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YOJANA

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DIFFERENTLY ABLED

Special Article

Differently-Abled:Scaling Up Educational Rights and Opportunities
Indumathi Rao

Skilling the Differently-Abled
Shanti Raghavan

Financial Inclusion of the Differently-Abled
P C Das

Social Inclusion for the Differently-Abled :Issues and Strategies
Sandhya Limaye

Focus

Accessibility Beyond Disability and Welfare
Shivani Gupta

"GRAM UDAY SE BHARAT UDAY" ABHIYAN

"Gram Uday se Bharat Uday" Abhiyan, - a nation wide campaign on rural development and social harmony was launched by the Prime Minister from Dr Ambedkar's birth place Mhow in Madhya Pradesh on 14th April, 2016. The eleven day programme, to commemorate the 125th Birth anniversary of Bharat Ratna Dr Bhim Rao Ambedkar, ended on 24th April 2016, which was Panchayati Raj Day.

The campaign aimed to generate nation-wide efforts to increase social harmony across villages, strengthen Panchayati Raj, promote rural development, and foster farmers' progress. During the campaign, discussions on issues pertaining to rural development, improving farmer's income, SC and ST welfare and social harmony were held on different platforms.

The programmes included a a 'Social Harmony Programme' in all Gram Panchayats, where villagers honoured Dr. Ambedkar, and resolved to strengthen social harmony. Information regarding the various schemes of the government to foster social justice was also provided. Village Farmer Assemblies' were organized in Gram Panchayats to promote agriculture. In these assemblies, information on Fasal Bima Yojna, Social Health Card, etc. were provided to farmers and their suggestions for bringing about improvements in agriculture solicited.

Gram Sabha meetings were held from 21-24th April, 2016 across the country. Preceding the main event of Gram Sabha meetings for Panchayati Raj Day, a National meeting of tribal women and Gram Panchayat Presidents from Fifth Schedule Areas of 10 States was held at Vijaywada on 19th April 2016 focusing on Panchayat and tribal development. The topics of discussions in these Gram Sabhas included :-

- Gram Panchayat Development Plans for local economic development,
- Optimum utilization of funds available with Panchayati Raj Institutions,
- Clean drinking water and sanitation,
- Role of women in village and rural development,
- Social inclusion including welfare of Scheduled Castes, Scheduled Tribes, person with Disabilities and other marginalized groups.

Information regarding various schemes for socio-economic development were also provided.

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Chief Editor : Deepika Kachhal
Senior Editor : Shyamala M. Iyer
Sub Editor : Vatica Chandra

Joint Director (Production) : V.K. Meena
Cover Design : Gajanan P. Dhope
E-mail (Editorial) : yojanace@gmail.com
E-mail (Circulation) : pdjucir@gmail.com
Website : www.yojana.gov.in
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Let noble thoughts come to us from all sides

Rig Veda

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Chief Editor's Desk

Breaking Barriers

Albert EINSTEIN had learning impairments. Yet, he developed Theory of Relativity which greatly affected the way people view and understand the world today. Thomas Alva Edison had hearing impairment, but his invention Electricity is more responsible than anything else for creating the modern world we live in.

Louis Braille was visually impaired, but his creation Braille, known by his name, enabled blind people worldwide to read and write. They are the people who proved that it is not disability but one's ability that counts.

There was a time when disability - physical or mental, was considered a curse both on the family of the disabled person and the person himself. It was believed that it was God's retribution for sins committed in previous birth. Thankfully, modern science has helped to clear such misapprehensions. Disability is now being accepted as a curable medical condition. The disabled are no longer expected to be treated as outcasts of society. Science and innovation has provided tools to supplement their disabilities. Braille, Jaipur foot are some examples which have bettered the lives of the physically disabled. Mentally challenged have also benefitted with greater recognition and responsiveness about their needs in the society.

Awareness on their special educational needs is also much more than earlier. In fact, there is now a school of thought that the differently abled should not be going to special schools but integrated with the regular schools as part of creating an inclusive environment. Social and cultural integration, is still an issue. But even this will surely change soon and the differently abled will be perceived as an integral and vital component of our society and nation.

Information and communication technology has empowered the differently abled to participate actively in nation building. There has been a spurt in efforts to provide greater accessibility for differently abled to provide them a barrier free environment and enable them to live independently. Accessible India Campaign is the product of government's vision to have an inclusive society in which equal opportunities and access is provided for growth and development of persons with disabilities to lead productive, safe and dignified lives.

Percentage of persons with disabilities being employed by the recruiters has also seen a rise in recent past, thus marking a shift towards financial inclusion of such population. Better skill opportunities have resulted in a more qualified and competent workforce which in turn has increased employer confidence in capabilities of persons with disability. Government has also made provisions to provide scholarships and funding for their innovative ideas to support their livelihood. Differently abled are now found in almost all walks of life - be it government employment, entertainment industry or even sports.

There is a plan, a purpose and a value to every life, no matter what its location, age, gender or disability. The need is to recognize the fact that persons with disabilities are the most inspiring people. Give them an equal opportunity and they will prove to be much stronger and capable with their different abilities than the "normal" people. And if we all have a mindset to accept this fact, then we might just see a change in the society. ❑

SPECIAL ARTICLE

Differently-Abled:Scaling Up Educational Rights and Opportunities

Indumathi Rao

Let us hope and work towards an inclusive education system which keeps the doors fully open for all learners with special needs in an enabling environment. Flexible education system, e-learning facilities, proposed Swayam online learning, inclusive teacher training programme, National Skill Development programme, capacity building of all existing teachers and other measures would make education for ALL a reality in India

India's population with disabilities has increased by 22.4 per cent between 2001 and 2011. The number of disabled, which was 2.19 crore in 2001, rose in 2011 to 2.68 crore—1.5 crore males and 1.18 crore females. The growth rate of disabled population is more in urban areas and among urban females. The decadal growth in urban areas is 48.2 per cent and 55 per cent among urban females. Among scheduled castes, it is 2.45 per cent. (Census 2011)

Where do we stand now?

India seems a long way to go to ensure educational rights of children with special needs if we compare the number of persons with disabilities reported in 2011 population census and number of children with special needs studying in primary and secondary schools. There is no data on inclusion of children with special needs in 0-6 age group and in higher education. This is one of the major gaps that exists today for planning purpose.

1. SSA Inclusive education scheme has included 10.71 lakh children with special needs. (Source: Unified District Information System for Education (UDISE) 2013-14)
2. Inclusive education of children with disabilities in Secondary schools-(IEDSS)-around 2 lakhs children with special needs.
3. Around one lakh children with special needs studying in 977 special schools. (An NGO study)

The number of persons with special needs in the age group of 0-29 years who need access to education is 1.23 crores as per 2011 Census data, out of which, 53.4 lakhs are girls and women with special needs. At present, a 'conservative estimate' shows that around 20 lakhs persons with special needs our studying in primary, secondary and special schools. The challenge ahead is how to ensure educational access to the unreached children/persons with special diverse needs.

It is not debatable that we have not been able to reach even 20 per cent of our children/persons with special needs though we have legislations such as Right to Education since 2005 and compulsory and free education to all children guaranteed in the Indian constitution. India has signed many international declarations and treaties concerning rights of persons with disabilities and the UN Convention on Rights of Persons with Disabilities was signed and ratified by India in

The author is Regional Adviser of CBR NETWORK (South Asia). CBR NETWORK has special consultative status to United Nation Economic and Social Council Forum and a member of Rehabilitation International, a world forum on disability rights. She is the elected chairperson of the world body 'Global Partnership for Disability Development 'initiated by the World Bank Trust Fund, Washington, DC.

2006. Article 24 of the CRPD refers specifically to education, and creates an obligation for governments to do two things:

1. Provide education to children, youth with disabilities on an equal basis with other children; and
2. Provide that education within an inclusive system.

It could be argued that there are multi dimensional reasons for this abysmal condition though India is very much committed to include every child to have access to education without any discrimination. However, mere commitment is not enough to ensure children with disabilities in general and girls with disabilities in particular to have access to education in a disability friendly, barrier free and accessible built and learning environment. There is a need for conceptual clarity on inclusive education, which must be reflected in the vision, mission, policies, action plans, legal provisions and resource allocations. In the past, we have seen that education of children with special needs was not seen as an integral part of the education system and general education systems were not trained and prepared to make our schools and universities truly inclusive.

NEP : Potential Game Changer

A comprehensive policy on education is basically a path finding effort to translate political will and vision into action. Inclusion of the disadvantaged sections of our society into mainstream education and development is a process, which needs identification and systematic removal of socio-economic-cultural-political-administrative and other barriers on the road to inclusion.

A broader understanding of inclusive education is reflected in NEP-2015.Inclusive education in the Indian context must include the diverse needs of SC/ST/Minorities/Children and young persons with disabilities, children living in extreme poverty and difficult /challenging conditions. NEP adopts, for the first time in India, an Indian perspective to inclusive education reflecting global concerns and commitments to which India is a participatory /signatory.

The key factors that may exclude children/persons with special needs from the mainstream education can be:-

1. Policies that ignore education for all cannot be achieved unless children and youth with disabilities are included in the mainstream education.
2. The framework for monitoring progress in achieving Education for All ignores children and youth with disabilities.

...mere commitment is not enough to ensure children with disabilities in general and girls with disabilities in particular to have access to education in a disability friendly, barrier free and accessible built and learning environment. There is a need for conceptual clarity on inclusive education, which must be reflected in the vision, mission, policies, action plans, legal provisions and resource allocations.

3. Failure to identify and remove systemic barriers to inclusive education at planning, administration, monitoring and implementation levels.
4. Lack of recognition of the factors that affect inclusive education are within the social gaps that are existing in education of children and youth with disabilities among SC/ST/Minorities /Gender discrepancies within these groups and in general.
5. Disability being a state subject/ PRI subject and education being a concurrent subject is leading to gaps in educational access to children/young persons with disabilities across the different states in India.
6. Education of differently abled children is the responsibility of two ministries. Inclusive education is the responsibility of Human Resource Development Ministry and special education is the responsibility of Ministry of Social Justice and Empowerment. We see the same overlapping roles at the state level. This has resulted in contradicting policies and practices in the education of children with special needs. There is no policy on early childhood inclusion of children with special needs in India. The largest ECCD programme ICDS is yet to include children with special needs by developing Anganwadi centers to function as centers for Inclusive early childhood development.
7. Not recognizing the fact that inclusive education can serve as an entry point to improve the entire existing education system, which benefit all learners has resulted in inclusive education being viewed as an add on component to the education system.
8. Women/girls with disabilities need rehabilitation strategies which are relevant to our socio cultural conditions. We need massive awareness on rights and needs of women with disabilities as they are the worst hit in the modern world which is yet to see and respect women for their inherent worth and not based on images we see in the media and fashion industry.

Data Base on Disability: Is it available?

The answer for the above question is as vague as the existing data on disability. Prevalence of Disability: a) As per Population Census 2001, of the persons with disability (PWD), about 75 per cent belonged to rural areas and only 25 per cent were from urban

areas. For the population of the country as a whole, 2.13 per cent were found to have one type of disability or the other. In rural India, the prevalence of disability was much higher (2.21 per cent) as compared to that in its urban counterpart (1.93 per cent). Among males, the prevalence of disability (2.37 per cent) was significantly higher than that among females (1.87 per cent). The prevalence rate among SC population (2.23 per cent) was marginally higher as compared to the general population; while among ST population, it was noticeably lower (1.92 per cent).

From 21.9 million in 2001, it has gone up to 26.8 million in 10 years — 2.13 per cent to 2.21 per cent

The latest Census figures on disabilities have shown only a marginal increase in the number of differently-abled people in the country with the figure rising from 21.9 million in 2001 to 26.8 million in 10 years. In percentage terms, it has risen from 2.13 per cent to 2.21 per cent, as per the Census 2011 figures released by the Registrar General of India.

There are 14.9 million men with disabilities as compared to 11.8 million women in the country with the total number of disabled people over 18 million in the rural areas and just 8.1 million enumerated in the urban settings. The percentage of men with disabilities is 2.41 as against 2.01 in women.

Employment rates of persons with disability vary with geographical location (urban or rural), gender, education, and type of disability. According to 2011 Census of India, 68 per cent of India lives in rural areas. Therefore, in the overall population, the number of disabled is proportionately higher in rural areas, accentuated by general poverty considerations and poor access to health services. The rural disabled are significantly disconnected from skills and markets. Literary levels are low, with the Census of India estimating that 51 per cent of persons with disability are not literate; 26 per cent reach up to the primary level; 6 per cent middle level and only 13 per cent secondary level and above. (ILO study Regional Office for Asia and the Pacific. - Bangkok: ILO, 2011)

The existing data on disability covers more than it reveals. It is rather difficult to expect population census which is a massive exercise to provide necessary data on disability as identification of disabilities needs skills especially to identify special needs (intellectual, sensory disabilities of mild and moderate levels, which are not easily visible unless persons are trained in the identification.

India must introduce mandatory registration of persons with disabilities at community level/ school level/ICDS levels. It could be achieved by introducing village disability registers, school special needs registers, ward level disability registers and issue add on card to Aadhaar card /ration cards.This digitized data could be used to provide smart ID cards replacing existing paper based disability ID cards.

In India, we need disability data for planning services leading to effective inclusion. This demands innovative approaches as survey methodology cannot provide comprehensive information about individuals with special needs. We need information on disability, socio-economic-educational-employment profiles, diverse needs of each person (rehabilitation needs, employment, skill development, education etc) to plan services leading to effective inclusion at the community level without disintegrating children with special needs away from their families.

India must introduce mandatory registration of persons with disabilities at community level/school level/ ICDS levels. It could be achieved by introducing village disability registers, school special needs registers, ward level disability registers and issue add on card to Aadhaar card /ration cards. This digitized data could be used to provide smart ID cards replacing existing paper based disability ID cards.

CBR programmes in India already use a system of Village disability registers to provide community based inclusive services.

The other issues which are seen as a major barrier for inclusion are listed below:

1. Children with disabilities remain invisible to the education system;
2. Families are not supportive;
3. Teachers lack training, leadership, knowledge and support to adapt curriculum;
4. Poor quality education;
5. Poor access to knowledge and information for – parents, teachers, administrators and policy makers
6. No inclusive education infrastructure – governance, policy, planning, financing, implementation and monitoring
7. Lack of public support for inclusion; and
8. Lack of accountability and monitoring mechanisms.

On the whole, it could be argued that the political vacuum of leadership and accountability for inclusive education was not adequate. There are huge gaps in educational rights of persons with special needs.

NEP 2015: Bridging the Social Gaps

NEP 2015 has adopted bottom-top approach, which opens debates/ discussions, participation of the community. This is a unique feature of NEP-2015 and the participatory approach was essential for the policy makers to understand the concerns of the community and ground realities and reflect these issues adequately in

the policy framework. NEP 2015 on inclusive education makes this attempt successfully. We see conceptual clarity of inclusive education stated very clearly in the framework. For example, in place of seeing inclusive education as a separate strategy for children with special needs, NEP 2015 views inclusive education as an integral part of the education system, identifying the broad understanding of diverse needs of children/young persons with disabilities from primary education to higher education. NEP 2015 sees that every teacher must be capable of meeting the diverse needs of learners. NEP 2015 understands the need to train the education administration at all levels to have a positive attitude towards inclusion of persons with special needs.

During online debates on NEP 2015, the need for strengthening the schools with adequate support like E-learning, ICT, training of all teachers to address the special/ diverse needs was raised by persons with disabilities, families and NGOs working in disability sector. The urban –rural divide in reaching the unreached children/youth with disabilities was identified as a key challenge during these debates.

NEP-2015 has included disability concerns in all components of the education system-be it in education admission, admission policies, teacher training, curriculum development, teaching strategies, learning materials, evaluation system, virtual learning platforms, etc.

NEP 2015 has adopted an educational view to inclusive education in place of disability view. NEP 2015 supports to move away from labeling and isolation of children with disabilities in segregated environments. It aligns the inclusive vision and goals with specific, observable, measurable and achievable steps towards ensuring that every child has the right to education in an enabling and caring environment which does not discriminate the child based on disability and gender. NEP-2015 has tremendous potential to be a major game changer when it gets implemented at the grass root level.

Let us hope and work towards an inclusive education system which keeps the doors fully open for all learners with special needs in an enabling environment. Flexible education system, e-learning facilities, proposed Swayam online learning, inclusive teacher training programme, National Skill Development programme, capacity building of all existing teachers and other measures would make education for ALL a reality in India.

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(E-mail:ideasianetwork2013@gmail.com)

PM launches "Stand Up India" Initiative

The "Stand Up India" initiative to boost entrepreneurship among Dalits, Adivasis and Women was launched by the Prime Minister in Noida on 5th April 2016. The initiative aims to boost entrepreneurship among the Scheduled Castes, Scheduled Tribes, and Women. The initiative envisages loans to at least two aspiring entrepreneurs from these categories. The loan shall be in the ten lakh to one crore rupee range. 5100 e-rickshaws were also distributed on the occasion.

Skilling the Differently-Abled

Shanti Raghavan

...the situation in India is ripe for persons with disability to be part of the economic workforce. We need to capitalize on the successful models for persons with diverse disabilities with special focus on severe physical and mental disabilities and by giving equal importance to all forms of employment across geographies

Manjunath is a supervisor in a small company and has a team of 15 who work on textile machinery parts. Quality is critical and any rejects by the client can mean loss of business. The **Make in India** programme is based on people like Manjunath delivering quality output. Manjunath is a person with low vision and his team is diverse including persons with disability.

Stanley is self employed and runs a phenyl business. He is a person with cerebral palsy. Tabassum works at an offshore support centre and watches the screen intently to monitor customers across the ocean in far off England! She is a person with physical disability. Pradeep works at a Mall and is a Bay ka Malik. He is a person with intellectual disability and is low vision and hard of hearing as well. Rajiv is an analyst at a multinational bank and is hearing impaired. Prashant got the job as a Panchayat Development Officer due to affirmative action. He is blind. Initially he was not given work due to his blindness but after specialized training was provided to type in Kannada and after configuring his talking software, he could overcome the challenges due to his disability. He has gained the respect of his colleagues and the villagers.

Gausia has to be bathed and fed by her mother due to the severity of her disability. She has no motor function whatsoever. Gausia, however, looks after her mother with the salary she earns as project coordinator at a multinational company. In fact, the washing machine which she bought online has been of great help to her mother. Gausia does her work online by using workplace solutions such as speech recognition software which allows her to dial the phone, use internet and other software tools by just using her speech.

Manjunath, Stanley, Tabassum, Pradeep, Gausia, Rajiv, Prashant are part of the "**Change In India**". By getting skills and becoming employable, they work just like everybody else, pay tax, take care of their families and are part of general society. They remind us that what has made India great is the ability of its people to overcome challenges such as disability, poverty and discrimination.

Current Employment and Skilling Scenario

Employment opportunities for persons with disabilities in the private sector has improved dramatically in the last ten years especially in the major metros with companies seeing the business value in hiring persons

The author is an Ashoka Fellow and is the Founder and Managing trustee of Enable India. Enable India has pioneered inclusion of severe physical, sensory and intellectual disabilities in the workforce via innovative solutions.

with disability. Company's worries on productivity and quality were addressed by skilling candidates to become employable. The trust built by providing good employable products to companies paid off. In 2008 and 2014, at the height of recession, companies hired persons with disability which reiterates that if you build a good product, there will always be a market for it. In the last 5 years, companies growing at a meteoric pace have found a huge supply gap and hence some have started looking at persons with disability as a steady source of supply. NGOs specialized in disability, mainstream training institutions and social enterprises are now skilling and enabling employment for more persons with disability in 2 tier cities and districts as well.

