highest was in the year 2005-06 at Rs 34.11 crores. The Expenditure of the Non Plan component has always been less than the Budget estimates. **(Figure 3)**

Source – Annual Reports of relevant years, Ministry of Social Justice & Empowerment, Govt of India. Note – 2005-06 figures are till 31.12.2005

The Non Plan component constitutes a small percentage of the total allocation towards the PWDs. In the years under study, the Non Plan BE is around 13% of the Total BE.

The Non Plan Expenditure of the programmes is also a small share of the Total Expenditure. The Non Plan Expenditure was the lowest in the year 2005-06 at Rs 23.79 crores while it was the highest in the year 2004-05 at Rs 34.83 crores. **(Figure 4)**

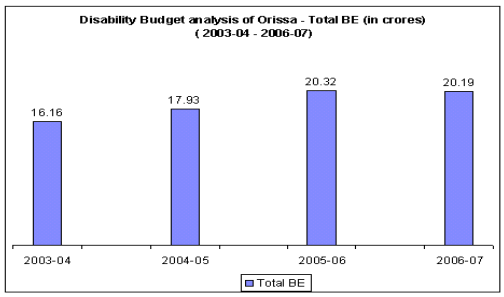


Source – Annual Reports of relevant years, Ministry of Social Justice & Empowerment, Govt of India, Note – 2005-06 figures are till 31.12.2005

State Wise Analyses

Total Allocation

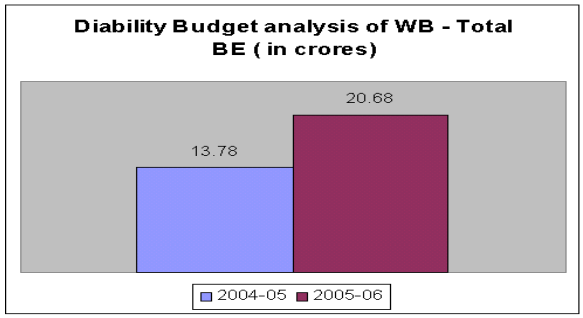
The total allocation for the various programmes and schemes for the disabled has a wide range in the States under study (Source- Demand for Grants of Govts. of Andhra Pradesh, Chhatisgarh, Orissa, and West Bengal for the years 2003-2007 (For details see Annexure VI)



The BE of the disability budget in Orissa was Rs 20.32 crores in 2005 – 06 which however declined marginally by 0.13 crores in 2006-07. The lowest BE was Rs 16.16 crores in 2003-04 **(Figure-5).**

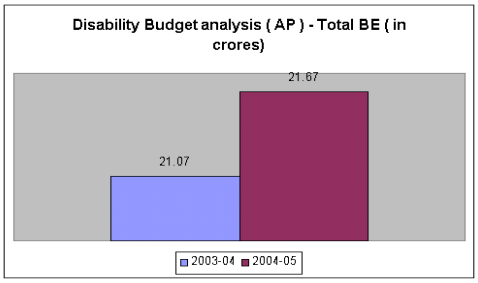
Source- Demand for grant of Dept of W & CD Dept, Govt of Orissa

In West Bengal, the total allocation has been lower at Rs 19.19 crores in 2005-06 which is higher than the previous year by Rs 5.41 crores **(Figure-6).**



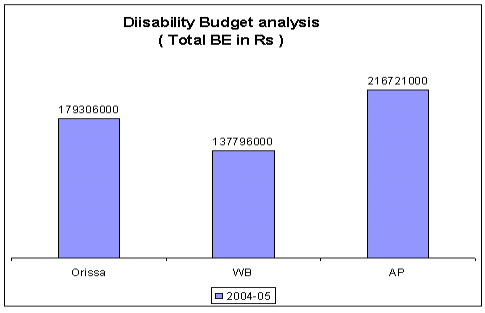
Source – Budget Publication no 24, 17 & 14, Govt of West Bengal of relevant years

The Total BE allocation for the Disabled welfare in Andhra Pradesh was Rs 21.07 crores in 2003-04 which increased by Rs 60 lakhs for the subsequent year **(Figure-7).**



Source – Demand for grants of relevant years of Dept of Social Welfare, Govt of Andhra Pradesh

The BE allocation of both Plan and Non Plan in



Chhattisgarh for the year 2005-06 was Rs 17.34 crores.