Wage employment has been possible by skilling leaders and supervisors to successfully include and integrate persons with disability in the company. Collaborations with companies for specific domain and job training has helped deliver better quality candidates and hence better placements. Companies have found this a win-win situation to build a pipeline of suitable candidates for their forecasted demand.

The models in skilling which have shown success have a large component of experiential learning. Retention of candidates in companies has been higher when skills training included attitude and life skills development. Skilling initiatives which have focussed on parent development have proved more sustainable in the long run. Parents do not believe their child can face the harsh realities of life and employment. Hence, despite their economic needs, they protect their children with disability from anything remotely stressful such as traveling far, working in shifts or working with targets.

Peer to peer training has proved successful for persons with severe intellectual disability with an IQ of below 65 under supervision. This method of skilling has to be taken as a better alternative to the traditional models of skilling. Skilling and placement of persons with psychosocial disability involves having a support system of counsellor and psychiatrist being available.

Skilling has happened primarily in growing sectors such as retail, hospitality, IT, ITES, garments, textiles and banking. Self employment skill training has been successful in growing areas such as beauty and wellness, mobile repairing and other geographic specific growth areas.

Future Scenario

The National Skill Policy launched by the Prime Minister has a target for skilling 38 lakh persons with disability in the next seven years. The Department of Empowerment Of Persons with Disability (DePWD) created inside Ministry of Social Justice and Empowerment has helped create focus on the ecosystem for PwD by launching the National Action Plan for PwD and the Accessible India Campaign. The Skill Council for Persons With Disability (ScPWD) has been formed to take the skill policy forward. Hence, the situation in India is ripe for persons with disability to be part of the economic workforce. We need to capitalize on the successful models for persons with diverse disabilities with special focus on severe physical and mental disabilities and by giving equal importance to all forms of employment across geographies.

We also need to capitalize on existing quality infrastructure such as the more than 600 Rural Self Employment Institutes (RSETIs) which can be used for self employment training. Specialized curriculum for different self employment opportunities needs to be created. There is an urgent need to have qualified trainers with disability who will act as role models and train persons with disability.

In the last ten years, more than 273 job roles across 26 sectors have been opened up for persons with different disabilities by identifying solutions and the environment which will enable them to work effectively. More jobs need to be opened up by finding solutions for persons with different severe disabilities. There has to be a systematic effort to develop leaders to absorb more persons with disability.

Holistic support systems have to be scaled to provide services such as job analysis services, workplace solutions, inclusion services, awareness and sensitization, leadership development and more. This is critical for skilling initiatives to be successful. NGOs like the Enable Academy provide a platform for fostering collaborations among communities working to mainstream livelihoods for persons with disability. It is a platform where all stakeholders can use and share resources and launch campaigns which unleashes the power of collaborative efforts and provides the much needed holistic support required. Namma Vaani, an interactive voice response system which is available via a missed call provides virtual networking for many disabled across rural Karnataka. Persons with disability share their stories, issues and solve each other's problems to gain awareness, hope, face their daily challenges and become economically independent. These technology based platforms will be the game changers and will ensure a bright future for the skilling of persons with disability.

"Make In India" will be successful when there is "Change In India" which is inclusive to all sections of society. Persons with disability working successfully are harbingers of this change. ❑

(E-mail:shanti@enable-india.org)

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YE-7/2016

MONEY MATTERS

Financial Inclusion of The Differently–Abled

P C Das

...financial inclusion in fact is key for any planning towards building inclusive society where the disadvantaged segment of the society is assured of financial and social security

The Constitution of India acknowledges the significance of work and employment in Article 39 of the Directive Principles which mandated the State to ensure that the citizen, both men and women equally, have the right to an adequate means of livelihood. Also, Article 41 requires that the state shall, within the limits of its economic capacity and development, make effective provision for securing the right to work and Article 42 requires that the states shall make provisions for securing just and humane conditions of work. Primarily, here we would talk about Persons with Disabilities (PwDs)

PwD means a person suffering from not less than 40 per cent of any defined disability as certified by a Medical Authority. The Government of India has enacted 3 legislations for PwDs to provide equal opportunities including their socio-economic inclusion in the society namely (i) Rehabilitation Council of India Act'1992, (ii) PwDs Act'1995 and (iii) National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act,1995. Also, UN Convention on the Rights of Persons with Disabilities 2006 (UNCRPD) ratified by India in 2008 emphasizes on full and effective participation of PwDs in Society on an equal basis with others. Similarly, National Policy for PwDs', 2006 recognizes PwDs as a valuable human resource and seeks to create equal opportunities for a dignified life in society. It mandates an inclusive society for all.

As per 2011 Census, there are 26.8 million Persons with Disabilities in India. 14.99 million are males and 11.82 million are females with disabilities. It may be seen that 18.63 million PwDs reside in rural areas while 8.18 million reside in urban areas. As per the data available, about 13.4 million (8.8 million in rural India and 4.6 million in urban India) PwDs are in employable age group. Out of this 13.4 million PwDs in employable age group, 7.8 million are male and 5.6 million are females. Also, out of the total PwD population, 14.6 million are literate. It shows that PwDs is a large pool of human resource whose potential to contribute towards the economy of the country cannot be ignored.

Financial inclusion is the availability of financial services and various financial products at affordable cost to the disadvantaged segment of the society. This includes banking products and financial services like insurance, pensions and loans for various purposes. Financial inclusion, in fact, is the key for any planning towards

The author is Chairman-cum-Managing Director, National Handicapped Finance and Development Corporation.

building an inclusive society where the disadvantaged segment of the society is assured of financial and social security. The Government of India has recognized the importance of financial inclusion and is stressing on the need of financial inclusion for all. Policies like Jan Dhan Yojana, Health Insurance for poor, Mudra loans etc. are the National Priority Progammes.

Financial inclusion also helps in socio-welfare programes of the Government. Since, financial inclusion will result in payment processes getting simplified and convenient at reduced cost, the process gets transparent and avoids duplicacy of beneficiaries.

PwD: The Financially Excluded

The PwDs, in fact, may be more appropriate to be classified amongst most disadvantaged sections of the society, being poorest of the poor. It is a fact that disability is inter-related with poverty as it is more likely to find more occurrences of PwDs in poverty. Also, the poor section of the society is more likely to be disabled. The situation worsens in case of women with disability. The financial inclusion of PwDs is, therefore, more important as well as challenging than other disadvantaged sections because of associated difficulties like low mobility, physical barriers, low level of education about financial products and scattered population of PwDs being an hindrance in forming exclusive SHGs.

In view of the difficulties of PwDs to access financial assistance/credit for self employment and education, the Government of India set-up National Handicapped Finance and Development Corporation (NHFDC) on 24th January 1997 with an authorized share capital of Rs.400 crore. The company is registered under section 25 of the Companies Act, 1956 (Section 8 of Companies Act 2013) as a company not for profit.

NHFDC considers concessional loans to Indian Citizens with 40 per cent or more disability and age above 18 years. There is no upper age limit for PwDs to avail concessional loans from NHFDC. Mainly, the schemes and programmes of the corporation can be classified as (i) credit based activity where concessional loans are extended to PwDs and (ii) non-credit based activity where grants are provided to PwDs.

Credit Based :

a. ***Self Employment Loans :*** Here, concessional loan upto Rs.25 lakhs is provided to a PwD for starting a self employment venture at an interest rate of 5 - 8 per cent based on the loan amount. The loan can be repaid within a maximum repayment period of 10 years.

b. **Education Loan** : The highly concessional education loan is provided to motivate student PwDs for pursuing higher studies at an interest rate of 4 per cent p.a. only. An amount of upto Rs.10 lakhs for studies in India and upto Rs.20 lakhs for studies abroad can be availed by differently-abled students. The loan can be repaid within a maximum repayment period of 7 years. The repayment of loan starts one year after completion of the course or six months after securing a jobs, whichever is earlier.

The financial inclusion of PwDs is, therefore, more important as well as challenging than other disadvantaged sections because of associated difficulties like low mobility, physical barriers, low level of education about financial products and scattered population of PwDs being an hindrance in forming exclusive SHGs.

c. ***Micro Finance*** **:** The purpose of this loan is to provide financial assistance to weaker sections of the PwD population for starting or augmenting income generation activities. The scheme is mainly implemented through the NGOs. An NGO can avail a loan upto Rs.10 lakhs for further disbursement to PwDs and a PwD can avail a maximum of Rs.50,000/- as a micro finance loan. As such, one NGO can assist 20 PwDs. The rate of interest is upto 5 per cent p.a. only. The loan is to be repaid within a maximum repayment period of 3 years.

Non-Credit Based :

i. ***Skill Training of PwD :*** Under the scheme, NHFDC provides grants for the skill training of PwDs. Also, a stipend of Rs. 2000/- per month is provided to the PwD trainees during the training.

ii. **Scholarship Schemes:** The Ministry has entrusted NHFDC with the work of administering scholarship schemes to PwDs. At present, NHFDC is administering Trust Fund Scholarship Scheme for 2500 differently abled students for pursuing technical and professional courses.

NHFDC functions through 36 State Government nominated state channelizing agencies (SCAs). NHFDC has also tied up with 5 Public Sector Banks (PSBs) and 18 Regional Rural Banks (RRBs) to facilitate concessional loans to PwDs. Performance of the corporation may be judged from the fact that it is achieving excellent rating since the last four financial years and is expected to achieve the same for 2015-16 also.

i. Loan Disbursement : NHFDC has so far released Rs.694.29 crores since inception to till date for the benefit of 1.26 lakh PwDs under its loan schemes.

ii. **Skill Training** : The Corporation has already sanctioned a grant assistance to the tune of Rs. 46.21 cr. for skill development

training of 36616 Persons with Disabilities till date. For the financial year 2015-16, NHFDC had set a target of facilitating skill training of 17000 – 20000 PwDs.

iii. **Scholarship :** Under Scholarship Scheme of Trust Fund, NHFDC has released Rs.47.94 crore (starting from 2011-12 to till date) for pursuing technical and professional courses, covering 7117 Fresh and 1097 Renewal cases.

Under Scholarship Scheme of National Fund, NHFDC has released Rs.3.51 crore (starting from 2009-10 to till date) for pursuing technical and professional courses , covering 2827 Fresh and 101 Renewal cases.

To speed up the implementation of NHFDC concessional credit, NHFDC in consultation with the corporation has planned the following major steps for future expansion of the corporation and to enhance the Financial Inclusion of more number of PwDs :

i. **Backend Subsidy Scheme :** The Corporation, in consultation with Department of Empowerment of PwDs has planned to introduce a backend subsidy under the loan of NHFDC. The PwDs will be able to get benefit of upto 35 per cent of loan availed as backend subsidy if approved by Govt. of India.

ii. **Tie – up with Banking channel:** NHFDC has started to enhance its reach by signing agreements with various banks so that concessional loan can be taken by the PwDs through the branches of the partner banks. NHFDC has already signed agreements with 5 Public Sector Banks (Punjab National Bank, Andhra Bank, IDBI Bank, Bank of Baroda, State Bank of Hyderabad). Besides PSBs, NHFDC has also signed agreement with 18 Regional Rural Banks in few states (UP, MP, Uttrakhand, Gujarat, Haryana, Maharashtra and Assam).

iii. **Tie-up with NBFC-MFI's:** NBFC-MFI are better suited to connect to PwDs having presence in even remote rural areas and unserved urban pockets. NHFDC has taken-up with RBI for relaxation of certain norms for smooth tie-up with various NBFC-MFI's for flow of concessional credit to PwDs through these entities.

iv. **Job Portal for PwDs:** NHFDC, in consultation with the Department of Empowerment of PwDs, GoI has developed a unique Job Portal for PwDs which provides opportunities of Job, Self employment loan, Education Loan, free of cost skill training etc from a single platform. The job portal was formally launched on 27.1.2016. This will be a major step in faster inclusion of PwDs in the financial set-up by providing easy access to various financial products to PwDs.

The Government of India has made some important decisions which will be very beneficial in the long run for Financial Inclusion and overall welfare of the PwD's through Department of Empowerment of PwD's.

- Inclusion of PwD's in Priority Sector Lending by Banks under 10 per cent weaker section Target.
- Introduction of Swavlamban Health Scheme for PwD's at little over Rs 350 per year.
- Pre metric & Post-metric Scholarship for PwD's.
- Scholarship for top class higher education to students with disabilities.
- Launch of Accessible India Campaign.
- Launch of National Action Plan for Skill Training of PwD's. ❑

(E-mail:das.pcd.pareshchandra@gmail.com)

J&K WINDOW

SPECIAL INDUSTRY INITIATIVE FOR J&K UDAAN EXTENDED

The Scheme "Special Industry Initiative for J&K" (SII J&K) Udaan whose initial time period was upto 2015-16, will now be extended till 2019-20. Udaan is a national integration scheme with the goal to mainstream J&K youth with rest of the country. The scheme not only provides skill enhancement and job opportunity but also leads to counter – radicalization and weaning away youth of J&K from militancy.

Udaan provides exposure to the youth of J&K to the best of corporate India and corporate India to the rich talent pool available in the State. So far, 67 leading corporates have partnered with National Skill Development Corporation (NSDC) under UDAAN with a commitment to train youth from the State covering Organized Retail, Banking, Financial Services, IT, ITES, Infrastructure, Hospitality etc. More than 19,000 candidates have been selected, more than 15,000 have joined training, out of them, 8700 candidates have completed training and 6,838 have been offered jobs. The target of the Scheme, to train and enhance employability of 40,000 graduates, post graduates and three year engineering diploma holders is expected to be achieved by 2019-20. To accelerate the pace of implementation, mega selection drives have been introduced which has significantly improved the number of selections. So far ,67 mega selection drives have been held covering all districts of the state. ❑

Development Roadmap

Global Skill Development Standards

With the aim to align Indian skill standards globally, "Transnational Skill Standards", was launched recently. These standards in skill development, benchmarked to the United Kingdom across 82 identified job roles in 15 Indian Sector Skill Councils, are expected to support two major initatives of the government, i.e. make in India and Skill India. UK standards were chosen to benchmark Indian Skills standards since all the Gulf Cooperation Council (GCC) countries recognize UK skill certification, thus enabling international mobility of Indian workforce as also equipping them to work in international companies with operations in India.

Wherever gaps are found in the Indian Standards vis-a vis UK standards, those intending to migrate, will undergo 'bridge training'. The Further Education Colleges (FE) of the United Kingdom will partner with Indian Training Providers to impart training on bridge courses. FE Colleges will also set up Skill Academies of Excellences in the identified sectors in India. Further, the UK Awarding organization, such as City & Guilds and Pearsons, in association with Indian SSCs will certify the trainees on the gap. The key highlight of this partnership is recognition of the Indian SSC Assessment and Certification by the UK Awarding bodies. Those interested to migrate will simply have to take "bridge training" on the gap identified in the benchmarking process and get assessed on the components of the "bridge training". Thus, just by doing "bridge training" and getting assessed and certified on it, will lead to award of UK IVQ which has a global acceptance including in Gulf Cooperation Council (GCC) countries. The Indian Sector Skill Councils which participated in the project are: Automotive, Agriculture, Life Science, Healthcare, Capital Goods, Apparel, Textiles, Beauty and Wellness, Telecom, Hospitality, IT & ITeS, Construction, Retail, Electronic and Security.

UIDAI Generates a Billion (100 crore) Aadhaars

The Unique Identification Authority of India (UIDAI) generated the 100thcrore Aadhaar on April 4, 2016, touching the landmark in a span of five-and-a-half years since the first Aadhaar was issued in 2010. This comes just a few days after a historic legislation Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits, and Services) Act 2016 had been notified by the Government. Aadhaar coverage now is at 93 percent among people above the age of 18 (as per projected population figures of 2015). As on date, in thirteen states and Union Territories (UTs) Aadhaar saturation has crossed 90 percent, while in thirteen other states and UTs it is between 75-90 percent.

Some Aadhar Highlights:

• More than 100 crore people have Aadhaar • 73.96 crores (93 per cent) of adults in India have Aadhaar • 22.25 crore (67 per cent) children of age 5-18 years have Aadhaar • 2.30 crore (20 per cent) children of age 0- 5 years have Aadhaar • Every day more than 5-7 lakhs people get enrolled for Aadhaar. • Aadhaar is now the largest online digital identity platform in the world.

Aadhaar Benefits

• DBTL (Pahal) – estimated savings of Rs 14,672 cr. • PDS – estimated savings of Rs 2,346 cr. across 4 states of Andhra Pradesh, Telangana, Puducherry and Delhi • Scholarship – estimated savings of Rs 276 cr. across 3 states of Andhra Pradesh, Telangana and Punjab • Pensions (NSAP) – estimated savings of Rs 66 cr. across 3 states of Jharkhand, Chandigarh and Puducherry

Aadhaar Usage

• 25.48 cr. Bank accounts linked with unique Aadhaars • Over 12.28 cr (71 per cent) LPG connections linked with Aadhaar • Over 11.39 crore (45 per cent) ration cards linked with Aadhaar • Over 5.90 cr. (60 per cent) NREGA Cards linked with Aadhaar

Aadhaar Authentication • Over 150.6 cr. authentication transactions done by UIDAI • Over 8.4 cr. e-KYC transactions done at UIDAI • UIDAI authenticates over 40 lakh auth. transactions per day. Aadhaar Payment Bridge (APB) enables disbursal of benefits /other payments directly to the beneficiary through his Aadhaar number without requiring his bank details. APB has shown considerable growth in the past two years. More than 23 crore people have linked their bank accounts to their Aadhaars on the Aadhaar Payment Bridge. **Total number of transactions on the APB was logged at 94.71 crore worth Rs. 28,363 crore, a handsome rise compared to the data on May 31, 2014: 7.13 crore APB transactions worth Rs. 4,474 crore.**

Another important achievement in the past two years is the growth seen in the Aadhaar Enabled Payment System (AEPS). AEPS is a mechanism through which a beneficiary in a remote village, without having access to a bank branch is able to withdraw or deposit money at his doorstep by giving his Aadhaar and fingerprint on a micro-ATM. **Total number of AEPS transactions has gone up to 10.76 crore as on March 31, 2016, as against 46 lakh logged on May 31, 2014.**

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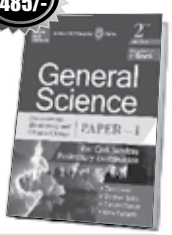

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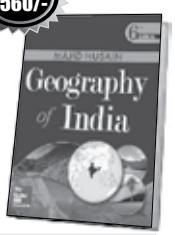

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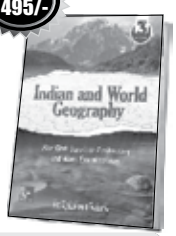

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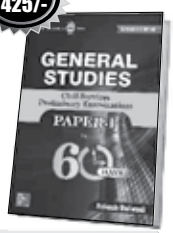

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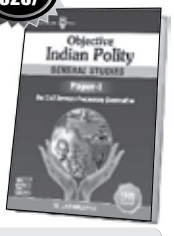

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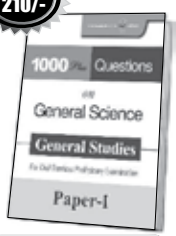

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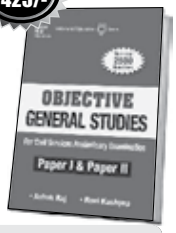

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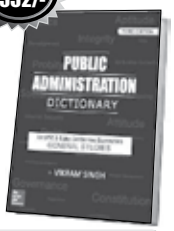

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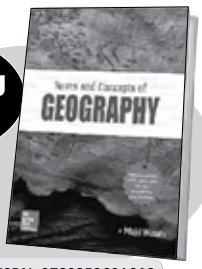

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YE-11/2016

Accesibility Beyond Disability and Welfare

Shivani Gupta

Universal design involves a fundamental shift in design thinking from "special" design for people with disabilities, to "general" design for everyone, and it is based on the premise that buildings, policies, technology and products must be designed a in such a way that it is usable by all intended users and offer highest level of independence, safety and usability to all, without the need for additional adaptation or specialized design

Accessibility is a precondition for inclusion of persons with disabilities. It enables persons with disabilities to live independently and to participate comfortably and safely in their community. Disability and accessibility can be said to be inversely proportional, where with an increase in accessibility, the level of disability decreases. Accessibility may be considered as an inherent right that benefits everybody and not only a concern to persons with a condition like disability, or to a demographic group like the elderly.

Accessibility finds its roots in the independent living movement with persons with disabilities and started with them, advocating for a 'barrier free environment' and over time, it evolved into a universal design. Universal Design is an orientation to design based on the premise that design processes must be inclusive, produce equitable benefits, and be appropriate to human differences based on gender, demographic group and social, economic and cultural settings. Universal design involves a fundamental shift in design thinking from "special" design for people with disabilities, to "general" design for everyone, and it is based on the premise that buildings, policies, technology and products must be designed in such a way that it is usable by all intended users and offer highest level of independence, safety and usability to all, without the need for additional adaptation or specialized design. As a design approach, universal design makes a great impact on affordability through economy of scale by spreading the cost of providing accessibility to differently-abled persons as a shared cost for everybody.

At the global level, the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1983)[1] provides a normative and substantive guidance on environmental accessibility in Rule 5 (Accessibility). The more recent Convention on the Rights of Persons with Disabilities (CRPD)[2] addresses accessibility as a General Principle and as a specific Article. As a General Principle, it requires that all articles of the convention, when implemented, must take cognizance of accessibility. As a specific article - Article 9 on 'Accessibility', it must be read along with Article 21 'Freedom of expression and opinion, and access to information', Article 20 'Personal mobility' to get a complete understanding of accessibility requirements. Article 4

The author is the founder of Access Ability, and one of India's best-known access consultants. She has spent most of her professional life in working towards improving accessibility of public spaces in India. She has undertaken research on issues related to accessibility and contributed to policies for disabled persons in the country. Apart from her work at the country level, She has worked on international projects with the UN OHCHR, the International Disability Alliance, and CBM.

'General Obligations' of the convention provides direction to the States on providing accessibility to all its citizens with disabilities and puts forth the idea of 'progressive realization' of accessibility.

At the regional level, the Asian and Pacific Decade for Persons with Disabilities (2013-2022) in Goal 3 focuses on accessibility of physical environment, public transport, knowledge, information and communication. India having adopted the declaration has launched the Accessible India Campaign (AIC) to achieve this goal.

The Accessible India Campaign

The 'Accessible India Campaign (AIC)' is a nation-wide flagship campaign for achieving universal accessibility that will enable persons with disabilities to gain access to equal opportunities, to live independently and to participate fully in all aspects of life within an inclusive society. The campaign has been launched by the Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice & Empowerment. The campaign is geared towards enhancing the accessibility of built environment, transport system and Information and communication eco-system. AIC has a multi-pronged strategy with key components as (a) leadership endorsements of the campaign, (b) mass awareness, (c) capacity building through workshops, (d) interventions (legal frame-work, technology solutions, resource generation, etc. and (e) leverage corporate sector efforts in a Public-Private Partnership. DEPwD will sign a MoU with different States to support implementation of the campaign. The strategy paper for the campaign[3] is based on the targets and indicators of goal 3 of the Incheon Strategy (2013 – 2022).

It is the first time in Indian history that accessibility has been given the much deserved focus and therefore the entire country has welcomed the campaign wholeheartedly. I would say the AIC can be seen as a beginning for a more accessible future. The good points of the strategy and the campaign are that it would create massive awareness about accessibility in the country. Also, it is heartening to see that the campaign is not focused merely on physical accessibility but has a holistic approach and includes the accessibility of the information and communication eco-system.

The challenges and shortcomings that one can foresee:

- Minimum requirements and accessible design standards on which accessibility must be based are presently unclear, whether they are standards for accessibility in the built environment, transport infrastructure or information and communication eco-system. India as a country does not adhere to any exhaustive accessibility standards that are especially relating to transport infrastructure. There is a target to develop standards for captioning and sign language but there is a vacuum in terms of transport infrastructure. There are a variety of guidelines for the built environment with critical differences and none of these are mandated, confusing the builders and facility managers.
- The campaign has a very strong emphasis on access auditing. However, there is an absence of trained access auditors in the country and there is no training available in the country to become an access auditor.
- The entire focus of the campaign is on urban areas. There is no target to improve accessibility in rural areas.
- The campaign focuses on government owned infrastructure whether they are buildings, websites or public transport infrastructure. Public services and facilities provided by the private sector are not under the gamut of the campaign. While the government is not obliged to spend public money in making services and facilities provided by private players. However, privately provided public services must be monitored by the government for ensuring accessibility.
- Inter-city and intra-city bus transport is one of the cheapest and most convenient modes of transport used by citizens. There is no focus on making road transport more accessible. (Perhaps because a large chunk of it is privatized.)
- The strategy is to achieve a level of accessibility through retrofitting of the public sector infrastructure but does not address the need to ensure that everything that is new whether it is buildings, transport infrastructure, information and communication infrastructure is accessible from the beginning.

AIC can be seen as a beginning for a more accessible future. The good points of the strategy and the campaign are that it would create a good amount of awareness about accessibility in the country. Also it is heartening to see that the campaign is not focused merely on physical accessibility but has a holistic approach and includes the accessibility of the information and communication eco-system.

Beyond Accessible India Campaign

Accessibility presently is largely under the preview of MSJE to implement and monitor as it is looked upon as an issue specific to disability. Accessibility however, is an extremely cross-cutting issue both in terms of the range of people who benefit from it and in terms of the number of ministries that must address accessibility in their work. To enable adequate implementation and monitoring of accessibility requires:

Legislative Reforms

A range of legislation and policy frameworks apart from the Disability Rights Act must include accessibility for persons with disabilities as an integral requirement. These acts included - building regulation; urban and rural development laws, public transport including regulation relating to road transport, railways, civil aviation and maritime, internet regulation, broadcasting and telecommunication regulation, emergency and disaster management laws, housing laws, procurement laws, laws pertaining to various public services and facilities such as education, health, tourism, police, courts, sports and culture, etc.

Some countries have enacted or contemplating to enact 'Accessibility Laws' to harmonise the outcome of their efforts with the CRPD. These include Canada[4] and the European Union.[5] Philippines has had an Act relating to improving accessibility since 1983[6] with an aim to enhance the mobility of disabled persons by requiring certain buildings, institutions, establishments and public utilities to install facilities and other devices.

Creating a Favourable Eco-system

- Institute of Indian Sign Language and National Institute of Inclusive and Universal Design are two proposed training and education institutes that must become functional at the earliest.
- Develop and promulgate minimum requirements and design standards for different aspects of accessibility including building standards, transport vessel design and transport terminus design standards, service standards for all public services and facilities, broadcasting standards, etc.
- All professional courses such as architecture, engineering, designing, procurement management, etc. must include universal design and accessibility as a mandatory subject even if it is a minor subject. Additionally, courses specifically in universal design must be available.
- All flagship and other development programs must ensure inclusion of and accessibility for persons with disabilities in its guidelines, earmark budgets and processes for implementing and address accessibility in the monitoring processes.
- Certificate to occupy a new building should require check of accessibility as seriously as fire evacuation requirements. Presently, there are no accessibility requirements for accessible fire evacuation being monitored either.

Public Procurement

The State is the biggest buyer in any country. According to OECD Report

Considering the variety of items purchased through the public procurement system and the amount of public money spent on it, it is important that the State ensures that all that is procured is accessible to persons with disabilities. Procurement policies, if include accessibility as a prerequisite, would have a positive impact not only on the outcome of procurement but would also create a positive market influence on the private sector and on companies manufacturing products.

India, estimates of public procurement vary between 20 per cent to 30 per cent of GDP[7]. Public procurement has been effectively used to improve accessibility in some countries including USA[8] and the EU[9].

Presently, the public procurement legislation and practices in India do not address accessibility. Considering the variety of items purchased through the public procurement system and the amount of public money spent on it, it is important that the State ensures that all that is procured is accessible to persons with disabilities. Procurement policies, if include accessibility as a prerequisite would have a positive impact not only on the outcome of procurement, but would also create a positive market influence on the private sector and on companies manufacturing products.

Accessibility of Private Sector Services and Facilities

With the increase in the privatization of services and facilities by the government, it is important that rules for accessibility apply equally on them. Presently in India, there is no legislative framework mandating the private sector to ensure accessibility. However, private service and facility providers must have equal onus to provide accessibility to persons with disabilities. All public services including those provided through the Internet, must be accessible to all people with disabilities. Some recommendations on how the government can enable this are:

- Public procurement mechanism should be a way to ensure accessibility compliance by the private sector. For instance, if the government was to decide that all elevators that are procured around the country from public money must comply to accessibility standards. Considering the high volume of purchase this would mean, it would encourage the private sector elevator manufacturers to produce elevators that are accessible.
- All public services and facilities provided by the private sector have first to receive a license from the government. To mandate accessibility at the licensing stage itself can help in its implementation. For instance, if a license is given to private transporters to run scheduled bus services, puts a clause for providing accessibility of the bus and sensitization of bus staff towards passengers with

disabilities as a pre-requirement then automatically buses run by private owners will require to be accessible. This would also impact companies manufacturing buses who will be motivated to design such accessible buses.

- Certification may be used to ensure accessibility. Certification is provided by the government like certification for hotel star rating given by the Ministry of Tourism or the private sector such as the TERI green rating system. Including accessibility in such rating and certification systems can bring a positive change. However, the importance or points given to accessibility should be considerable by allocating a high rating on providing accessibility. Otherwise it is easy for private players to ignore it.
- Quality assurance checks and systems to include accessibility and inclusion as a requirement.

Endnotes

1. General Assembly resolution 48/96, annex, Chapter II
2. General Assembly resolution 61/106, annex
3. Accessible India Campaign – Strategy Paper seen on [http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/Strategy%20Papar%20(AIC).docx] on 11 November, 2015
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(E-mail: shewany@gmail.com)

Nagpur Metro gets 500 million Euro loan

Nagpur Metro has become the first metro to be financed under the Indo German partnership for clean, socially inclusive and climate friendly mobility for people in cities. German Government's Development Bank KfW will provide a loan assistance of EUR 500 million (about Rs.3,750 cr) for the modern and sustainable metro system for Nagpur city , which is being executed by Nagpur Metro Rail Corporation Limited (NMRCL). The loan period is 20 years with a moratorium of five years and disbursal will be based on the progress of the project over three years. Nagpur Metro Project envisages two corridors i.e 19.70 km North-South section from Automotive Square to Khapri and 18.60 km long line between Prajapati Nagar and Lokmanya Nagar. Physical works commenced in May, 2015 and the whole Metro would be operational by March, 2019.

ACCESSIBLE INDIA CAMPAIGN | SUGAMYA BHARAT ABHIYAN

Accessible India Campaign
Accessible India - Empowered India
Department of Empowerment of Persons with Disabilities
Ministry of Social Justice & Empowerment

Accessibility **-** Why do we need it?

Accessibility **–** Legal Mandate

UN CRPD (India – 2007)	*PwD Act 1995*	*Incheon Strategy*
Article 9 *: Ensuring accessibility to a) information b) transport c) physical environment d) information and communication technology e) accessibility to services as well as emergency services , including facilities and services open to the public in urban and rural areas, as well as indoor and outdoor facilities*	***Section 44:*** *Non-discrimination in transport* ***Section 45****: Non-discrimination on the road* ***Section 46:*** *Non-discrimination in the built environment*	***Goal 3:*** *Enhance access to the physical environment, public transportation, knowledge, information and communications technology*

The Government envisions to have an inclusive society in which equal opportunities and access is provided for the growth and development of persons with disabilities to lead productive, safe and dignified lives. In furtherance of this vision, the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment has launched the Accessible India Campaign (Sugamya Bharat Abhiyan), as a nationwide flagship campaign for achieving universal accessibility for Persons with Disabilities and to create an enabling and barrier free environment, with a focus on three verticals: ***Built Environment; Public Transportation and Information & Communication Technologies.***

In view of the above, the following objectives and targets have been envisioned under the campaign:

Accessibility and its contours

Accessibility is the key to inclusion and equal access for people with disabilities. An accessible barrier-free environment is the first step towards fulfilling the right of people with disabilities to participate in all areas of community life

Built Environment

Increase the accessibility of the physical environment that is open to the public.

- Ramps in public buildings
- Accessible parking
- Accessible toilets
- Braille symbols and auditory signals in elevators
- Safe method for emergency evacuation

Public Transportation

Enhance the accessibility and usability of public transportation

- Accessible railway stations, airports and bus stops,trains and buses
- Adaptation of rail compartments and air carriers along with accessible toilets
- Auditory signals on traffic lights

Information & Communication Technology

Enhance the accessibility and usability of information and communication services

Accessible public websites

Public documents and information in accessible formats

Provision of captioning and audio description in public television programming

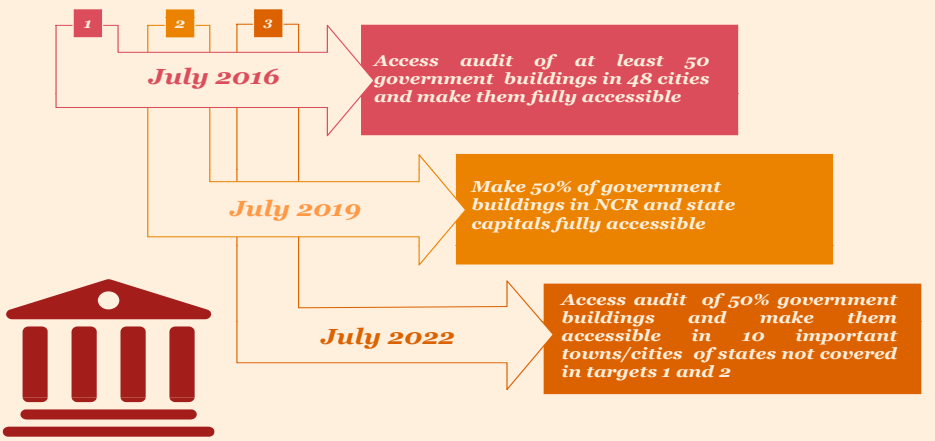
Built Environment: Pillar-1

Conducting accessibility audit and converting them into fully accessible buildings by July 2016 in the following cities:

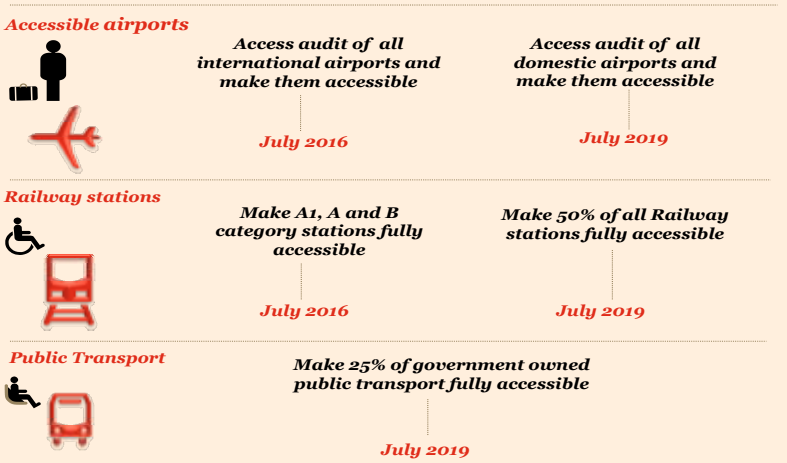
- Bengaluru
- Chennai
- Delhi
- Hyderabad
- Kolkata
- Mumbai
- Ahmedabad
- Pune
- Bhopal
- Kanpur
- Coimbatore
- Indore
- Jaipur
- Vadodara
- Surat
- Nagpur
- Lucknow
- Patna

Pillar 1: Built Environment Accessibility

Targets and timelines



Pillar 2: Transport System Accessibility



- Vishakhapatnam
- Raipur
- Gurgaon
- Srinagar
- Thiruvananthapuram
- Bhubaneswar
- Chandigarh
- Guwahati
- Port Blair
- Itanagar
- Daman
- Panaji
- Shimla
- Ranchi
- Jhansi
- Agra
- Nashik
- Gandhinagar
- Kavaratti
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- Faridabad
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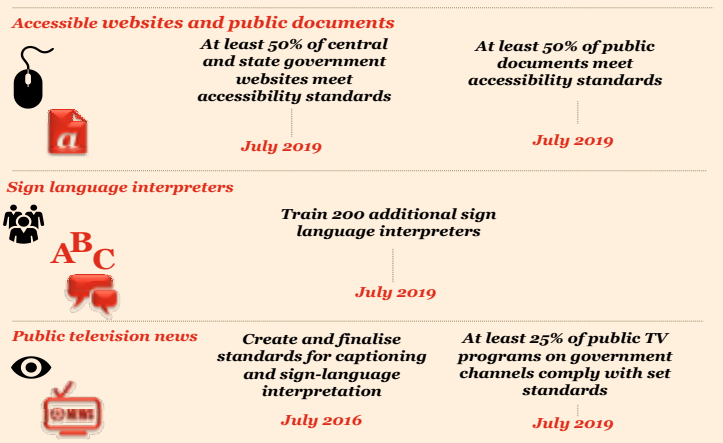
Pillar 3: Knowledge and ICT Ecosystem Accessibility

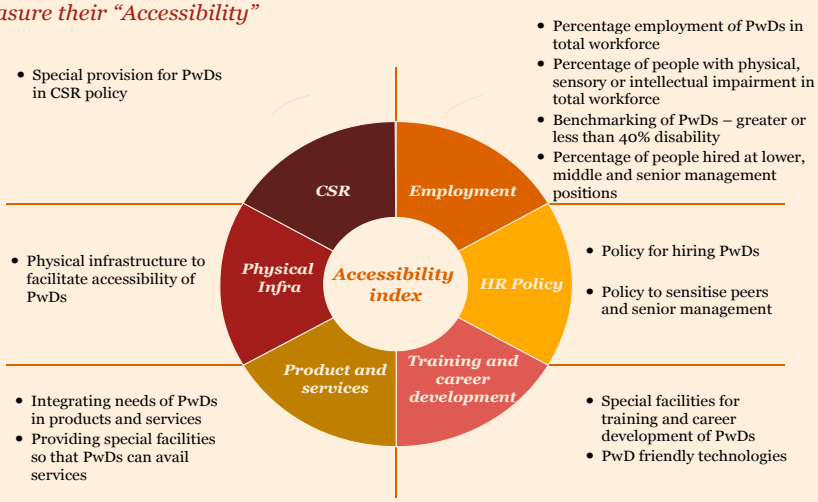


Apart from the targets specific to the three verticals, the Campaign is also in the process of developing a **web portal** along with a **mobile application** for creating a crowd sourcing platform to comprehensively obtain information about inaccessible places, processing information for approving proposals and channelizing CSR resources for creating of accessible spaces. An **Accessibility Index** is also underway to which is envisioned

Accessibility index

Access-o-meter

Accessibility index proposed for organizations, both public and private, to measure their "Accessibility"



to serve as a tool to assess the extent to which the processes and systems of an organization are aligned to ensure independent, dignified and positive dealing with employees and clients with disabilities.