For the year 2004-05, the total BE for the Disability sector as a whole for the different States shows that while in Andhra Pradesh it was the highest, the lowest was in West Bengal **(Figure-8).**

The total allocation of the disability sector serves a small percentage of the disability population. This is evident by the per disabled person allocation.

This ratio for the States under study is as follows –

Table no 1- Disability allocation ratio per person in the states

State	Ref Year	Total disability population	Total Disability BE (in crores Rs)	Ratio per person (in Rs)
Orissa	2003-04	1021335	16.16	158.24
WB	2004-05	1847174	13.78	74.60
AP	2003-04	1364981	21.06	154.33
CH	2005-06	419887	17.34	412.93

The ratio of allocation per disabled person in the State is the highest in Chhattisgarh while the lowest is in West Bengal. While in Orissa and Andhra Pradesh, it is comparable at Rs 155.00; in Chhattisgarh it is as high as Rs 413.00. The high ratio could be due to the low disabled population in the State of Chhattisgarh.

The disability sector allocation (BE) as a share of the total State expenditure of the State is as under –

Table no 2- Disability allocation as a % of state expenditure

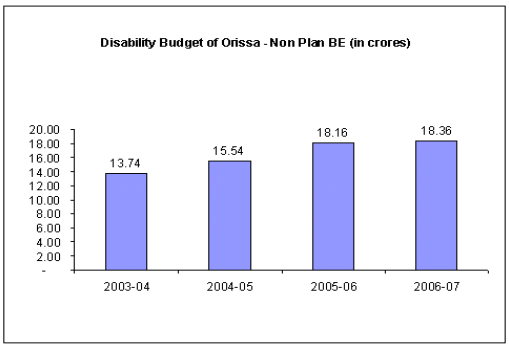
Amongst the States under study, Chhattisgarh has the disability allocation which is the highest share of its State's expenditure at 0.17%. The lowest is in West Bengal at 0.01% followed by Andhra Pradesh (0.05%) and Orissa (0.07%).

State	Ref year	Total Disability BE (in crores Rs)	Total State expenditure (in crores Rs)	%
Orissa	2003-04	16.16	23,026.29	0.07
WB	2004-05	13.78	1,29,636.92	0.01
AP	2004-05	21.67	45,747.11	0.05
CH	2005-06	17.34	10,217.94	0.17

Committed Allocation (Non Plan)

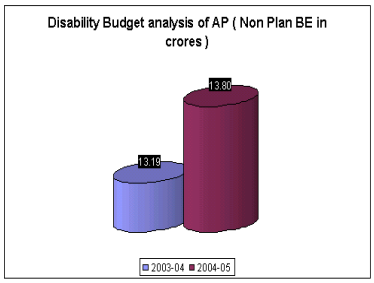
The Non Plan component is an indication of the committed allocation and expenditure of the State towards the disabled.

The Non Plan component is in the range of 85% to 91% for the years under study in Orissa. The point to be noted is that the overall BE is low and thus the

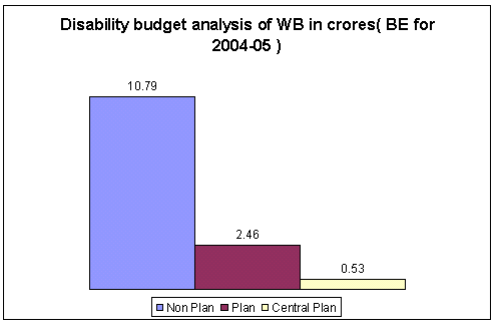


High Non Plan component covers few PWDs and more so WWDs **(Figure-9)**. The Non Plan BE is the highest Rs 18.36 crores in Orissa in 2006-07.