□ What is Accessibility and Inclusiveness Index?

The Accessibility and Inclusiveness Index toolkit has been created under the Accessible India Campaign to assess and benchmark the systems and processes of various organizations for their accessibility and inclusivity.

□ Why do we need Accessibility Index? The Index aims at assessing the current stage of inclusiveness and accessibility of persons with disabilities by an organisation. It can also act as a guide for taking progressive steps to increase support, inclusiveness and accessibility towards persons / employees with disabilities.

□ How will the Accessibility Index benefit the persons with disabilities?

It is a benchmark against best practices for organizations, which will pave their way for taking progressive steps to increase support, inclusiveness and accessibility for persons with disabilities.

□ How will the Accessibility Index benefit organizations?

It will help organizations to fully utilize diverse talent pool, reduce employee turnover, increasing employee loyalty, morale and productivity in the organisation, resulting in creating a positive brand image and expanding customer base through new products and services

Synergy with other National Campaigns

Digital India

Digital Infrastructure as Core Utility to ***Every Citizen*** → Governance & Services on Demand → Digital Empowerment of **Citizens**

AIC goes hand in hand with Digital India Campaign, pillared on Information and Communication Technology Accessibility for the disabled

Smart Cities

1. *Integration of AIC with smart cities to make them more inclusive*
2. *City plan must also address needs of PwDs*
3. *Transport ecosystem must be designed with focus on PwDs*
4. *ICT ecosystem must focus on universal design and assistive technology*

Swachch Bharat Abhiyan ⟷ Accessible India Campaign

Embedding accessibility standards in the construction of sanitary complexes

Manual for Accessible Sanitation facilities is being prepared

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West
Subhash Guha
Mobile- +91-7757066775

East
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YE-12/2016

Accessibility: Towards Inclusion of PwDs

Gaurav Raheja

Let's begin to look at environments, information systems and infrastructures as disabling and enabling agents than people with diverse impairments. It is only then we will focus on them and not on PwDs alone to create accessibility. It shall then prove to be an investment with huge returns through inclusion than an expenditure with no value. Let an accessibly inclusive India be a shared reality of our shared futures

The development of a nation is reflected by the way it takes care and supports its vulnerable population groups including persons with disabilities (PwDs). India with a home to over one third of world's population with disabilities and one half of world's blind population (Balaram, 2011), needs a series of affirmative action plans to emerge from a charity to a social model approach of disability. For an India that aspires and strives for a developed future, concerns of human equity supported through accessibility in infrastructure and information shall play an important role.

The discourse on accessibility in India usually gets initiated and then gets defined only with the needs of PwDs rather than enlarging its scope to cultural, economic and social forms of human diversity. Cultures of sympathy have been yet another strong impeding factor in the journey of accessibility towards inclusion of PwDs in all walks of life. It needs constant innovation through education, media and other possible ways of human connect to spread awareness and bring the question of understanding disability to the forefront. Disability is not about highlighting a difference, but about accepting a shade of diversity in human life to which, our living environments must adapt and make adequate provisions without a sense of discrimination. In the words of Gurudev Rabindranath Tagore,*'The problem is not how to wipe out all differences, but how to unite with all differences intact.'*

Accessibility is a potentially relevant and powerful tool that can translate the above spirit into a ground reality. It has the capacity to enable and to bring human diversity together not by challenging one's ability, but by supporting everyone with diverse abilities. It needs to undertake research based implementation and constant evaluations to be able to appreciate the impact that accessibility can bring into our living (urban and rural) environments. Proudly so, Delhi Metro has been one such positive example of accessibility in mobility systems in the contemporary India, wherein accessibility is seamlessly integrated not only as part of the built infrastructure, but also in information and services that are required to operate them. In a larger context, it has brought economic, cultural and social diversity also in its ambit to celebrate bodily difference as human diversity. It however, still requires a constant relearning to understand accessibility and interpret it in appropriate ways.

The author is an Associate Professor in the Dept. of Architecture & Planning and Centre for Excellence in Transportation Systems (CTRANS) at IIT Roorkee. With over 15 years of experience in accessibility research, he is an empanelled consultant to the Govt. of India's accessibility and universal design initiatives. He is a DAAD (German Academic Exchange Services) Fellow on the Smart Cities programme.

Understanding Accessibility and its Significance

Accessibility as a term does not need exclusive approaches to decode and interpret but requires a sensitization of our minds, living cultures, social approaches and human response. Accessibility is not merely physical, but also cognitive, social and institutional. In simple terms, it is an experience of life wherein one is able to move, communicate, work, participate and perform daily activities without or with minimal human dependence and loss of human dignity. A further holistic way to interpret this would be by asking a question, '*Are we able to move, communicate and perform independently in our existing environments with dignity and equity?*' If yes, then possibly we have had a truly accessible experience of life and if not, we need to analyse the key factors and their interrelationships that led to inaccessibility. We may then realise that accessibility is an outcome of complex interactions and interfaces between human functioning and space. If the space supports human functions for all, it can be termed as completely accessible and if it supports human functions with reservations, it would be partially accessible. Likewise, it could be inaccessible, if it does not support major human functions.

It is vital to experience our living environments as a continued reflection of our social, political, economic and cultural status. Barriers to access result not only from absence of physical infrastructures, but also come from the absence of a culture wherein accessibility is misinterpreted. Understanding accessibility as a phenomenon only for the PwDs is a long experienced myth still continuing. Whereas, accessibility as a benefitting experience and an investment for all needs to evolve at a much faster pace than it has over the past decades. Persons with Disabilities Act, 1995 besides providing a strong platform for implementation, also weakens the accessibility translation on ground by stating '*The appropriate Governments and the local authorities shall, **within the limits of their economic capacity and development**, provide for ramps, etc.…*'

The significance of accessibility gets over emphasized through regulations as extensions of PwD Act that provides 3 per cent reservation for persons with disabilities in education and employment. How does one receive education, when educational infrastructure and processes are not completely accessible? How does one work with equity and inclusion when the work places still suffer from inaccessible infrastructures and operations?

Twenty years after passing of the PwD Act, 1995, we need to evaluate if we have made significant progress towards an inclusive future. Development of an Accessibility index would possibly help us map and measure the status now. It is popularly said, 'What gets measured, gets done?' It's time to measure accessibility and evaluate our infrastructures (public buildings, streets, institutions, transport terminals and all other forms of built environments that exist), so that a measurable criteria with clear evaluation guide a periodic assessment of our built environments.

Twenty years after passing of the PwD Act, 1995, we need to evaluate if we have made significant progress towards an inclusive future. Development of an Accessibility index would possibly help us map and measure the status now. It is popularly said, '*What gets measured, gets done?*' It's time to measure accessibility and evaluate our infrastructures (public buildings, streets, institutions, transport terminals and all other forms of built environments that exist), so that a measurable criteria with clear evaluation guide a periodic assessment of our built environments. However, it requires progressive research to support its development and outcomes.

The WINIT model, as shown in Figure 1 becomes an interesting way to guide and understand, whether what range of populations are included in the intended design product, infrastructure or system. It brings out an interesting perspective to analyze whether the product, infrastructure, space or a system caters to what range of populations. Who gets included and who gets excluded can actually be mapped as a convergence of top down and bottom up approaches of planning. Accessibility, which remains a generic understanding today, needs clarity for evaluation and progress. WINIT model shows an interesting way forward to evolve accessibility mapping. One could extend this analogy to the smart cities being envisioned in India. Universal accessibility adds a huge layer of smartness to our

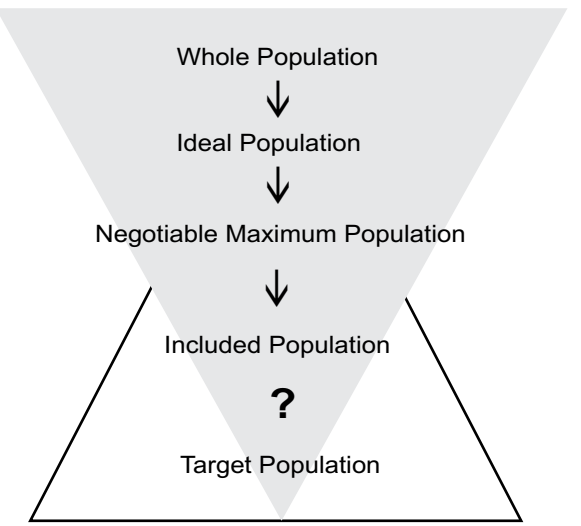

Figure 1. WINIT Model (Source:Keates S. & Clarkson J., 2004)

existing urban environments and makes our living environments socially sustainable. One may question, *who is the target population to be catered through smart cities development? Who finally benefits and how? And how do PwDs get included in that with what provisions?* An accessibility master plan for demographic inclusion in new urban development processes remains a much needed goal.

Learning from the demographic projections for 2050, one realizes a growing trend in proportions of aging populations, temporary disabilities, increased life expectancy with heart, respiratory and other medical disorders, etc. The key question that emanates from here is, '*Are we including them all, when planning, designing, building and operating infrastructures?*' If not, we must analyse the costs of exclusion and inaccessibility. As a gross understanding, a nation and society bears its own costs of exclusion through increased dependence, stigma and economic inequity. Accessibility facilitates reduction in such costs and improves independence.

The Way Forward

As a way forward, Accessibility needs a focused attention from several stakeholders including an awakened perspective from citizens themselves. Participatory planning, individual initiatives along with government support need to get together to share an accessible future in community spaces, neighborhoods, public buildings, transportation and education. It is of extreme concern that accessibility is not limited by minimum compliance of standards but boundary pushed to create best practices. Further, capacity development of development authorities, municipal bodies and access auditors needs a long term strategy to be able to ensure that accessibility remains an integral part of design, planning and evaluation process. **Accessible India Campaign** as launched by the Hon'ble Prime Minister in December, 2015 kindles a new hope not only for PwDs, but also for a targeted vision of accessible India which includes all.

A developed future awaits for India to respond. And a responsive way forward is to create opportunities for equity through access to all human forms of existences including PwDs without discrimination. Creation of accessible environments through a universal design philosophy must thus gain a high priority amidst other national challenges in order to support newer challenges of India's demographic futures. Development of an Accessibility index and its advanced application shall soon become a measurable phenomenon in Indian urban contexts. This should further include peri urban and rural contexts to translate accessibility as concepts where majority of India exists. Let's begin to look at environments, information systems and infrastructures as disabling and enabling agents than people with diverse impairments. It is only then we will focus on them and not on PwDs alone to create accessibility. It shall then prove to be an investment with huge returns through inclusion than an expenditure with no value. Let an accessibly inclusive India be a shared reality of our shared futures!

Readings

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(E-mail:gr.iitroorkee@gmail.com)

NITI Aayog Launches the 'Grand Innovation Challenge'

NITI Aayog recently launched the first phase of the 'Grand Innovation Challenge' to seek citizens inputs on the key developmental challenges facing India. The 'Grand Innovation Challenge' is being launched on the MyGov portal, to involve citizens at the very first stage in innovating for India's development. The focus is on the social sector, the most vulnerable sections and to involve citizens in crowd sourcing ideas to address challenges facing India's development.

In Phase I of the Grand Innovation Challenge, NITI Aayog will seek the views of the citizens on what are the critical issues which need to be addressed to develop the social sector and the challenges which need to be tackled on a priority basis. In Phase II, a shortlist of the urgent challenges as suggested by citizens would be prepared and innovative solutions would be sought from the people to address them using appropriate technology. These solutions should be specifically designed for India, be made in India, and adopted by Government of India to radically develop India. Citizens are expected to pick one of 14 given, crucial, sectors that need to be addressed on priority to ensure that most vulnerable, and maximum number of citizens, are best impacted.

At the end of the phase, NITI Aayog will identify and acknowledge 10 most pressing challenges from among those suggested by the citizens of India. The best 10 entries will receive certificates of acknowledgement from NITI Aayog. Shortlisted candidates will be invited to NITI Aayog as special guests for a discussion on the Atal Innovation Mission, along with key policy makers of the Government of India. The best solutions will be nurtured and brought to form by a network of world-class innovation hubs. NITI Aayog will provide academic, technological and economic support to upscale top class solutions by best innovators.

NORTH EAST DIARY

INTERNATIONAL INTERNET GATEWAY IN NORTH EAST

The Government has set up International Internet Gateway (IIG) at Agartala, to improve the telecom capacity in the country by availing the service from the Bangladesh Submarine Company Ltd., Tripura will be the third state in the country to have such a gateway after Mumbai and Chennai. All the North Eastern States are going to benefit from this internet gateway. Comprehensive Telecom Development Plan for North-Eastern Region at a cost of Rs.5336.18 crore is under implementation, includes mobile connectivity in Arunachal Pradesh and 2 Districts of Assam and in other States of North East, along with seamless mobile connectivity along all National Highways and augmentation of District optical fibre connectivity. There are expected to be completed by March, 2018. ❑

APPAREL AND GARMENT MAKING CENTRE AT DIMAPUR, NAGALAND

The Apparel and Garment Making Centre was inaugurated at Dimapur, Nagaland.This project aims to develop entrepreneurship in apparel manufacturing among the local youth and provide employment. The Apparel and Garment Making Centre in Dimapur is the first centre in the entire N.E., which has been operationalized in a record time of a little more than one year, with the support by the Government of Nagaland and also the entrepreneurs. The project for construction of Apparel and Garment Making Centres in North Eastern States is one of the most ambitious projects launched in the textile sector by the Government of India; as it has the potential to change the landscape of the textile industry in North Eastern region.

Nagaland is a potential forerunner in silk quality and its promotion. In the last two years, the Ministry of Textiles has sanctioned three major sericulture projects in Nagaland, with Government of India support of Rs 101.25 crore, to support silk production. These projects are expected to help about 5000 farmers engaged in plantation of Eri, Muga and mulberry silk and would increase the overall production of quality silk by three times through various interventions. ❑

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YE-3/2016

Social Equity and Inclusion by Educational Space Design

Rachna Khare

As we move ahead with inclusive education in India, we must ensure that educational environments continue to inspire a vision of a society that respects and celebrates individual differences

Article 24 of United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) that India signed in 2007, clearly states the Right to Inclusive Education which guarantees all disabled learners a right to participate in all forms of mainstream education with appropriate support. Today, there is a need to develop a comprehensive strategy on education of children with special needs in an inclusive environment. Special schools are dead-ends for special needs children, they promote isolation, alienation and social exclusion which needs to be changed to build equitable and compassionate societies. Inclusion is the practical changes that we make so that children with diverse backgrounds and abilities can succeed together in the same classrooms and schools. These changes do not merely benefit the children with special needs, but all children and their parents, teachers, administrators and everyone in the community.

The present paper emphasises the need for a fresh approach in designing educational spaces for a supportive, accessible and integrated universal environment that teaches all children that they are valued members of our society and their contributions are important. The paper also provides recommendations for best practices and rationale behind those recommendations to design inclusive educational spaces.

Background

Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system (The Salamanca Statement and Framework of Action on Special Needs Education, 2011).

The Government of India has created numerous policies around special education since the country's independence in 1947. Although, the Government of India has attempted to create policies that are inclusive for people with disabilities, their implementation efforts have not resulted in an inclusive system of education, nor have they reached their goal of "Education for All" across the country. The Persons With Disabilities Act and moreover amendment to the Constitution of India, passed by the Parliament on November 28, 2001, makes it mandatory for the government to provide free and compulsory education to "all children of the age of six to fourteen years", with its

The author is Professor and Head, Department of Architecture, School of Planning and Architecture, Bhopal. Her research interests in the field of 'Universal Design' and 'Designing for Special Needs' have earned her grants and awards nationally and internationally. She has lectured extensively on Inclusive Design all over the world and has many papers in various National and International journals and conferences to her credit.

preamble clarifying that "all" includes children with disabilities as well. This is a statutory responsibility cast on all appropriate governments. The Government of India needs to bridge the gaps in their education system to build a strong system of inclusive education in India.

As per a current survey, 10 per cent of the total children in any regular school are learning disabled and need special attention. If intervention begins at the right age, it can have dramatic improvements in all children. With education of handicapped children gaining importance, various educational settings are being experimented all over the world and the best option suggested is inclusive education. Undeniably, there is no other way to provide education to 40 million disabled children in the country. Seventy-eight per cent of our population lives in rural areas and there is no money for special schools there. Inclusive education has many advantages:-

- It develops social competence among the disabled children;
- It minimises the specialised provisions for community integration; and
- It is cost effective and has a wide reach especially in the context of third world countries.

Identification of Diverse Needs

For an effective inclusive environment, it is necessary that we recognize the functional limitations and needs of diverse population using the school environment. These limitations

Fig 1: An inclusive playground for elementary kids approached by ramp

may be acquired at birth or through accident or disease. Although there is a tremendous variety of specific causes, as well as combinations and severity of disabilities, we can most easily relate their basic impact by looking at four major areas of exceptionality, Visual Impairments, Hearing Impairments, Physical Impairments and Cognitive Impairments.

Visual impairments in children represent two large groups, pupils with low vision and pupils who are legally blind. Low vision includes problems such as dimness of vision, haziness, foggy vision, extreme near or farsightedness, distortion of vision, spots before the eyes, colour distortions, visual field defects, abnormal sensitivity to light or glare, and night blindness. Those who are partially blind may have some perception of light, shape and contrast. Pupils with visual impairments may have difficulty with visual instruction, visual displays and other visual output. In addition, there are problems in utilizing controls where eye-hand coordination is required. Since many children with visual impairments may have some visual capability, many of them can read with the assistance of magnifiers, bright lighting and glare reducers. Many such students with low vision are helped immensely by use of larger lettering, and high contrast colouring. Those with colour blindness may have difficulty in using colour coded information.

Hearing impairment in children means any degree and type of auditory disorder, while deafness means an extreme inability to hear. Causes of impairment include heredity, infections, tumours and accidents. The primary difficulty for individuals with hearing impairment is in receiving auditory information. This problem can be compensated for by presenting auditory information in visual art form. Another solution to this problem is to provide a mechanism, which would allow the user to connect alternative output devices which would be helpful to some less severely impaired

Fig 2: Possibility to fit wheelchair in the play area for children

individuals. Those who are deaf from birth or at a very early age often are also nonspeaking or have speech that cannot be recognized. Thus, alternatives to verbal communication are necessary to facilitate these individuals.

Causes of physical impairments include polio, paralysis, weakness, accidents like spinal cord injury, brain injury, cerebral palsy, arthritis, skeletal impairments, muscular dystrophy, etc. Problems faced by children with physical impairments include poor muscle control, fatigue, difficulty in walking, talking, seeing, speaking, sensing or grasping, difficulty in reaching things, and doing complex or compound manipulations and twisting motions. These individuals usually rely on assistive devices. Commonly used assistive devices include mobility aids (e.g., crutches, wheelchairs), manipulation aids (e.g., prosthetics, orthotics) communication aids (e.g.

Fig 3: Accessible toilet with grab bars, space for assistance, nonslip surfaces, safety alarm and picture instructions that helps all children

Fig 4: Possibility of supervision in the environment without being intrusive

communication boards).

The type of cognitive disabilities in children can vary from severe impairment to the impairment of specific cognitive functions, most particularly, language. Types and causes are mild, moderate or severe retardation, downs syndrome, autism, cerebral palsy, premature birth, birth trauma, language and learning disabilities, seizure disorders, mental illnesses, etc. Types of functional limitations may be categorized as memory, perception, problem-solving, and conceptualizing disabilities. Memory problems include difficulty getting information from short-term storage, long term and remote memory. Perception problems include difficulty taking in, attending to, and discriminating sensory information. Difficulties in problem solving include recognizing the problem, identifying, choosing and implementing solutions. Conceptual difficulties can include problems in sequencing, generalizing, comprehension, understanding cause and effect relationship, abstract concepts and skill development. Language impairments can cause difficulty in comprehension or expression of written or spoken language.