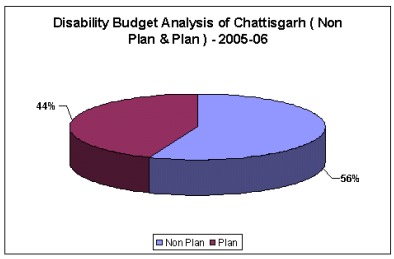
On the other hand, in Andhra Pradesh, the Non Plan component is about 63% of the Total allocation and in absolute values; it was Rs 13.79 crores in 2004-05 **(Figure-10).**



The Non Plan component in West Bengal is has a higher share in the total disability budget and stands at 78% in 2004-05 **(Figure 11)** with absolute value of Rs 10.78 crores.



Chhattisgarh has a Non Plan component which is 56% of the total disability allocation for the year 2005-06. **(Figure-12)**

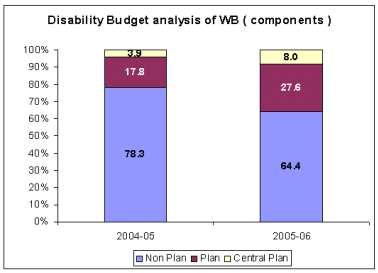


Among the 4 States, the Non Plan component is the highest in Orissa (both in terms of absolute values as well as percentage share).

Central Allocation

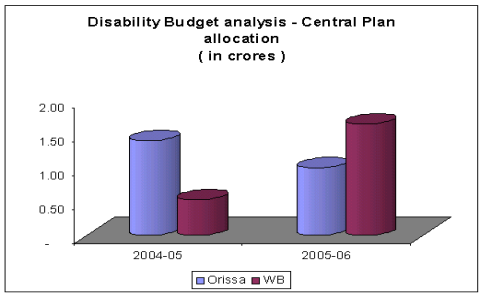
The Central Government allocation towards the various schemes and programmes for the disabled form an important component of the overall resource allocation.

The Central Plan component is in the decline in Orissa. For eg. the Central Plan BE which was Rs 1.4 crores in 2003-04 was cut to only Rs 50 lakhs in the year 2006-07. This is in any case a very small component (9%) of the total BE of the State of Orissa.



On the other hand, in West Bengal, the Central Plan is around 8 % of the overall BE in the year 2005-06 **(Figure-13)**

In comparison of the situation in West Bengal and Orissa, it can be seen that the highest amount of Central allocation has been not more than Rs 2 crores and while in Orissa, it has declined, there has been an increase of Rs 1.12 crores in West Bengal over the years 2004-05 to 2005-06 **(Figure-14).**



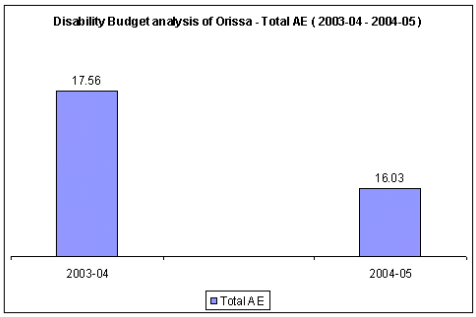
In Andhra Pradesh, the Central allocation amounts to only Rs 97,000 for the year 2002-03.

Expenditure

In the situation when the allocation is meager, expenditure becomes important.

While data for the years 2005 onwards is yet to come for Orissa, it is seen that expenditure has declined from Rs 17.56 crores in 2003-04 to Rs 16.03 crores in 2004-05 **(Figure-15)**. Also the expenditure is only 75% of the RE in the year 2004-05.

In West Bengal, the Actual Expenditure for the year 2003-04 was only Rs 14.33 crores.



The highest AE (Rs 20.81 crores) was in Andhra Pradesh for the year 2002-03.

The under expenditure of allocation is a cause of concern when the coverage of beneficiary is poor and the allocation is meager.

Budgetary allocation towards schemes (Central Government)

There are many schemes for the PWDs under the Plan as well as the Non Plan allocation. Within the Plan schemes, the allocation for the schemes under the Deen Dayal Disabled Rehabilitation is the highest at 34% followed by the allocation for the Aids and Appliances (26%). The next highest share of the Plan allocation is for National Handicapped Finance Development Corporation (NHFDC) and the PWD Act (6.81% and 6.45% respectively).

Under the Non Plan schemes, National Institute for Hearing Handicapped, Mumbai has the highest share of 13.77% followed by Establishment of rehab centers at 12.96%.

Plan schemes
National Institute for Visually Handicapped, Dehradun
National Institute for Orthopedically Handicapped, Kolkata
National Institute for Hearing Handicapped, Mumbai
National Institute for Mentally Handicapped, Secunderabad
National Institute for Rehabilitation, Training & Research, Cuttack
Institute for Physically Handicapped, N Delhi
National Institute for Multiple Handicapped, Chennai
ALIMCO, Kanpur
Aids & Appliances
Scheme to provide Voluntary action for PWD/ Deen Dayal Disabled Rehab Scheme
Indian Spinal Injury Center
RCI
NHFDC
PWD Act implementation
S & T mission
College Rehab Science
Commissioner for PWD
Employment of handicapped
Non Plan schemes
National Institute for Visually Handicapped, Dehradun
National Institute for Orthopedically Handicapped, Kolkata
National Institute for Hearing Handicapped, Mumbai
National Institute for Mentally Handicapped, Secunderabad
National Institute for Rehabilitation, Training & Research, Cuttack
Institute for Physically Handicapped, N Delhi
ALIMCO, Kanpur
RCI
Commissioner for PWD
National Commission for PWD
Establishment of Rehabilitation Centers

This study has attempted to look at the resource allocation to the Disability sector in general. It has to be borne in mind that gender disaggregated data on budget is not available and there by, the analysis of the budget on the Disability sector as a whole will be indicative of the scenario for the WWDs as well.

Budgetary Allocation Towards Schemes (States)

There are many schemes and programmes both under the Plan and Non Plan of the State and Central which have specific budgetary allocation (Details see Annexure VI.

In West Bengal, there are many schemes that are operational under the Plan, Non Plan and Central. The Disability pension has the highest allocation of 30% under the Non Plan while in Plan it is 20%. The high allocation under the Plan is the development of institutions for education of handicapped (about 50%). The only Central scheme operating in West Bengal is the Integrated Education for the disabled children.

In Orissa, the Disability pension under the Non Plan has an 88% share while the next highest allocation is the grant in aid to Voluntary organizations (8%). Under Planned programmes, in Orissa, scholarship and stipend account for 30% while the highest allocation is for the grant in aid to the Voluntary organizations (57%).

In Andhra Pradesh, the only Centrally sponsored scheme operating for the disabled is the Assistance

to Non Government schools. Under the Plan schemes in Andhra Pradesh for the year 2003-04, the Vikalanga Cooperative has the largest share of allocation (38%) followed by allocation to Government residential schools (19.4%) and then Scholarships (18.5%). On the other hand, in the Non Plan part, it the District and Head quarter offices that have about 85% share. There is an allocation of 13.6% share to the Government residential schools.

Disabled Development Finance Corporation, Social welfare schemes, Schools for the deaf and the blind are the important schemes that are running in Chhattisgarh for the welfare of the disabled. Under the Plan programmes, District Disability Rehabilitation Centers (DDRC) and NPRPD are in operation.

Disability pension is an important component of the Non Plan allocation for the Disability sector. The State wise comparison shows that it has been on the rise both in West Bengal and Orissa but the quantum in Orissa is much higher than West Bengal (Rs 11.16 crores in 2005-06) **(Figure-16)**

Without available census data (age wise) , NHDFC loan, an important Government Scheme is difficult to analyze in terms of percentage of people who have received them as the coverage of the loan is for the age group of 18-55 years. At the same time, the gender differentiation is clearly visible and the limited amounts of loans received by WWDs.