Fig 5: A corner in the classroom designed to teach self-hygiene and self help in school

Designing for Social Equity and Inclusion in Education

It should be realized that inclusive educational environment is neither special nor modification of the regular, it is different and is beneficial for all children with or without disability. Also, it does not mean to strait-jacket every child to fit in one environment, and is rather based on individualized educational approach focussing on individual strengths and weaknesses. The teacher prepares individualized goals for everyone and teaches them together in a single environment.

This paper presents some design recommendations for inclusive educational environment in India which are simple, economic and cross-cultural. These recommendations are prepared after a literature study and a field survey of seventeen inclusive educational set-ups in USA, during a Fulbright program. Following this, architect and designers can design an inclusive environment for children with disabilities without imposing rigid guidelines on their creativity.

- Depending upon individual child's needs, an appropriate level of support and assistance should be provided in the educational environment while teaching. This will make him more successful and it is likely that if the child is more successful, he will be more motivated to learn.

Fig 6: Different textures on the wall for tactile stimulations; wall, floor, ceiling all can act as teaching instrument for children

Fig 7: All change in levels should be negotiated by ramp, this is helpful for all children

- Both architect and teachers should devise an enriching environment utilizing all of the pupil's senses: visual, auditory, tactile and kinesthetic. Such an environment can offer a range of experiences, including sight, sound, smell and touch, which are of value to people with disabilities. Development of sensory and perceptual skills is emphasized in multisensory spaces by experiencing, touching, smelling, tasting, rolling, jumping, spinning, vibrations, music, and different visual experiences. This helps children to integrate these senses for better understanding.
- Environmental features that support pupils with visual impairment are guide blocks, warning blocks, use of different textures, large and raised lettering, use of braille, contrasting colors, orientation cues, higher illumination, clear walking space and audible information and removal of protruding objects.
- Pupils with hearing impairment are benefitted by environmental features that support use of hearing aids, sign language, lip-reading, telecommunication devices for the deaf, colour coded information, illuminated signage, layout diagrams and presenting auditory information in visual form.
- Pupils with physical impairment require clearance for wheelchair and crutches, appropriate range of reach, space for transferring

from wheelchair, ramp, handrails, space for assistance, non slip floor finishes, easy grasps and manipulations and possibility to use communication devices.

- Environmental features that support pupils with cognitive impairment are simple displays, low language loading, use of patterns, simple, obvious sequences and cued sequences.
- Flexibility in design should be provided for parallel teaching sessions, teaching diverse skills, using multisensory communication, incorporating new ideas and working with different experts along with regular teachers like, speech therapist and occupational therapist.
- If the buildings are planned in a simple clear manner, they will require less effort to understand, use and enjoy. A clear layout, organization of spaces, clear zoning, simple forms, and no visual clutter assist children with disabilities to perceive the built environment easily. Good natural light, multimodal signage, landmarks, identifiable differences between areas in terms of their style, color, size, smells, etc. assists in visual understanding of a space.
- Children with disabilities should be given opportunities in the educational environment to interact with able bodied peers. Safe, accessible and structured play areas and common spaces supported by easy supervision help children to interact with peers. Even children with severe developmental disabilities should also be given opportunities to interact with able bodied peers.
- An educational environment that supports development of self help skills, domestic skills and vocational skill training, helps children with disabilities to be independent and live with dignity in future. Self help skills include skills like toilet training, eating, drinking, dressing, brushing, bathing, shaving, etc and vocational training includes skills development for future employment like sorting, packing, weaving, carpentry, assembling and many others. Domestic skill training should also be given to these children so that they can help their families and support themselves in future, such training includes cooking, laundry, bed making, washing, dusting etc.
- Regular parent participation in educating children with disabilities is very important for long term success. Participation is essential for goal selection in individualized educational plans and parent teacher meetings. Parents may also visit the school to work with the staff on their child's particular difficulty. This can be encouraged if space is provided for social purposes, for small meetings and for occasional work with pupil, parent and teacher or therapist.
- For many pupils with disabilities, the educational curriculum also includes day to day activities such as shopping, crossing the street or using public transport. Thus, a location close to community activities is an advantage for educational spaces. The schools should also develop an environment to support teaching of such skills. This may spontaneously lead to their integration in the community as well as create training and job opportunities for the children with different needs.
- Children with disabilities are more exposed to dangers in the environment. Constant supervision is difficult and intrusive. Thus, the environment itself should be carefully assessed and managed for risks. For safety in educational environment, there may be concerns for escapes, railings, heights, sharp edges, non-slippery surfaces, electrical outlets, breakable items, non toxic materials, etc.
- Apart from the educational needs, children with disabilities also have a lot of behavioral issues that affects their learning. A safe environment, quiet rooms, places for supervision, robust and

Fig 8: Drinking water facilities to accommodate different heights and helpful for children on wheelchair

durable fittings help teachers to deal with such issues.

- Children with disabilities should be assessed according to their individualized educational plan, and their responses should be recorded and reviewed by the teachers regularly to assess the effectiveness of teaching. Spaces that assist teachers to use different instruments and data sheets to document the educational performance should be provided.

Discussion:

Education in its broader sense means providing environment and opportunities to students to acquire knowledge and skills and apply those skills to lead a productive and independent life in a society. The same goals are applicable to both disabled and non-disabled persons, but the environment that segregates children teaches segregation whereas the inclusive educational environment teaches inclusion. All children are first learners and second disabled and their education in an inclusive environment, must be based on what they can do and not on what they cannot, to make it a successful experience. To maximise richness of each child's experience, the whole building indoors and outdoors must be considered and used as a large teaching instrument within which are smaller teaching instruments and teachers, who create experiences that arouse the child's interest and guides him to learn and become independent. Floors, walls, ceilings, learning spaces, corridors and toilets are all essential and usable parts of the teaching instrument.

Educational spaces are best to foster inclusive design. Educators should become strong proponents for inclusion of people with disabilities and apply an inclusive approach not only to the physical environment, but also to equipments, curriculum and instruction. Many schools and universities, where inclusive design has created a successful learning environment, have found that the resulting inclusion helps to support other areas like multi-culturalism and non discrimination. The students learn benefits of inclusive environments by experiencing inclusive education in their formative years and this finally results in an inclusive society. As we move ahead with inclusive education in India, we must ensure that educational environments continue to inspire a vision of a society that respects and celebrates individual differences.

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YE-2/2016

Social Inclusion for the Differently–Abled: Issues and Strategies

Sandhya Limaye

It is time to end the culture of dependency and low expectations, and move towards a society in which we invest in people with disabilities, empowering and supporting them to participate and be included

Social inclusion, the converse of social exclusion, is affirmative action to change the circumstances and habits that lead to (or have led to) social exclusion. The World Bank defines social inclusion as the process of improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their identity, to take part in society.

Globally, persons with disabilities have been recognized as one of the largest minority groups which have been vulnerable to neglect, deprivation, segregation and exclusion. In the latter half of the 20th century, most countries have provided some form of assistance to Persons with Disabilities (PWD), ranging from charity and institutional care to treatment and rehabilitation on human rights approach through governmental and non-governmental effort. After India's independence, the Government of India has accepted its responsibility to this sizable margianlized group and has formulated various programmes for the welfare and rehabilitation of people with disabilities.

People with disabilities face a wide range of barriers such as attitudinal, physical, and social that affects social inclusion. The attitudinal barrier such as negative attitude of society towards people with disabilities acts as a social stigma about disability. The society believes that disability in a person occurs due to past sin or karma (fate) and no one can change this situation as it is God's punishment. The cumulative effect of these barriers is to marginalise people with disabilities from the mainstream of society and the economy. They experience disadvantage in many aspects of daily life compared with non-disabled people. The adverse outcomes experienced by many people with disabilities reduces quality of life both for themselves and for their families. Many of them feel isolated, unwanted and society may feel that they are a burden to society. Their families – parents, children and siblings – can also face negative attitudes, poverty and social exclusion. Many feel that they spend far too much time fighting society when they should be receiving the support they need to help themselves.

Marginalization is at the core of exclusion from fulfilling and leading full social lives at individual, interpersonal and societal levels. Evidently, marginalization has multiple bases in the social structure. The problems of groups with multiple disadvantages due to disability are understood through cross-cutting of gender dimension with other social

The author is Associate Professor, Centre for Disability Studies and Action, School of Social Work, Tata Institute of Social Sciences, Mumbai. She is a Rockefeller Fellow " Bellagio Resident", Fulbright and Erasmus Mundus Fellow and has authored many books on the subject of differently abled.

factors like caste, ethnicity, religion, location, region etc. Both, disability and gender are physical constraints that totally ignore the person. To be a disabled man is to fail to measure up to the general culture's definition of masculinity as strength, physical ability and autonomy. To be a disabled woman is to be considered unable to fulfill the role of homemaker, wife and mother, and unable to conform to the stereotype of beauty and femininity in terms of physical appearance. They are the most marginalized and the most abused – physically, mentally and socially and for centuries, have been subjected to deliberate neglect, verbal abuse, physical assault and sexual harassment.

During the primary-school development period, friendships are formed through common interests, school activities and sports. Many children with disabilities in general usually lack the social skills necessary for peer interaction. For these friendships to form, an obvious requirement is communication. It involves the learning of communication and relationship-building skills by the child through his interactions with the primary social circle (i.e. family) and moving outward to other social circles such as relatives and peer groups. Social patterns of behaviour are formed during the period of early childhood, so early social experiences have a large influence in shaping the kind of adults children will become. For children with hearing impairment and children with intellectual disabilities, they are unable to utilize effective communication methods with the people around them; the difficulty in acquiring new friendships typically leads to a decrease in self-esteem and thereby affects their social inclusion. The biggest problem and root cause of the increase in isolation and anxiety is communication difficulties fostered by the mainstreamed setting. On the other hand, visual and locomotor disabilities are easily definable in the society in terms of the limitations that they impose, and therefore, society is much more accepting of these limitations and has a very clear attitude of stereotyping towards people with visual and locomotor disabilities. Thus, it is important to give an opportunity to civil society to interact with people with different disabilities and find a way to help them to create social inclusion.

The language used by the well-meaning force people with disabilities to accept that they themselves are responsible for their condition. They are denied opportunities to get education, employment, and establish meaningful relationships with others, they are labeled as unproductive and therefore, they are regarded as a burden.

Many people with disabilities are unable to make an effective contribution to their local community and economy – yet, with the right support, they could be working and actively taking part in nation building. Many of them, currently out of work, represent a significant pool of potential skills and abilities – if only that potential could be tapped. Instead of being empowered to work and earn, too many people with disabilities are left to depend on benefits and government and family support. Poor economic outcomes during their working lives prevent them from providing comfortably for old age, thus prolonging disadvantage into retirement.

Too often, people with disabilities feel that they are fighting a system which is fragmented, complex and bureaucratic, and which does not put the needs of disabled people at the heart of improving their life chances and social inclusion. This political and legal process leads to isolation, marginalization of people with disabilities and results in social exclusion.

Regarding physical barriers, it is difficult for many people with disabilities to find disability friendly surrounding environments. For example, transport systems and accessible buildings in Mumbai. Commuters with disabilities are found to be highly vulnerable due to poor accessibility in infrastructure design of trains and railway stations. It is important to recognize that people with disabilities, like other non-disabled people, have rights to travel in the train safely and they have also rights to expect the railway board to provide the facilities keeping in mind the diversity in their needs.

Regarding government policy to address different needs of people with different disabilities, they do not take a group of people with different disabilities into account, consult or involve, while framing policy design and delivery. Too often, people with disabilities feel that they are fighting a system which is fragmented, complex and bureaucratic, and which does not put the needs of disabled people at the heart of improving their life chances and social inclusion. This political and legal process leads to isolation, marginalization of people with disabilities and results in social exclusion.

Strategies

The demands for social inclusion are, in fact, a protest against the oppression that society has been exercising. It is important to put end to victimization and exploitation. Removal of above said various barriers is the key to empowering people with disabilities, and giving them the opportunity to exercise their responsibilities as citizens – at home, in the community and at workplace. It is time to end the culture of dependency and low expectations, and move towards a society in which we invest in people with disabilities, empowering and supporting them to participate and be included.

Tackling these barriers is not a matter for government alone but people with disabilities themselves, employers, health professionals, educators, local communities, and providers of goods and services, all

have a key role in improving the life chances and adequate social inclusion for people with disabilities.

It must be carefully planned, provided with adequate resources and implemented with vision:

1. Sensitization/Awareness programmes for different stakeholders about different types of disabilities, their needs, their capabilities.
2. In service training for different stakeholders including medical professionals, teachers, civil servants, lawyers, employers, employment officers, local community leaders, to increase the knowledge about disability, to develop skills while working with them and to change their attitudes towards disability and people with disabilities.
3. Need to focus on strength, perspectives and abilities of people with disabilities and encourage them to empower themselves.
4. Need to make compulsory, course on disability and pedagogy of teaching for children having different types of disabilities to B. Ed and M.Ed. teachers training curriculum
5. The people with disabilities must have access to opportunities to contribute to the society supported by both specialist and mainstream policy which will help them to be a part of social inclusion as society will believe in their capabilities.
6. People with disabilities' needs should be actively incorporated early on within all mainstream policy design and delivery, alongside other citizens.
7. People with disabilities' experience of government support and services needs to change. There is a need to develop adequate dialogue between them.
8. Need to adopt universal design for barrier free and inclusive environment. ❑

(E-mail:slimaye@tiss.edu
sandhyalimaye@yahoo.co.in
limaye.sandhya@gmail.com)

450 Million Euro Loan for Lucknow Metro

Lucknow Metro will get a loan assistance of 450 million Euros (Rs.3,502 cr) from European Investment Bank (EIB) for its Phase-1A project. An agreement in this regard was signed in Brussels on March 30,2016 . The loan amount will be released in two tranches of 200 million Euros and 250 million Euros. The 22.878 km long Lucknow Metro Phase-1A project was approved by the Government of India in December, 2015 at a cost of Rs.6,928 cr on 50 : 50 equity funding by the central and state governments.

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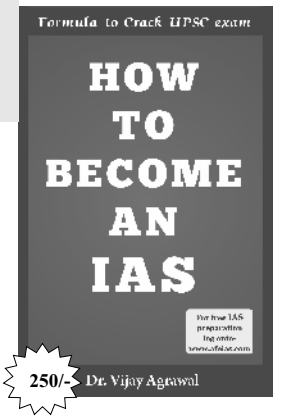

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ICT for the Differently Abled

Amit Singh, Kapil Kumar

ICT is evolving and with development of new technologies, it is largely instrumental in bridging the gap for persons with disability in general and those with visual disability in particular. As the conditions affecting an individual's vision are unique, so must be the solutions

Centre for Disease Control (CDC) defines disability as "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)"[1]

There are many types of disabilities affecting a person's vision, movement, thinking, memory, learning, communicating, hearing, mental health, social relationships, etc. Disability affects different persons differently and it is not apt to generalize the phrase "persons with disabilities" and club the entire population differently. Also, disability is something which can affect any person at any point of his or her life. It is acquired not always by birth and can also happen by accidents or mishaps.

According to the World Health Organization, disability has three dimensions:[2]

1. Impairment in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss.
2. Activity limitation, such as difficulty seeing, hearing, walking, or problem solving.
3. Participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services.

Disability can be congenital (present at or from birth) and may affect functions later in life, including cognition (memory, learning, and understanding), mobility (moving around in the environment), vision, hearing, behavior, and other areas. These conditions may be due to genetic or morphological anomaly thus affecting function of body part(s) or organ(s).

Certain health conditions (such as diabetes, blood pressure, etc.), can also cause a disability such as vision loss, nerve damage or limb loss. Disability can be progressive (viz. Alzheimer's disease), static (viz. Limb loss), or intermittent (viz. some forms of multiple sclerosis).

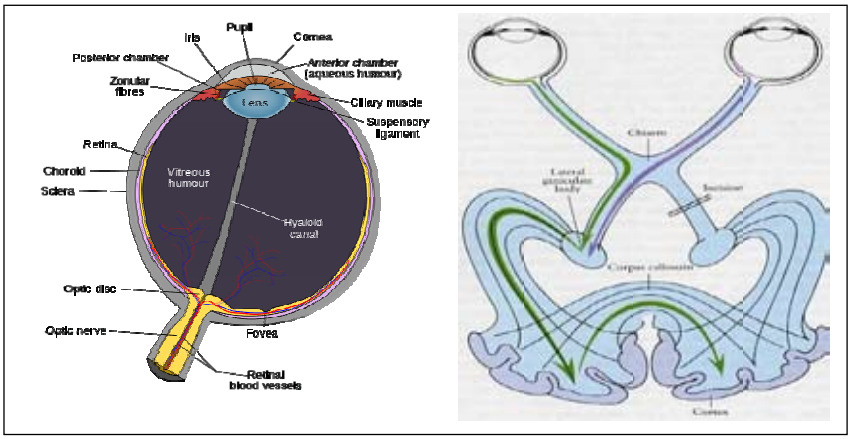
The World Health Organization (WHO) published the International Classification of Functioning, Disability and Health (ICF) in 2001. The ICF is a standard for classifying vital functions of body and structure, activity, participation levels, and

Amit Singh is a research scholar from University of Delhi on Information and Communication Technology (ICT) Patents. He has specialised in Intellectual Property Laws. He is also founder of www.lexdelhi.com. Kapil Kumar is a research scholar from Department of Political Science, University of Delhi.

conditions in the world around us that influence health in general. In ICF, 'Activity' is defined as "the execution of a task or action by an individual" and 'Participation' as "a person's involvement in a life situation". [3]

Technology is a great aid and acts as a leveler to provide a level playing field to the disabled. Customizability aspect of technology helps cater to different disabilities in the differently abled. Technology helps to bridge gaps which have been created either by conditions as discussed before. Technology can help in two ways by being an aid and thus, assisting the respective person with disability in performing daily jobs, getting integrated as a body part or somewhere in between fitting both roles in composite way(s).

For understanding the role of technology in general and Information and Communication Technology in particular, the case of visual disability is taken up. Before ICT usage in alleviating visual disability is taken, it is important to understand that ICT is an umbrella term which stands for "Information and Communication Technologies". ICT refers to technologies that provide access to information through telecommunications. ICT includes the computers, internet, wireless networks, cell phones, and other communication mediums and devices. ICT is ever expanding leading to a vast array of new communication capabilities.[4] It includes the prowess of Information Technology further bolstered by ever shrinking integratable devices which have the ever expanding ability to communicate among themselves (Internet of Things).



A case of visual disability has been taken because as per National Sample Survey Organization (NSSO) and Census of 2001, visual disability has the second largest share in disabling people in India with first place to locomotor disability. Unlike locomotor disability, visual disability, is due to impairment of a single organ or in other words function related to a single organ.

Visual disability is linked to impairment or loss of vision which is not correctable by standard glasses, contact lenses, medicine, or surgery. It interferes with a person's ability to perform everyday activities.[5] It is linked to the eye but is not limited to just eye but also neurons and optical lobe of brain.

Visual disability may be partial or total and may be congenital or develop later in life. Visual impairment can be due to disease, trauma, or congenital or degenerative conditions. It is estimated that half of all blindness can be prevented. It is because of the simple reason that major blinding eye diseases do not have symptoms in their earlier stages where interventions are most useful before the disease begins to develop or in early stages of development. Screening and early treatment for most of the major blinding or eye impairing diseases are available and some are also very cost-effective.[6] But it is not only blindness which results in total loss of sight. There are conditions where sight is impaired and to define that, terms like "partially sighted", "low vision", "legally blind" and "totally blind" are variedly used.