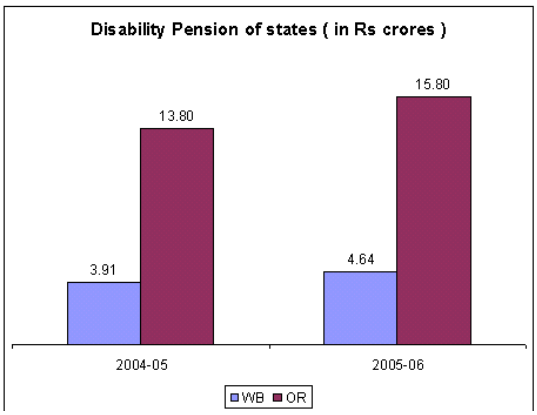


Table no 3- Loan access of NHFDC

Sl. No	Country/State	Total Population disabled(M)	Total Population disabled (F)	Loan recipients (M)	Loan recipients (F)
1	India	126065635	9301134	18369	4450
2	Andhra Pradesh	773971	591010	291	61
3	Chhatisgarh	231768	188119	188	39
4	Orissa	568914	452421	1564	397
5	West Bengal	1058685	788489	526	108

Note: Population is from Disability Census 2001 and Loan recipients are from NHFDC Delhi (Loans from NHFDC are provided only to disabled in the age group of 18-55 years)

Analysis of Disability Budget in a Gender framework

Though women with disability represent a convergence of two divides in the society- gender and disability, the two have infrequently been studied together (Hans, 2003). This article has tried to provide the missing link in research with its special focus on the socio-economic dimension. The data from the census and further empirical evidence from a recent based by the authors reflects the effect of improper budgeting on WWD's status.

As per the Disability Census in India 2001(The reference of the Census is to the Disability Census unless specified otherwise) women population in general comprise of about half of the total population. Disabled population constitutes a total of 2.2% of the total population, while WWDs are 1.97% of the total female population of the country. Among the four states in the study Orissa with 2.77% and West Bengal with 2.23% make higher contribution to disabled compared to the national average.

Considering that allocation and expenditure has a differential impact on men and women, it is important to assess whether expenditure reaches the WWDs at all and if yes, how and in what proportion. None of the schemes that are operating under the Central budget are women specific. Though there are women beneficiaries in many of the programmes that are in operation, targeted women PWD programmes is missing. Guidelines of Gender Budgeting prescribes Women component of minimum

30% within each of the schemes allocation. Detailed beneficiary incidence analyses of some of the schemes reveal that the women PWDs within the schemes meant for PWDs fall short of the specified.

The challenge lies to not only have women specific schemes within the PWD community but also achieve 30% women beneficiaries within the general allocation and spending on programmes meant for PWDs.

In this context, it is important to assess whether the existing schemes and programmes which have resource allocation, address the issues of the WWDs partly, totally or not at all.

- None of the schemes are totally women specific
- Only the poverty alleviation programmes do have a 3% disabled stipulation. Data on actual realization of WWDs is sparse.
- Issues of reproductive health and violence do not get addressed at all
- Allocation for Training out of the overall disability sector is absent in West Bengal, highly inadequate in Andhra Pradesh (less than 1%) and satisfactory in Orissa (10%). However there is no women specific budgetary provision.
- Resource allocation for improving the educational standard and providing an incentive to continue education for the PWDs in general is present in all the States under study however, there is no women specific allocation.
- There is no specific budgetary provision for the severely disabled women including the MR.
- Capacity building of carers is totally absent considering that mothers play a very important role in the life of the WWDs.
- Old age health and social security is provided for under the Disability pension but there less coverage for the WWDs. There is no specific stipulation for the coverage of the WWDs.
- There is no allocation specifically for improving awareness amongst the PWDs (particularly the WWDs), parents and stakeholders regarding schemes and programmes.
- In Andhra Pradesh, there is allocation under Tribal Sub Plan (TSP) and SC component. In other States there are none.
- Gender budgeting for the WWDs is absent
- Disability component is absent in women specific programmes and schemes.
- Expenditure is less than the allocation in most of the cases.

Some recommendations

- There should be specific women allocation in and every programmes/ schemes for the disabled
- Gender budgeting should be done in the disability sector resource allocation
- Specific allocation should be done for the skill and capacity building for the WWDs
- Reproductive health and violence issues should have concrete allocation for the WWDs
- Training of the carers should be taken with adequate budgetary provision
- There should be some specific programme for Severe and MR WWDs.
- Awareness programmes should have more allocation
- Overall there should be improved expenditure
- Setting up of independent and separate department for the Disabled should be the prioirity.