Disability-wise details (in lakhs)

Disability	NSSO (in lakh/%age)	Census (in lakh/%age)
Locomotor	106.34(51.19%)	61.05 (27.86%)
Visual	28.26 (13.60%)	106.3 (48.54%)
Hearing	30.62 (14.74%)	12.62 (5.76%)
Speech	21.55 (10.37%)	16.41 (7.49%)
Mental	20.96 (10.09%)	22.64 (10.33%)
Total	207.73 (1.8)	219.02 (2.1%)

ICT as an Aid

Any adaptive device or service that increases participation, achievement or independence for a student with a disability may be considered as an assistive technology (AT). Assistive technology helps persons who are visually impaired (with and without additional disabilities) increase their access to the general curriculum and improve their academic performance.

Most people with vision impairment can benefit from vision rehabilitation, environmental modifications, and assistive devices that can maximize their residual vision and help them maintain an independent, productive life. ICT can come to the rescue of people affected with all conditions.

Cane: Using ICT devices like a humble cane, has supported people with high level of vision loss or complete blindness to avoid obstacles

and pitfalls. Using new technology such as bat echolocation, signals using ultrasonic technology with computer processing prowess can auto-detect obstacles in advance in different planes, giving new meaning to echolocation. The user can be alerted using vibration signals, haptic signals or sound alarms.

Navigation Devices: Navigation, context-aware computing can read and analyze contextual information, for example, about location and personal preferences which can be embedded into user-computer interactions and these facilities and capabilities could be used to assist the visually impaired traveller on a long distance journey. Keeping the user aware about his surroundings. the Navigation technology gets a great leap in function when it is coupled with Global Positioning System(GPS) and made still better when added with data enabled mobile functions which can keep the user connected to internet on the go and also give better location data using mobile towers(known as A-GPS or Assisted GPS)

Wireless systems such as Wi-Fi(Wireless Fidelity), NFC(Near Field Communication), Infra red technology and Bluetooth along with other such technologies can drastically change the user interface needed for visually impaired people whether in the form of standalone composite devices or when added with mobile telephone technology.

Reading is an essential daily living task, and is crucial from various perspectives. Whether it is sorting the bills, reading a textbook or the daily newspaper, access to reading is critically important to people with disabilities that prevent easy reading of the printed page. Assistive technology has been created to address these needs and bridge the accessibility gap. Optical Character Reader (OCR) is the mainstay of such techonology. International standard for digital talking books, the DAISY standard, is a benchmark for such display technology for visually impaired. The critically important move to direct digital access to textbooks and newspapers is projected and a discussion of future technological development closes the chapter.

Video magnifiers enable people with Albinism to enjoy the activities of work, school, and their personal lives. By adjusting the contrast on the video, magnifier users can use a magnified view without discomfort or fatigue and bridge the gap. Most cataracts are treatable with cataract surgery. If cataract surgery is not an option, display technology is used to magnify text and objects so that they are large enough to be visible outside the clouded central vision area. Screen reading software with OCR can be useful. It is also useful in Diabetic Retinopathy as many people with diabetes also experience lessened sensitivity in their fingers, and they do not or cannot usually use Braille. In case of Retinitis pigmentosa too, high contrast display technology can help the user read text.

ICT devices are integratable and can be connected to make a new device or perform a new function. Not only that, using artificial intelligence (AI), devices can be programmed to self-learn and perform functions either on demand or automatically. An example is a project of Microsoft "Cities Unlocked" using advanced GPS and smartphone technology to help the visually impaired navigate cities on their own.

ICT is not only limited to just that. Programmable implants of various sizes can be customized and used to aid weakened or damaged ocular muscles due to age, deficiency, conditions, disease or damage. They can be programmed to help control vision 'naturally'. In case of damages or malformed optic nerves, electrodes and implants can be used to send signals through nerves or brain directly. Electrodes can be inserted or just epidermal connected to get and receive signals and correct vision.

Handheld devices and personal computers are programmed to keep a level playing field where screen, keyboard, mouse, etc. can be adjusted as per need or specific type can be custom made as per need of the user.

ICT devices are integratable and can be connected to make a new device or perform a new function. Not only that, using artificial intelligence (AI), devices can be programmed to self-learn and perform functions either on demand or automatically. An example is a project of Microsoft "Cities Unlocked" using advanced GPS and smartphone technology to help the visually impaired navigate cities on their own. It comprises of an over ear headphone or goggles including an accelerometer, gyrometer, compass and speakers in different parts of the headphones to give the impression of sound coming from different directions. One simple click of 'orientate' button by the user on Bluetooth remote lets the user figure out his or her exact location and know details of his surroundings. It also has a camera on its eye piece which can detect people and objects and can inform the user about happenings around him.

Advanced Braille is also being developed, where not only speed reading is possible, but it is no longer necessary to buy expensive braille printer but using intelligent material coupled with existing technology any book, reading material, etc. can be directly changed to braille where the surface changes its shape to make braille engravings which can be felt by the user and read.

Personal announcements and systems and text to speech convertors

too are useful for making life easier for the differently abled.

Conclusion

ICT is evolving and with development of new technologies, it is largely instrumental in bridging the gap for persons with disability in general and those with visual disability in particular. As the conditions affecting an individual's vision are unique, so must be the solutions. One remedy curing all is not possible in this case as each problem is unique. ICT helps to make devices as per the user's need and customize it further to make the life of the user easier. Modern machines can learn on their own using AI and same can be used to train them for better assessment of context and provide higher vantage point in a given context.

Endnotes

1. http://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
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4. http://techterms.com/definition/ict
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6. http://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/Blindness.html
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   http://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/Blindness.html ❑

(E-mail:amitsinghnewel@gmail.com
amitk.singh@outlook.com)

Department of Space to sign MoU with AAI

Department of Space will soon sign a MoU with Airports Authority of India (AAI) which will help in providing scientific parameters for airports' construction. It will also provide data on the landscape around the airports. The space technology will help in making the flights safer and provide the optimum utilization of the land.

The use of space technology is being done on pilot basis in the Hyderabad and Port Blair airport. Based upon the experience of this pilot project, the space technology will be utilized in 42 airports in future. The DoS will also sign MoU with Postal Department where the space technology will be helpful in the tracking the movement of a parcel. ISRO will take Postal service in India to a new level, thus enabling the recipient to track the parcel and also decide the delivery time. The last satellite of the IRNSS series will be launched on 28th April, 2016 which will complete the Indian Regional Navigation Satellite System, that will provide navigation facility in and around India.

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YE-13/2016

Disability versus Different Abilities

Archana Singh

The country is finally giving thought and space to persons with disability. Two decades after the People with Disabilities Act, 1995 was implemented, policies are finally getting in place. They aim at providing a conducive environment for persons with disability to reach their full potential and to participate fully and equally with others in the society

Amidst the rhapsody of the multifarious endeavors towards the Inclusion of Persons of Disability, India launched the 'Accessible India Campaign' this year, at Vigyan Bhawan – one of the most coveted locations of the capital. The singular and the starkest irony of it all was that, the launch venue itself was not accessible. What a paradox! But look at it differently; this itself gives an insight of the volume and the magnitude of the task in hand.

The list of such situations is endless. According to the United Nations, more than one billion people – 15 per cent of the world's population – live with some form of disability. India's 2011 Census Data revealed that there are 26 million people with disabilities in the country – which is more than the total population of Australia.

India is a fast developing economy, with a lot of favorable progression, which have happened and are still happening at a fast pace. Despite the advancement we are making, there are still some square pegs in round holes. In the face of it, is the challenge of ascertaining the disabled as a 'Person with Disability' (PwD). As if it was not enough that people in society, more often than not, are staring at a PwD because of his/her awkward physical appearance, in India one also needs a legal document, which states that he/she is a PwD. One has to obtain it from a prescribed issuing authority.

Who is a Person with Disability?

In India, a board of medical professionals constituted by the government, upon examination, decides whether you are a person with disability or not. They also determine if your disability is 40 percent and above so that you can be issued a 'Disability Certificate' (DC). Further, such disabilities are only taken into account which are defined by law as disabilities. One gets entitled to the benefits that the State provides for people with disabilities only if he/she has this certificate. The process of obtaining it may be time consuming and not smooth but is designed so as to prevent any possible misuse. In the wake of the 21st century, where we speak of 'Digital India' and technology being the new buzz words around – the method of obtaining DC may undergo a welcome change.

The Journey of the 'Disability Certificate'

The first step is the application for issuance of a Disability Certificate. According to the 'Amended Rules for Persons with Disabilities'' notification published in 2009 - A person with disability, desirous of getting a certificate in his/her favor, needs to submit an application in a prescribed form, (available on

The author is Head, Standards & Assurance, Research & Publications Skill Council for Persons with Disability.

the website of Ministry of Social Justice and Empowerment) and the application shall be accompanied by - proof of residence, and two recent passport size photographs. Thereafter, the application shall be submitted to a medical authority competent to issue such a certificate in the district of the applicant's residence as appearing on the proof of residence submitted by him /her with the application, or the concerned medical authority in a government hospital where he/she may be undergoing or may have undergone treatment in connection with his/her disability; provided that, where a person with disability is a minor or suffering from intellectual disability or any other disability which renders him/her unfit or unable to make such an application himself/herself, the application on his/her behalf may be made by his/her legal guardian.

The second step is the Issuance of a Disability Certificate. On receipt of an application, the medical authority concerned, after satisfying himself/ herself that the applicant was a person with disability as defined in the 'Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995[1]issues a certificate, as far as possible, within a week from the date of receipt of the application by the medical authority, but in any case, not later than one month from such date.

The medical authority, after due examination, gives a permanent disability certificate in cases where there are no chances of variation in the degree of disability over a period of time. He may also indicate a validity period in the certificate where, in his opinion, there is any chance of variation in the degree of disability over a period of time.

If an applicant is found ineligible for issuance of a disability certificate, the medical authority is obliged to explain to him/her the reasons for rejection of his/her application, and has to convey the reasons to him/her in writing.

In cases where an application has been rejected – the third step, a Review of the decision regarding the issuance of or refusal to issue a disability certificate comes into play. In such cases, any applicant for a Disability Certificate, who is aggrieved by the nature of a certificate issued to him/her, or by refusal to issue such a certificate in his/her favor, as the case may be, may represent against such a decision to the medical authority. The process of doing so has been laid down with an additional provision that, where a person with disability is a minor or suffering from Intellectual Disability or any other disability which renders him/her unfit or unable to make such an application himself/herself, the application on his/her behalf could be made by his/her legal guardian.

Every society must attempt to address the disabilities of its members in a way that respects the autonomy and human rights of a person with disability and allows him/ her to pursue a satisfying quality of life.

Who decides if I am a 'Person with Disability'?

The respective Medical Boards constituted at a state or district level are the certifying authority to issue a disability certificate. The board consists of a Chief Medical Officer/ Sub-divisional Medical Officer in the district and another expert in the specified field. Examples of these are: an ophthalmic surgeon in case of visual impairment, either an ENT surgeon or an audiologist in case of speech and hearing impairments, an orthopedic surgeon or a specialist in physical medicine and rehabilitation in case of physical disabilities and a psychiatrist or a clinical psychologist or a teacher in special education in case of mental disabilities.

Challenges

Every society must attempt to address the disabilities of its members in a way that respects the autonomy and human rights of a person with disability and allows him/ her to pursue a satisfying quality of life. Each country too must address the disabilities of its residents according to its strengths or capacity. Indeed, conditions that are disabling in one society may not be so in another or may not be to the same degree because of cultural and local variables (e.g. physical disabilities in an urban setting may not be so restrictive due to resources as in a rural setting). Moreover, different societies may have different levels of resources available to help individuals compensate for or accommodate disability.[2]

Regarding the disability certificate, however, what is distinctive and largely avoidable, is the invasion of privacy subsequent to obtaining the DC. Currently, the disability certificate needs to be presented in government and private offices to receive a variety of concession certificates or benefits. The concession certificate, in turn, needs to be presented to a variety of non-health professionals in order to obtain benefits. The ticket clerk at any Indian railway station, for example, needs to be presented the concession certificate in order to obtain a discounted ticket or a monthly pass. Nature of disability of the person gets documented at each stage and may be viewed by people who are not bound by any regulation or code of ethics to keep the person's health information confidential. It could be of anguish for a person with disability.

Amongst the long list of obstacles, a few have been enlisted below:

- Impact on Health Privacy
- Subjective Diagnosis
- Ambiguity of the 40 per cent mark
- Long Drawn Process
- No Standardization

- Attitudinal Barriers
- Labeling
- Violation of rights of equal opportunity

Benefits

There are two sides to every coin. Both sides have value. While the 'Disability Certificate' syndrome may be disliked by a few, there are many who are thriving because of its existence. A DC is not just a document for a person with disability but a proof of his/her disability and an important tool for availing the benefits / facilities / rights that they are entitled to, from the Central as well as State Government under various appropriate enabling legislations.

- Special provisions in public and private sector
- Upto 75 per cent concession on railways
- Upto 50 per cent Air travel concessions
- Upto 5 per cent Conveyance allowance
- Income tax concession upto INR 40,000
- Economic assistance by public sector banks
- Financial assistance for people over 60
- Financial assistance for low-income families
- Family benefits for families in which the main breadwinner is deceased
- Financial assistance for leprosy patients
- Financial assistance for people living in Delhi
- Avail of Govt Schemes

In the wake of CHANGE

The country is finally giving thought and space to persons with disability. Two decades after the People with Disabilities Act, 1995 was implemented, policies are finally getting in place. They aim at providing a conducive environment for persons with disability to reach their full potential and to participate fully and equally with others in the society. The fact that this article is being published in a magazine under the aegis of the Ministry of Information and Broadcasting is testimony itself to the change that has now been ignited. Numerous motivating narratives have proved time and again that 'Disability' is nothing but a state of mind. It is the stumbling blocks that are created by the 'non- disabled' community which causes the disability in a PwD, rather than his/her disability.

Endnotes

1 http://www.socialjustice.nic.in/disabrules.php?format

2 Department of Psychiatry, PGIMEr-Dr RML Hospital, New Delhi

(E-mail:archana.singh@scpwd.in)

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YE-4/2016

Health and Safety of Differently Abled: Integrated Strategies

Shashi Rani

...the magnitude of the disability in India needs to be understood with conceptual clarity and common understanding of its definition. In the absence of that, the collection of correct data and adoption of appropriate strategy is still a challenge. India needs to follow integrated and multidimensional approach to deal with the issue

As per the WHO estimates, more than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. Across the world, people with disabilities face many barriers in their life. They are also lagging behind socially and economically due to various factors that are affecting them directly or indirectly.

In 2011, WHO launched the World Report on Disability (WRD). It was the first effort in order to have proper and common understanding of disability by adopting a multidimensional approach. In its definition of disability, the WRD leaves behind the restrictive view of the medical dimension of disability by making clear that the medical and the social model are not dichotomous or mutually exclusive. It argues that disability is a complex, multidimensional concept, fundamentally dynamic in nature that engages both intrinsic features of human physiology and functioning and features of the physical and human-built, social and attitudinal environment. The WRD displays the integrative model of functioning and disability as expressed in the International Classification of Functioning, Disability and Health (ICF).

In India, the Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 was enacted to give effect to the Proclamation on the Full Participation and Equality of the People with Disabilities in the Asian and Pacific Region. In its definition of disability "Disability" means- (i) Blindness; (ii) Low Vision; (iii) Leprosy-cured; (iv) Hearing Impairment; (v) Loco Motor Disability; (vi) Mental Retardation; (vii) Mental Illness. Further, in order to get certification, it refers to "Person with disability" as a person suffering from not less than forty per cent of any disability as certified by a recognized medical authority".

In terms of proper assessment of magnitude of the disability and collection of data, the primary requirement is to have a common definition of disability to be followed by all the institutions uniformly. As of now, India is having differences in conceptualization of the disability, methodology of collection of data and

The author is an Assistant Professor in the Department of Social Work, University of Delhi. Her specialization is in Occupational Health Services and Quality of Health Care. She is associated with various research and developmental organisations working at national and international level and in the area of social development. She has authored books on health issues and contributed in many national and international journals.

results. In order to provide appropriate services, a common understanding towards disability is required. In the absence of that, there are many people who are suffering from disability but not included in one or other official data and therefore, not able to get proper services. The United Nations Disability Convention advocated for not to define disability with specific conditions and symptoms as it recognizes that "disability is an evolving concept". In view of this, the WRD 2011 displays a paradigm shift away from solely seeing disability as an impact of a health condition towards a new integrative model of functioning that understands disability in the light of a health condition in interaction with the environment and personal factors.

Health, Safety Issues and Problems

The Census 2011 has revealed that over 26 million people in India are suffering from one or the other kind of disability. This is equivalent to 2.21 per cent of the population. Among the total disabled in the country, 14.98 million are males and 11.82 million are females. The disability rate (number of disabled per 100,000 populations) for the country as whole works out to 2,215. This is 2,405 in the case of males and 2013 in the case of females.

Among the five types of disabilities mentioned in the 2001 census and which is further divided into eight categories on which data has been collected, disability in Movement at 20.28 per cent emerges as the top category. Others in sequence are: in Hearing (18.92 per cent), in Seeing (18.77 per cent), in any other (which is not specified) (18.38 per cent), in Mental (8.31 per cent) and in Multiple (7.89 per cent). If we compare 2001 and 2011 census data as percentage of total population, it is revealed that the speech and hearing disability is increasing. It was 0.16 per cent and 0.12 per cent in 2001 and it increased marginally in hearing to 0.17 per cent and in speech, it has risen to 0.42 per cent. As percentage of total disabled population, in 2011 seeing and movement has declined drastically to 18.77 per cent and 20.77 per cent from 48.55 per cent and 27.87 per cent in 2001, but in hearing, any other and multiple disability, it has increased.

In 2011, Male-Female disability revealed that in males, speech and mental disability has increased and in females, seeing, hearing and any other and multiple disability is higher which is a major health and safety concern which needs to be addressed at every level. It was also revealed in 2011 census that in rural-urban areas, the disability in Urban areas are a major concern where all the health and safety facilities are easily available in comparison to rural areas. In urban areas all types of disabilities have increased except movement which is also a major health and safety concern. The data is presented in Table 1.

If we look at the problems reported by people, some health conditions are directly associated with physical disability while others are linked to social environment. There is no question that the people with disability are in need of some specific health care services but in general also, there is greater need of continuous assessment of their overall health and protection.

Disability is extremely diverse and categorization of health and safety issues cannot be possible. If we look at the problems reported by people, some health conditions are directly associated with physical disability while others are linked to social environment. There is no question that the people with disability are in need of some specific health care services but in general also, there is greater need of continuous assessment of their overall health and protection.

Despite the fact that the countries at international and national platforms are responding in a very active form to provide basic health care services and protection but still there are many issues which we need to consider in order to build up proper understanding of the actual unmet health and safety needs of people living with disability.

As far as health issues are concerned, in general, people face many barriers in accessing health services mainly due to escalating cost of private health services and lack of proper public health services. Majority of the population have to bear out of pocket expenditure to avail basic health services and in case of people with disability, it creates more burden in terms of cost of services and need of continuous requirement of health care. In other barriers, the biggest challenge for people having disability is to access health services due to infrastructural barriers including transportation, absence of medical equipment, inadequate water and sanitation facilities, absence of separate consultation facility and medical counters etc . It is only after enactment of PwD Act 1995 and Supreme Court judgment in 2004 which stated that Government/Local Authorities may provide ramps/slope in the public buildings have things improved. But still implementation of that order and execution of work in all states and local areas needs to be monitored by central and state governments. Also, people with disability face attitudinal barriers when they are in need of health care or approach health personnel. People reported discrimination and lack of empathy on the part of health care personnel. All of these barriers not only discourage the people from availing of health services in need, but also creates mental stress among them and lack of trust in the health system. As a result, in many cases, people hesitate to come forward and go unreported without any medical treatment. It not only leads to crisis at individual level but also creates

burden for the family. It is important to consider mental health issues which are closely linked with social and environmental barriers.