Chapter – V
Conclusion and Recommendations

A recapitulation: The analysis presented in the foregoing chapters does outline the way forward, at least partially. While making recommendations for the policy or programme implementation, it is useful to recapitulate the relevant findings.

Data desegregation by gender: To begin with, there is a clear need to make the public domain data sensitive to the gender and disability dimension. Much of the data available are, unfortunately gender blind or disability blind or both. This is so even where some of the programmes have been taken up pro-actively by the administration e.g. distribution of disability certificates, disbursement of pension etc. Regular and routine disaggregation of the data by disability and within it gender, and vice versa, emerges as the first need if programmes for welfare or empowerment of WWDs are to be meaningfully implemented.

Use of a user-friendly mapping package: Most of our social realities have a spatial or regional context. Incidence of disability and different discriminations associated with these are no exceptions and do exhibit spatial patterns. Mapping these is important, as some of the examples in Chapter II have shown. The user-friendly mapping package used in this report readily shows areas of high and low incidence. It will be worthwhile using this package for a pan-India analysis of different dimensions of disability.

Accentuated entitlement failure: Analysis of secondary as well as primary data brings out the 'not so obvious' conclusion that the twin disadvantages of gender and disability aggravate each other resulting in entitlement failure. The gender gap among the disabled for various entitlements turns out to be higher than that found in the general population. This is surprisingly so even for more elementary entitlements like access to pensions, aids and appliances etc. involving simple organization and direct resource transfer. The gaps aggravate further as we go up the value chain of different entitlements. It seems plausible that among the PWDs, men access the advantages of any new opportunity first and women follow the trail.

Even in the case of simple entitlements like the pensions, training, enrollment, getting aids and appliances, an invisible barrier of 30 to 35% seems to operate. Such barrier needs to be consciously overcome. This will either improve the coverage among WWDs or confirm low incidence of given disability among women e.g. orthopedically disability. National guidelines in this regard may need some change and the mandatory coverage for WWDs needs to be increased to ensure greater access to resources e.g. NHFDC loans.

Low participation of WWDs in SHG activity is surprising and points to the need for more sensitive approach of SHG members towards WWDs. Formation of mixed SHG groups of women, exclusive SHGs of PWDs including members of both sexes and exclusive SHG of WWDs may need more encouragement and documentation. As of now it is not clear as to which arrangement will work better in a given context.

Saturation coverage for the more vulnerable: The primary data clearly shows that MR among the WWDs and the widows, are the more vulnerable but less numerous groups. Such groups should be covered under welfare schemes on a priority basis and on a 100% coverage basis. The longevity problem among the MR category stands out in this context, and this group needs saturation coverage on a priority basis. Another group that needs attention in this regard is the mother- daughter dyad which may need support through a pension oriented scheme. Given the size of resources put in the overall welfare schemes, this should not pose a problem. However, care has to be taken to keep out the 'free riders' from enjoying the benefit of such coverage through fraudulent certification.

Bringing down barriers: Sensitization, awareness, access and structures: While schemes involving direct transfers are easy to administer, those involving organizations, particularly mainstream organization, present a number of difficulties. Insensitivity on the part of service providers, design barriers due to structures that are disability indifferent, lack of information among WWDs about their entitlements and the procedure to access these are some of the difficulties emerging from the study. Overcoming these require allocation of resources. Budgetary analysis of the disability sector becomes important in this context. While a beginning has been made in this study, this has to be followed more in depth. The first and foremost action point however, is that the gap between BE and AE should be minimized. This may require alertness on the part of government as well as the civil society.

Economic empowerment of the WWDs: The stark reality of marriage as an institution of limited significance for the WWDs, makes it necessary that they are economically empowered and have access to support

structures should the family or the sibling support fail or become unavailable. Anecdotal evidence has it that low yet steady income is more useful for the PWDs rather than highly visible or high paid but uncertain jobs.

Safe environment at home and at the work-place: For WWDs and additional issue of safety of the work place and of the passage to the work –place becomes important. As the analysis has shown, WWDs face the spectre of violence and sexual harassment at the work – place as well as within the households too. This is an area of stronger concern. No entitlement failure can justify violence or sexual harassment particularly of an individual who has less where withal to defend herself. Experience narrated by the respondents also chimes in with other similar studies. No civil society can claim to be a developed one when it can not guarantee dignity to its vulnerable population. WWDs represent one such segment of vulnerable population and how we treat them is probably a barometer of our social progress.

Coming to specific recommendation or action points, the table below summarises these recommendations based on the perceptions of the WWDs, the care givers and the stakeholders interviewed. Support is therefore required. Some of the recommendations thrown up by the study are:

	Field/ Issue	Recommendation
	International and National	o Gender Disaggregated Data in all available disability data being maintained and in all gendered data special provision for WWD o Human Development Report should include disability data and specifically on women o Special volume of HDR on disability with special focus on WWD
	National Policy	o Include women specifically in the 1995 Act o Adopt the UN Convention of Disability and incorporate its provisons in the National Act
	General	o Task Force of Women with Disabilities to monitor implementations
	General Administrative Order	o Gender Disaggregated Data in all available disability data being maintained and in all gendered data special provision for WWD
	Structural	o Special Ministry for Disability o Special Departments o Corporation From National with branches to Block Level specifically for women with disabilities
	Large Rural Population	Rural Strategies
	Poverty	o Special Weightage in BPL list o Disability sphere extended to cover mothers Eg., pension/social and health insurance
	Disability Certificates	o Introduction of ICF (simplified) and treatment to medical staff on it o At Block Level PHC level Board/ Identification camps at specified regular
	Age wise recommendations Adolescents 14-17 years age (21%)	o Task Force for Young Women with disabilities: o Inclusion in adolescent programmes of the country. UNFA to pay special attention. o Education: Accessible/Inclusive/ Toilets / Teacher awareness
	Unmarried Group (78%)	o Special support social, economic Special Task Force for Protection
	Young population 14-36 yrs. (84%)	o Skill building and social security o Rural resource Centres under a Corporation o Identification of right trades with occupational therapy and linking trades to employment options o Special employment drives for WWD o Shelter Homes o Production Centres
	Employable age 18-25 (36%)	o Special employment scheme of Government o MNCs and Industry to be entrusted with inclusion o Flexible workplaces
	Age 18-60 (7%)	o Special initiative for Inclusion in self employment and micro credit initiatives
	Education Illiterate 54%	o Non-Formal Education including/ skill building
	Education for severely disabled	o Distance / Doorstep with assistance of Anganwadi worker Panchayats
	Special Educators	o At all level HRD set benchmark
	Vocational Training In General Institutions	o Relaxation of entry (age) o Relaxation of eligibility criteria o Set up a scaling o Train Faculty in inclusion of disabled students o Outfit the Institutions with disabled friendly equipment o Cells against sexual harassment
	Vocational Training for Disabled 57% population 14-25	o Counseling o Fees exemption o Hostel facility

	Scheme	o Under a Corporation o Monitoring Mechanism
	Physiotherapy and other specialized services	o Government Hospitals upto PHC level
	Aids and appliances:	o Research and Development o Low weight and gender specific
	Disability by birth 62%	o Special RCH Inclusion in RCH III
	By Disease 35%	o More awareness to women/ mothers/ o Health Insurance
	Completion of Treatment	o Special strategies
	Violence	o Task Force for violence against women with disabilities esp. MR o Special awareness among Police esp. Women Thanas
	Laws	o Against Hysterectomy on women with mental conditions o Specific inclusion in Domestic Violence Act
	Awareness	o Family/ Community/ Administration
	Women's Commission and Human Rights Commission	o Special Directives o Regular Hearings
	Research	o Special Groups including ST/SC/ Muslims/ Women Headed Households/Old Age o Mental Conditions o Identification of Trades
	Funding	o Government funding earmarked fro women with disabilities o Gender Budgeting to include disabled women o UN agencies such as UNFPA/UNDP/UNICE/ILO etc to earmark funds o EU initiative on finances for disability to be taken advantage of o World Bank and GPDD assistance