In case of women in India, they are already facing discrimination on many fronts but in case of health care, the country is still struggling hard to provide basic health services to this section. Women with disability in all age groups are more likely to be excluded due to patriarchal mind set and gender discrimination. Sexual abuse and violence is again a major threat for the lives of many women which not only leads to victimization due to disability, but also forces them to be in a state of multiple marginalization. The sexual and reproductive health issues which are a most important aspect and need of women are not addressed properly and majority of women are not receiving any health care or services. Due to the social discrimination and family attitude, women often find difficulty in raising their issues and avail health services. The Planning Commission (now NITI Ayog) in its 12th Five Year Plan also addressed the health care need of women with disability and difficulties they faced in accessing health services and for treatment due to multiple marginalization.

Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care without discrimination. Therefore, it is the responsibility of the nations to provide quality health care without any barriers. The WDR 2011, pointed out very clearly that people with disability across the countries have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people with disabilities experience barriers in accessing services including health, education, employment, and transport as well as information. In this light, for overall protection of people with disability, the Government of India formed its national policy and programmes.

National Policy and Programmes

The Government of India also recognized the Department of Disability Affairs as the nodal Department for the overall policy, planning and coordination of programmes for Persons with Disabilities. However, overall management and monitoring etc. of the sectoral programmes in respect of this group is the responsibility of the concerned Central Ministries, State Governments and Union Territory Administrations. Special schemes aimed at rehabilitation and social, educational and economic empowerment of Persons with Disabilities, e.g. supply of aids and appliances, scholarships, residential schools, skill training, concessional loans and subsidy for self-employment, etc., education and training of Rehabilitation professionals and also responsibilities of awareness generation, research, evaluation and training are subjects allocated to the Department.

Various Departments, agencies and institutions are working in the field of Disability. These are: The National Handicapped Finance and Development Corporation, Artificial Limbs Manufacturing Corporation, Kanpur, Deen Dayal Upadhyaya Institute of Physically Handicapped, New Delhi, National Institute for the Orthopaedically Handicapped, Kolkata, National Institute of Visually Handicapped, Dehradun, National Institute of Mentally Handicapped, Secunderabad, Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai, National Institute of Rehabilitation Training and Research, Cuttack., National Institute for the Empowerment of Persons with Multiple Disabilities, Chennai., The Indian Sign Language Research and Training Centre, New Delhi. etc.

The important provisions under the Person with Disability (PwD) Act, 1995 with regard to health and safety and overall protection of people with Disability are :

- To prevent disabilities, surveys, Promotion of various methods of preventing disabilities; Screen all the children at least once in a year for the purpose of identifying "at-risk" cases; Provide facilities for training to the staff at the primary health centers; measures for pre-natal, parental and post-natal care of mother and child.
- Identify posts, review the list of posts identified and up-date the list, ensuring employment of persons with disabilities, schemes for training and welfare of persons with disabilities; relaxation of upper age limit; Regulating employment; health and safety measures and creation of a non-handicapping environment in places where persons with disabilities are employed; five per cent reservation for persons with disabilities.
- To provide aids and appliances to persons with disabilities, preferential allotment of land at concessional rates for housing; setting up business; setting up of special recreation centers; establishment of special schools; establishment of research centers; establishment of factories by entrepreneurs with disabilities.
- There are provisions for inclusive road, railways and airways facility, road safety symbols, ramps in public buildings; braille symbols and auditory signals in elevators or lifts; ramps in hospitals, primary health centers and other medical care and rehabilitation institutions.
- To promote and sponsor research in prevention of disability; rehabilitation including community based rehabilitation; development of assistive devices including their psycho-social aspects; job identification; on site modifications in offices and factories. Also, it has provision for financial assistance to universities, other institutions of higher learning, professional

Disability Table: Census 2001 and 2011

Disable Population														
S.N		2001							2011					
		Population	per cent of total population	per cent of Disabled population	Male	Female	Rural	Urban	Population	per cent of total population	per cent of Disabled population	Male	Female	Rural	Urban
1	Total Population	1,028,610,328			532,156,772	496,453,556	742,490,639	286,119,689	1,210,864,977			623270258	587584719	833748852	377106125
2	Total Disabled Population	21906769	2.13		12,605,635	9,301,134	16,388,382	5518387	26,814,994	2.21		14,988,593	11,826,401	18,636,358	8,178,636
3	Disability Rate (per lakh population)	2130			2,369	1,874	2,207	1,929	2,215			2404.83046	2012.71419	2235.24842	2168.78896
4	Types of Disability (in)														
i	Seeing	10634881	1.03	48.55	5,732,338.00	4,902,543.00	7873383	2,761,498.00	5,033,431	0.42	18.77	2,639,028	2,394,403	3,503,558	1,529,873
ii	Speech	1640868	0.16	7.49	942,095.00	698,773.00	1243854	397,014.00	1,998,692	0.17	7.45	1,122,987	875,705	1,303,940	694,752
iii	Hearing	1261722	0.12	5.76	673,797.00	587,925.00	1022816	238906	5,072,914	0.42	18.92	2,678,584	2,394,330	3,393,728	1,679,186
iv	Movement	6105477	0.59	27.87	3,902,752.00	2,202,725.00	4654552	1,450,925.00	5,436,826	0.45	20.28	3,370,501	2,066,325	4,035,741	1,401,085
v	Mental	2263821	0.22	10.33	1354653	909,168.00	1593777	670044	2,228,844	0.18	8.31	1286656	942188	1521780	707064
a	Retardation	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	1,505,964	0.12	5.62	870,898	635,066	1,025,900	480,064
b	Illness	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	722,880	0.06	2.70	415,758	307,122	495,880	227,000
vi	Any other	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	4,927,589	0.41	18.38	2,728,125	2,199,464	3,293,107	1,634,482
vii	Multiple	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	2,116,698	0.17	7.89	1,162,712	953,986	1,584,504	532,194

bodies and non-governmental research units or institutions, for undertaking research for special education, rehabilitation and manpower development.

- To provide social security rehabilitation of all persons with disabilities, financial assistance to non-governmental organizations, insurance schemes for the benefit of its employees with disabilities, schemes for payment of an unemployment allowance to persons with disabilities registered with the Special Employment Exchange for more than two years and who could not be placed in any gainful occupation.

There are many measures initiated by Ministry of Social Justice and empowerment and Health and Family Welfare in India. It includes District Rehabilitation Centre (DRC) Project which started in 1985. Four Regional Rehabilitation Training Centers (RRTC) have been functioning under the DRCs scheme at Mumbai, Chennai, Cuttack, and Lucknow since 1985 for the training of village level functionaries and DRCs professionals, orientation and training of State Government officials, research in service delivery, and low cost aids. Apart from developing training material and manuals for actual field use, RRTCs also produce material for creating community awareness through the medium of folders, posters, audio-visuals, films, and traditional forms, National Information Center on Disability and Rehabilitation, National council for Handicapped Welfare, National Level Institutes—NIMH, NIHH, NIVH, NIOH, IPH. A new scheme, District Disability Rehabilitation Centre for persons with disabilities set up in 2000 was a step towards providing rehabilitation services and implementation of Persons with Disability Act, 1995. The Government had decided to set up District Disability Rehabilitation Centres (DDRCs) with the objective of providing comprehensive services to persons with disabilities at the grass root level. The services include awareness generation, survey, identification and early intervention, counseling, assessment of need for assistive devices, provision/fitment of assistive devices, and their follow up/repair, therapeutic services like physiotherapy, occupational therapy and speech therapy, referral and arrangement for surgical correction through government and charitable institutions, facilitation of issue of disability certificates and bus passes, sanction of bank loans, and promotion of barrier-free environment.

The National Policy for Persons with Disability 2006 was an important development and welcome step by the Government of India. The following are the main provisions:

1. Women with Disabilities:

(i) To provide short duration stay homes for women with disabilities, hostels for working disabled women, and homes for aged disabled women.

(ii) It has been noted that women with disabilities have serious difficulty in looking after their children. The Government will take up a programme to provide financial support to women with disabilities so that they may hire services to look after their children. Such support will be limited to two children for a period not exceeding two years.

2. Children with Disabilities

Children with disabilities are the most vulnerable group and need special attention. The Government would strive to: -

- Ensure right to care, protection and security for children with disabilities;
- Ensure the right to development with dignity and equality, creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes.
- Ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities.
- Ensure the right to development as well as recognition of special needs and care, and protection of children with severe disabilities.

3. Prevention, Early Detection and Intervention

National, regional and local programmes of immunization (for children as well as expectant mothers), public health and sanitation will be expanded.

Training modules and facilities in disability prevention, early detection and intervention will be developed for medical and para medical health functionaries and Anganwadi workers.

Appropriate plan of action for limiting effects of disability and prevention of secondary disabilities within the existing health delivery system will be evolved.

Attention will be paid towards improving awareness of nutrition, health care and sanitation amongst adolescent girls, expectant mothers and women in the reproductive period. Awareness programmes for prevention will be built in at the school level and at the level of teacher's training courses.

4. Programmes of Rehabilitation

State level centres for providing composite rehabilitation services including human resource development, research and long term specialized rehabilitation will be set up.

Setting up of mental health care homes for severely mental ill persons will be encouraged under district level Panchayati Raj institutions with the involvement of NGOs. Alternatively, family support groups will be encouraged to set up Custodial Care Institutions for persons with mental disabilities without community and / or family support.

In the 12th Five Year Plan, Government of India had laid down the possible actions by the central government ministries including Ministry of IT & Communication and technology, civil aviation, health and family welfare, human resource development, labour and employment, railways, rural development, and women and child development to benefit those with disabilities and suggested a similar action to be taken by the states.

It also presented information related to various legislations for the protection of rights of people with disability. The existing laws on disability are: The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999, The Rehabilitation Council of India 1992, Mental Health Act 1987, Right to Education Act 2009, Protection of Child Rights Act 2005, The National Commission for Women Act 1990, Apprentice Act 2005, Criminal Procedure Court 1973, etc.

Despite all above efforts, there is a long way to go and adopt a more progressive approach to have better systems in place. The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities survey found that in the 42 per cent of countries that responded, rehabilitation policies were not adopted, in 50 per cent of countries, legislation on rehabilitation for people with disabilities was not passed, and in 40 per cent of countries rehabilitation programmes were not established. Even in countries with good legislation and related policies on rehabilitation, the implementation has lagged. Among the systemic barriers identified were: a lack of strategic planning, lack of resources and health infrastructure, lack of agency responsible to administer, coordinate, and monitor services, inadequate health information systems and communication strategies, too complex referral systems, and absence of engagement with people with disabilities. National rehabilitation plans and improved inter-sectoral collaboration are called for.

The Way Forward

India has tried to prepare inclusive disability policy and programmes and gained popularity for advocacy of disability rights in the developing world. The Indian Prime Minister also addressed the issue in his popular programme series "Mann Ki Baat''. But still there are many issues to deal with and focus on proper implementation and give justice to people with disability and have more inclusive society. First of all, the magnitude of the disability in India needs to be understood with conceptual clarity and common understanding of its definition. In the absence of that, the collection of correct data and adoption of appropriate strategy is still a challenge. India needs to follow an integrated and multidimensional approach to deal with the issue. It requires better coordination and networking with different departments and agencies working on the issue. The local government participation and communities' involvement is very much required to deal with social discrimination and barriers in accessing facilities and services. Trained personnel at each and every level of services needs to be appointed to prevent the disability in the general population and to provide specific care and services for people with disability. Health Care and safety through social protection schemes needs to be made available and accessible to all those who are in need.

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YE-10/2016

Empowering the Differently-Abled: Best Practices Approach

Arunima Dey

Empowering the person with disability should be the main focus and bringing about different management strategies could be the corner stone for working effectively with this segment of our society. But the need of a culturally competent model is an essential part and should be seen as a best practice approach

Health is a significant indicator of development of our society where disability plays an important role. Disability is often perceived as limitations on an individual's life resulting in experiences of marginalization and restriction on their lives in different ways. It is mostly evident that demographic and epidemiological perspective of health are the popular thrust areas while disability, a major part of health issues, remains unrecognized.

Disability: The Word Beyond it

Impairment, disability and handicap are related terms and carry special meanings; yet there is a degree of overlapping among them. According to the WHO Manual, an impairment is 'concerned with abnormalities of body structure and appearance and with organ or system function resulting from any cause; in principle, impairments represent disturbances at the organ level,' and disability is 'reflecting the consequences of impairment in terms of functional performance and activity by the individual; disabilities thus, represent disturbances at the level of the person'. On the other hand, the term handicap is 'concerned with the disadvantages experienced by the individual as a result of impairments and disabilities; handicap thus reflects interaction with and adaptation to the individual's surroundings.' (World Health Organization, 1980)

Prevalence of the Problem

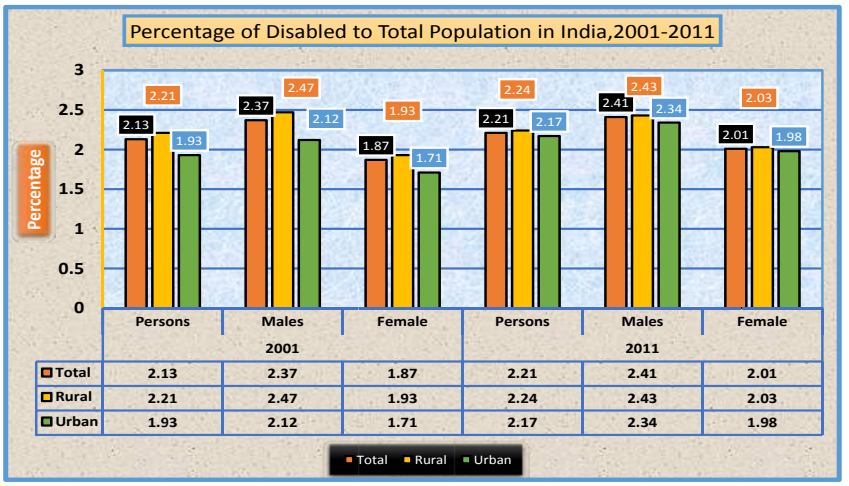
Table-1 presents two sets of data from 2001 and 2011 Census in regard to the place of residence and includes both sexes of population with disability in India. It clearly signifies that the percentage of persons with disability in India has increased both in rural and urban areas during the last decade (2001-2011). Yet another part shows that the proportion of the population with disability is higher in rural areas than urban areas, whereas, the decadal increase in proportion is significant in urban areas. The table also explains that there is a slight increase in disability among both sexes over the decade. The proportion of disabled population is higher among males and there is a decadal increase in proportion which is higher among females than males.

Culture and Disability

Another way to explain disability is the way we look at people with the problem, describe and present them. Disability is professed as a challenge no matter where the person is born. The challenge is magnified when

The author is Assistant Professor, Vidyasagar School of Social Work, Vidyasagar University, Kolkata. She had also worked with various NGOs in the past and had an opportunity to work in mental health settings in Philadelphia, USA besides authoring several publications.

Table-1



	2001			2011		
	Persons	Males	Female	Persons	Males	Female
Total	2.13	2.37	1.87	2.21	2.41	2.01
Rural	2.21	2.47	1.93	2.24	2.43	2.03
Urban	1.93	2.12	1.71	2.17	2.34	1.98

Percentage of Disabled to Total Population in India, 2001-2011 (Source: C-Series, Table C-20, Census of India 2001 and 2011

they belong to a developing country, like India. Understanding the cultural background and following a cultural competent model is a critical part for the person to be served as well as the person serving these people. Sharing similar values and perspectives keep the task smooth for both the segments as perceptions are often influenced by the culture (Stone, 2005). Moreover, language forms the way people look at society and the existing social phenomena; it influences community attitudes and impacts the lives of individuals in the society. Therefore, special attention is underlined while addressing the issue of disability because it can have a profound effect on the way they are viewed by the community as well as by themselves. Few expressions, by their very nature, degrade and diminish people with disability and perpetuate inaccurate stereotypes. Thus, the People with Disability (PwD) Act, 1995, ensures human dignity and includes referring to 'people with disability', 'people with learning disability', 'person living with depression' etc.

Need for Professional Intervention

It is to be mentioned that the unique perspective of culture, when analyzed from a different viewpoint, adds an in-depth meaning to disability. A competent and meaningful level of understanding disability may be quite helpful for the service providers. In addition, society labels people with different terms and at various situations. As a result, the stigma associated with disability can never be ignored. The appearance of disability in an individual exerts a strong negative influence on the functioning of the family. The situation also impairs the family relations within the family and causes emotional distress, frustrations and disturbs the relationship between the parents and individual or with other family members. If all these are not taken care of, the family stays in a state of permanent crisis which may lead to an eventual breakdown of the family and create a negative home environment. The financial and social status of the family are degraded along with the low expectations of the family members of the disabled. Parents' educational level and their previous experience with disability also plays an important role in epitomizing the situation. The response of the rest of the extended family, friends, neighbours and other people to the disability of the individual characterizes the social system and regulates the social behavior of the individuals within it. The different circumstances arising out of these situations call for professional intervention and validates the role of social workers working with this segment of population.

Disability and Care Givers: Possibilities and Challenges

Dealing with people with disability is a challenging task by itself. The care givers here can be categorized into two types, namely, the primary or the informal care givers which includes typically family members or friends, and the secondary or the formal care givers which include the physicians, nurses or any other professionals who help out the person with disability. In this context, the 'culture brokering' model can be of prime interest. This concept is mainly used by the health care researchers to describe how the health care professionals from the patient's community often help the patient to understand how health services operate and how to obtain services from it. The care giver who works in the setting of disability treatment, also promotes a system of best practices and utilizes the culture brokering model to incorporate cultural values. This model marks variability of treatment among care givers keeping in mind the cultural aspects of society. For example, religious affiliation, education, mass media, occupation, income are found to be the important factors that affect people's attitudes, outlook and understanding of disability. This allows the care giver to function as a 'cultural bridge' between diverse communities and main stream services. This model can be seen as a conceptual framework that can order the thinking of the 'culture broker' in analyzing problems and devising culturally appropriate solutions. Thus, the model allows us to look at different factors not only at an individual level, but also at various other levels that link a person to the family, community and the broader service system.

According to 'cultural brokering' model, the *intervention strategies* include establishing trust and rapport, and also maintaining connections. As Sotnik and Jezewski clearly point out, the specific elements of these culture-

brokering strategies are, advocating, mediating, networking, negotiating, innovating, intervening, and sensitizing. Regardless of what it means, disability providers must incorporate these intervening conditions as they move through the three stages of culture brokering, specifically, stages of problem identification, intervening strategies and evaluating outcomes (Sotnik & Jezewski, 2005). Therefore, a cultural broker should be willing to take risk and be able to tolerate ambiguous roles, should have trust and respect for the community, has to be comfortable in functioning at the margins of various systems (person's cultural system and service delivery system) and above all, should have good communication skills. The professional focusing on disability should be a cultural broker who can.

- Act as a catalyst for change;
- Provide a variety of support services for families dealing with the problem of disability;
- Encourage the family and community to work with the individual with disability;
- Assist the individual as well as the family to cope up with different unwanted situations;
- Encourage transparency in inter-cultural communication;
- Provide support to both of the parties;
- Help to link the family with supportive resources, like-providing psychological support and if necessary cognitive behavioural therapy (CBT) and psychiatric intervention, raising of knowledge and competencies of parents in different forms like briefing, teaching, workshops, seminars etc, toy and book library, rehabilitation equipment and aids rental, long and short term respite care, social help and aid, information, counseling, guidance services, transport and forming mutual support groups for the families with similar problems;
- Facilitate a cultural competent environment; and
- Support participatory development of the individuals with disability.

Also, other functions of the professional may include-early, multidisciplinary, continuous and complex therapy according to the individual needs, constant evaluation by monitoring development and progress of an individual and modifying a therapy programme accordingly, psychological support and raising of knowledge and competencies of parents, concerning the specific needs of their disabled individuals. Considering the Indian scenario, people try to center around their roles and responsibilities and prefer prevention over promotion (Uskul, 2010). The form of professional help for the disabled individual includes all forms of support for the families by referring to all of the life's spheres and enable access to:

Considering the Indian scenario, people try to center around their roles and responsibilities and prefer prevention over promotion (Uskul, 2010). The form of professional help for the disabled individual includes all forms of support for the families

- Health care, education, social benefits and housing;
- Special aids and rehabilitation equipment;
- Social rehabilitation and daily activity for those who cannot work;
- Vocational rehabilitation and training, employment and support in job placement;
- Advocacy, personal assistance and legal protection;
- Meaningful and active leisure time activities, services in the community, participation in culture, sports and recreation respite care.

Hence, the worker dealing with this issue should have the ability to network, have effective problem solving skills and flexibility and willingness to learn and act mostly perfectly in the culture brokering role.

Conclusion

Empowering the person with disability should be the main focus and bringing about different management strategies could be the corner stone for working effectively with this segment of our society. But the need of a culturally competent model is an essential part and should be seen as a best practice approach. This would definitely bring about positive changes in dealing with this segment of population. Moreover, there is generally no agreed or preferred professional method of managing disability issues and defining the role of caregivers. However, it is recommended that understanding the situation as it arises and using integrated approach based on the individual need and circumstances, should be the only concern at the moment.

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(E-mail:arunimadey2002@gmail.com)

Accessibility in Transport: Inclusive Designs

Devarshi Chaurasia

...'people are disabled by environment provided for them'. If we want to make our cities 'Smart' in true sense, we should make cities 'Accessible', 'Safe' and 'Inclusive' for all people irrespective of age, gender, physical condition, economic status

Accessibility is about giving equal access to everyone and without being able to access the facilities and services, Persons with Disabilities (PwDs) will never be fully included. (United Nations, 2007)'. United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), to which India is a signatory, under Article 9 casts obligations on the government for ensuring to PwDs accessibility to (a) Information, (b) Transport, (c) Physical Environment, (d) Communication Technology and (e) Accessibility to services as well as emergency services.

For the differently-abled, Universal Accessibility is critical for enabling them to gain access for equal opportunity, living independently and participating fully in all aspects of life in an inclusive society. 'Persons with Disability (equal opportunities, protection of rights and full participation) Act, 1995. Under section 44, 45 & 46 categorically provides for Non-discrimination in transport, Non-discrimination on the road and Non-discrimination in built environment respectively.

Indian Scenario:

A large share of population in Indian cities are dependent on public transport to reach their destinations every day. The trips are varied in nature like for work, study, recreation etc. With less number of personalised vehicles, long distance trips, expensive fuel and over and above, high vulnerability on roads makes buses and rail network play a key role in Indian society and primary carrier of local economy. Huge amount of money is spent on public transport infrastructure projects across the country to match the pace of demand of the city. Yet most of the infrastructure and services are not benefiting differently abled and creating unfriendly environment for potentially vulnerable group of people like old age, children, pregnant woman and persons with temporary disabilities. People unable to walk on streets, transit stop, climb steps, read/ interpret sinages, adjust themselves into inadequately designed vehicles.

Indian cities have a large number of commuters, but most of the infrastructure and services are designed for certain users only. What about the smaller section of Differently Abled? If we consider old age, children, pregnant woman and persons with temporary disabilities, the smaller number of differently abled persons may increase many folds. Through raised awareness and social discourse, one should consider every user in the design and development of infrastructure and transport service design. In the fast changing world, with the application of enhanced technology, awareness and valued notion of social equity, our

The author is member of faculty of School of Planning and Architecture, Bhopal. He is currently researching on issues related with mobility in urban areas and sustainability of built & settlement areas.

transit system needs to demonstrate adaptability to meet the needs and demands of all users.

Challenges with the Issue:

Public transportation access in Indian cities is a challenge for all users. Public spaces, transport facilities including vehicles have not been designed for people with disability. Nationally, JnNURM (Jawarlal Nehru National Urban Renewal Mission) has been the key trigger for cities to start preparing the BRTS (Bus Rapid Transit System) proposal to provide efficient public transport system. BRTS proposals have taken care of issues with PwDs but because of lack awareness and sensitivity towards the issue, we are unable to implement standards and provide facilities to the users with disability. Other issues are poor maintenance of the existing infrastructure.

While some public facilities which exist for disabled lie unused because they are not integrated with other facilities or exist in isolation, surrounded by encroachments which makes them inaccessible, external environment paths and sidewalks should be comprehensive and provide for the journey that people want to make including routes through residential areas (Malhotra, 2010). Due to poor public signage system, no one knows that these facilities exist. Essential access information should be communicated to 'Potential Users' and also to other citizens. In a country like India with huge population pressure on unfriendly public infrastructure facilities is almost like discouraging PwDs from using public facilities. Presently, we have improved our facilities. Still differently abled are not confident to use it freely because of bad past experiences. The differently-abled are unique and have a limitation in accessibility in use of built environment that needs further attention in a society. (Kennedy & Hesla, 2008)

Government of India launched a nation wide awareness campaign

Are pavements not meant to be accessible for the visually disabled?

'*Sugamya Bharat Abhiyan*' towards achieving universal accessibility for all citizens including differently abled in creating an enabling and barrier-free environment.

Design Guidelines and Standard:

Design guidelines and standards exist in many countries. In the absence of National Standards, the available standards from other countries are recommended. Guidelines provided by CPWD for barrier free built environment for differently-abled and elderly persons needs to be revised and elaborate so that one can use it more comprehensively. Many institutions (govt., semi-govt. and NGOs) are working in this regard. Institutions are spreading awareness through conducting workshops, seminars to create awareness amongst common man, officials of govt. departments responsible for the city development. Academic and research institutes may contribute a lot in creating sensitivity among students at the initial stage. They may conduct hand on exercise, documentation of existing situation as academic or research project to collect valuable information and data to analyse the cause of problems and recommend the solution for changes for the benefit of society.

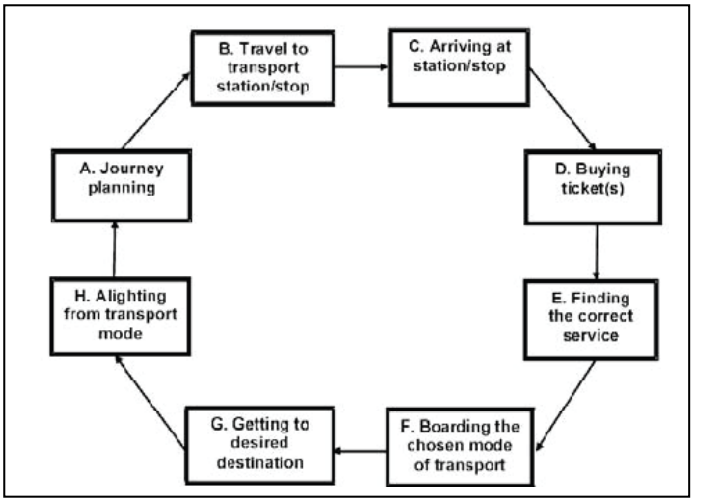

Fig. 1: The Journey Cycle. (Source: Assessment of Accessibility Standards for Disabled People in Land Based Public Transport Vehicles, Lafratta, 2008).

How do I use that zebra crossing?

Present/New Development Need:

We need multimodal transit system to cater to all sections of society, Government initiatives funds the transport projects by JnNURM. We have started construction of bus stops, metro station, BRTS as standalone systems. These may be accessible and having all features of accessible design and standard but the actual success will be through providing a fully accessible 'trip chain' for a journey. For example, a visual impaired or wheelchair user should get an integrated infrastructure to move freely with all necessary information and infrastructure starting from pedestrian walk, para-transit mode stand to BRTS stop to metro station. As a fact, we know all users of public transport are pedestrians at start and end of their travel. It is important to develop accessible pedestrian infrastructure such as streets, curb ramps with railing for kids and adults, tactile pavements on footpaths etc. Inaccessibility to the built physical environment is one of the significant barriers to the full participation of persons with disabilities in the society (Henry, 2009). Further, the simplest way of increasing the use of public transport facilities to establish an environment where pedestrian access is safe, convenient and comfortable (Griffin, 2000).

I too would like to use the Public Transport

Maintenance of infrastructure of public information system, toilet facilities, pedestrian crosswalk signals, access ramp, railing, tactile paving etc., supported with a repair and maintenance policy should be framed to keep it in a good condition to support the ongoing accessibility.

The Way Forward

A nationwide accessible India campaign should be considered as an opportunity and the need of the hour is to spread awareness to all sections of society, schools, colleges, amongst professionals, development authorities, urban local bodies, politicians, bureaucrats etc. to make it as common as our daily needs and associated with our life style. Increasing awareness should be at the core of the training on accessibility. Accessibility is increasingly recognised as a key element of a high quality and sustainable transport system. Indeed all of us users of the transport system benefit from easier access to buses, trams, transit, planes & ships (Cullen, 2006).

Through training, there is need to develop skilled drivers, conductors, transit operators, facilities staffs, security staffs to serve all users and special care to differently abled. In the absence of training, they cannot realise the investment and effort made to obtain accessible vehicle, facilities and can easily deny access to differently abled.

Use of Information & Communication Technology (ICT), and concept of Green Technologies in vehicle design and fuel, may be the answer to make public transport infrastructure more accessible, safe and more prompt in communicating information to all users specially differently abled. Elizabeth Barton and Lynne Mitchell, in the book 'Inclusive Urban Design-Street of Life' published in 2006, very rightly pointed out that 'people are disabled by environment provided for them'. If we want to make our cities 'Smart' in the true sense, we should make cities 'Accessible',

Obstacle race for the physically challenged

'Safe' and 'Inclusive' for all people irrespective of age, gender, physical condition, economic status.

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(E-mail:dchaurasia@spabhopal.ac.in)

DO YOU KNOW?

INCHEON STRATEGY

The Incheon Strategy is the action plan for the Asian and Pacific region, and the world, to make societies barrier-free for persons with disabilities and to ensure their rights over a decade. The Strategy consists of a set of disability-inclusive development goals regionally agreed for the first time. The strategy was adopted at the meeting of the Ministers and representatives of members countries of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) held at Incheon, Republic of Korea, from 29 October to 2 November 2012.

The name "Incheon Strategy" links the Decade action plan with the place where it was adopted. These goals will enable the Asian and Pacific region to track progress towards improving the quality of life, and the fulfilment of the rights, of the region's 650 million persons with disabilities, most of whom live in poverty. The strategy being implemented during the decade from 2013 to 2022, has 10 goals. These goals have 27 targets for action and 62 indicators to measure progress. The Incheon Strategy requires the governments to collect data about persons with all disabilities so that we can know what more we have to do.

Main ideas of the Incheon Strategy Persons is that the persons with disabilities should: Be respected; Be able to make their own choices; Not be discriminated against; and Be able to participate in society the same way as everyone else.

The 10 goals under the strategy include Goal 1: Reduce poverty and enhance work and employment prospects; Goal 2: Promote participation in political processes and in decision-making; Goal 3: Enhance access to the physical environment, public transportation, knowledge, information and communication; Goal 4: Strengthen social protection; Goal 5: Expand early intervention and education of children with disabilities; Goal 6: Ensure gender equality and women's empowerment; Goal 7: Ensure disability-inclusive disaster risk reduction and management; Goal 8: Improve the reliability and comparability of disability data; Goal 9: Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and the harmonization of national legislation with the Convention; Goal 10: Advance subregional, regional and interregional cooperation. ❑

(Compiled by Vatica Chandra, Sub Editor)
(E-mail: vchandra.iis2014@gmail.com)

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NATIONAL AGRICULTURE MARKET LAUNCHED

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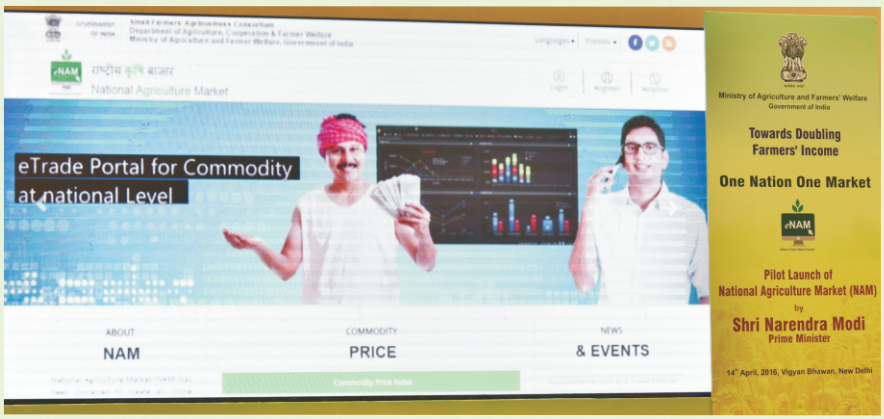

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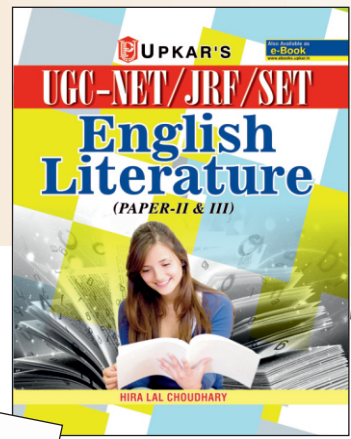

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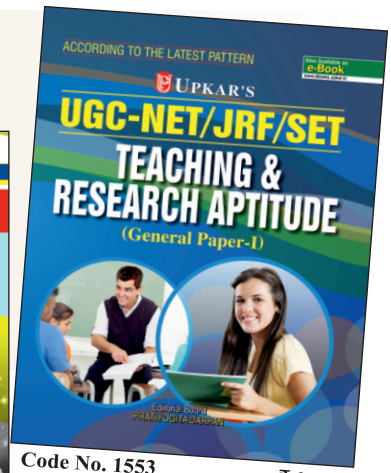

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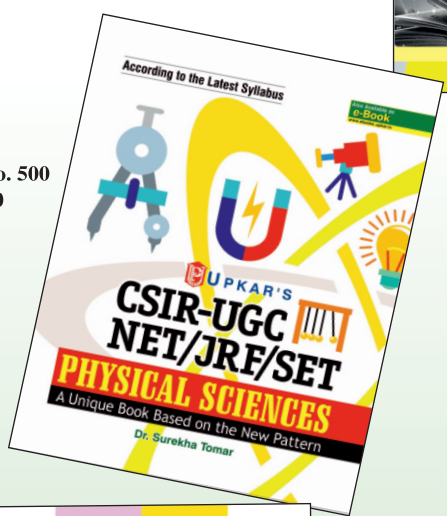

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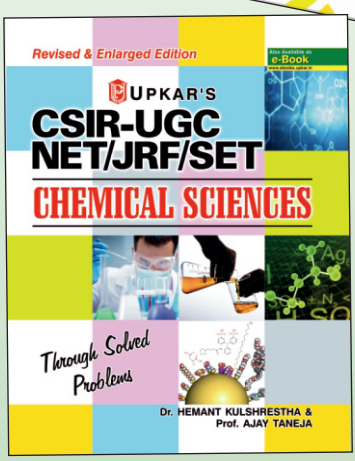

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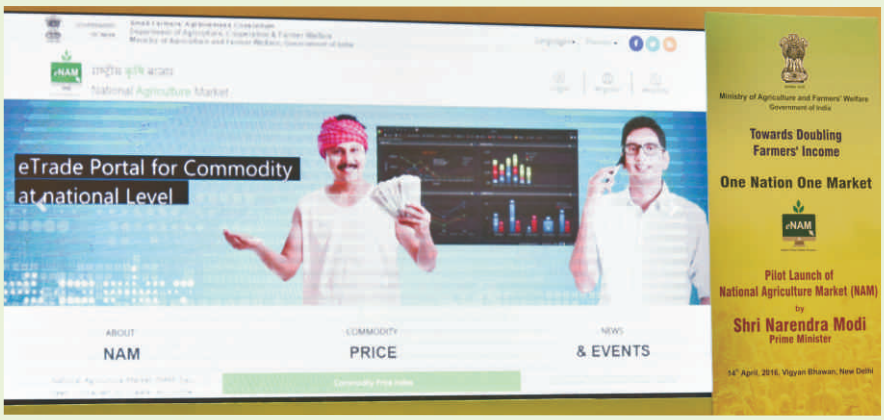

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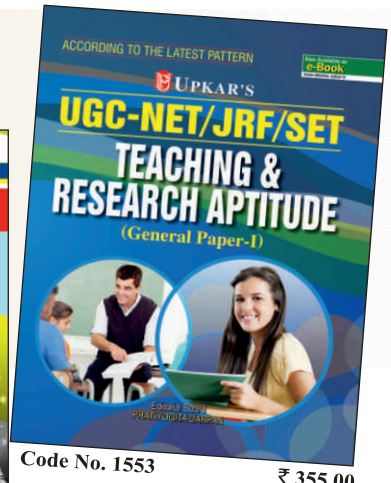

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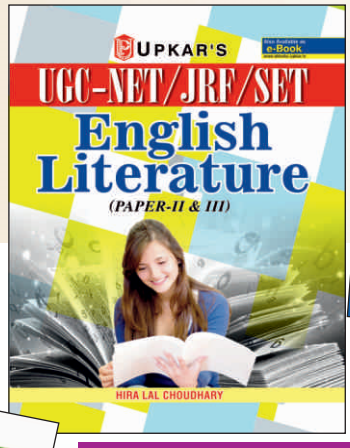

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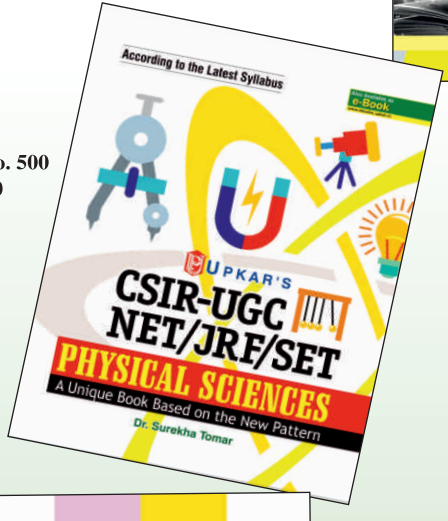

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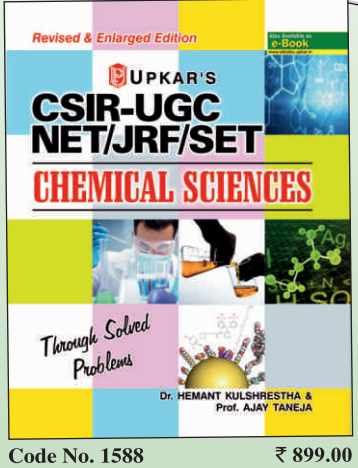

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