**Orientation on**

**Mainstreaming Disability   
for Inclusive Development**

September 2-4, 2015

Jodhpur, Rajasthan



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**The Training Schedule**

**Day 1 - September 2, 2015**

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| --- | --- | --- |
|  | Time | Theme |
| I | 10.00am – 11.00 am | Introduction and Expectation of participants and objectives of the training. |
| II | 11:00 am – 1:30 pm | Sensitisation on disability and barriers faced by persons/ women with disabilities |
| III | 2.30 pm – 4.00 pm | Types of disabilities covered by the National Trust Act 1999 |
| IV | 4.00 pm – 5.00 pm | Approaches to disability – charity/ welfare, medical, social and rights based |
|  | Post dinner | Screening of film ‘Freedom of /being‘ |

**Day 2 - September 3, 2015**

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| --- | --- | --- |
|  | Time | Theme |
| V | 9.30 am – 10.30 am | Recap of the previous day sessions and debriefing of the movie ‘Freedom of Being’. |
| VI | 10.30 am – 1.00 pm | Legal frameworks for ensuring the rights of persons with disabilities, UNNCRPD, various Acts related to disability in India & Disability Rights Movement |
| VII | 2.00 pm – 3.30 pm | Understanding vulnerability and access to services |
| VIII | 4.00 pm – 6.00 pm | Genesis and usage of terminologies related to disability |

**Day 3 - September 4, 2015**

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| --- | --- | --- |
|  | Time | Theme |
| IX | 9.00 am – 11.30 am | Mainstreaming persons with disabilities |
| X | 12.00 noon – 1.00 pm | Understanding the situation of women with disabilities |
| XI | 1.00 pm – 2.00 pm | Understanding inclusive practices from case examples and critical analysis in the context of alignment with UNCRPD |
| XII | 3.00 pm – 5.00 pm | Organisational level action plans for mainstreaming social inclusion |

**Introduction**

Development efforts all over the world have realized and proved that the fruits can only be reaped when the vulnerable – poor, oppressed, dalits, women and persons with disabilities recognize their own strength and solve their own problems. Worldwide, persons with disabilities are marginalized and excluded due barriers – social, economic, cultural and physical – in the environment.

A three day training program on ‘Mainstreaming disability for inclusive development’ was organized at Unnati, Jodhpur, in Rajasthan. This training program was organized for the EU partners who are middle development functionaries. The broad objective of this training program was to encourage an inclusive approach to address specific barriers and enhance the participation of persons/women with disabilities in decision making process. The specific objectives of the training program were:

1. Orient the participants on disability
2. Build a conceptual understanding on the paradigm shift from the charity and medical model, to the social model of disability
3. Develop an understanding on the different kinds of barriers that limit the participation of persons/women with different types of disabilities.
4. Build understanding on the legislation and policy, both present and upcoming, related to disability.
5. Develop understanding on mainstreaming disability in development process through case example.
6. Evolve specific strategies for effective delivery of public services for the person/women with disabilities in the on-going developmental activities/programs.

The facilitators of this training program were Mr Binoy Acharya, Ms Deepa Sonpal, Mr Gaurab Sen, Ms Nandani Rawal, Ms Amba Salelkar and Mr Prasanna Kumar Pincha. The training used both lecture and activity methods to explain different themes.

EU project on ‘Improving Access to Information on Public Schemes’, states ‘reaching the last mile’ as its objective aiming to reach out to the most excluded and marginalized sections like single and destitute women, widows, elderly, persons with disabilities. During the annual review and planning workshop of partners held in may 2014 it was realized that the partners had very little understanding about mainstreaming persons with disabilities hence it was decided to conduct a training for middle level development functionaries of the partners so that this perspective could be built into their respective projects.

**DAY 1**

**Session I: 10:00 am – 11:00 am**

**Introduction and Expectation of participants and objectives of the training**

Two participants were teamed up and were asked to introduce each other to the group. A ten minutes time was provided for interaction with each other so that one could know the other person. After the introduction of all the participants, resource persons introduced themselves. There were total 25 participants from 8 different organisations.

Participants were asked to share their expectations from the training. All the expectations were classified under three different sections indicating fulfilment, partial fulfilment of the expectations and third section listing expectations that might not be covered during the training. Some of the expectations are enlisted below:

* What are the rights of persons with disabilities?
* Schemes for persons with disabilities & grievance redressal mechanisms
* Problems faced by women with disabilities
* Challenges faced by the persons with disabilities
* Legal provisions
* How to make people aware about disability?
* Deeper understanding on the legal provisions of disability
* Obstacles and challenges for mainstreaming disability
* Types of disability
* Is the concept of 40% disability justifiable
* Information about the amendments in the act
* Practical experiencing about the problems faced by the persons with disabilities
* Advocacy
* What is the concept behind 40% and less that 40% disability
* Helpline for persons with disabilities
* Sharing of experiences of Unnati and GLRA on mainstreaming persons with disabilities.

**Session II & III: Time- 11:00 am – 1:30 pm**

**Facilitator – Ms. Nandini Rawal**

**Sensitisation on disability and barriers faced by persons/ women with disabilities.**

This session focused on exploring the general perception of people about disability or their behaviour towards person/women with disability. How do we feel when we see a person with disability?

Participants were asked *what kinds of thoughts will come to your mind when you see a beautiful girl who is visually impaired.*

Responses were*;*

* Feel sad for her that in spite of being so beautiful she cannot appreciate the beauty of her surrounding.
* Feel like helping her/ doing something for her.
* Feel like taking her to the hospital for treatment.

Participants were then asked to share the common phrases or saying linked to disabilities that are used as part of daily conversation. Few of them were:

1. Andheron ki nagari mein aiene bechna
2. Andhere ke haath me bater
3. Andhon me kana raja
4. Mama nahi to andha mama
5. Soordaas hai kya

The prevailing trend is that the above sayings are used for labelling persons based on their physical attributes. This projects the attitudes and beliefs prevailing in society towards person with disabilities. Persons With disabilities are being viewed as people who cannot do anything without being dependent on others for their needs. Physical or bodily perfection is considered essential and only such people should be participating in the mainstream development.

Few exercises were conducted to sensitize the participants about barriers faced by persons/women with disabilities.

* **Simulation exercises for experiencing visual impairment:**
* All the participants were asked to arrange themselves according to their birth months without speaking or gesturing to each other. It was observed that participants faced barrier in arranging themselves and very few could put themselves in the correct order. In the second round the participants were allowed to communicate with each other and were again asked to arrange themselves according to their birth dates. This time it was little easier but few still could not arrange them in the right order.
* All the participants were blindfolded and were asked to pour water in glasses from bottles that were spread all over the training room.
* The participants were asked to hand over their spectacles and handkerchiefs which were kept at a common place. Then the participants were asked to find their belongings.
* All participants were asked to leave the room and wash their hands and come back.

**The responses of the participants were:**

* It was a very scary experience especially for women. participant
* Felt very vulnerable, anyone can take advantage.
* Did not feel in control.
* Could not visualize how one is dressed or looks
* The environment as in the office, the training room was familiar, plus there were volunteers to help, and we knew it was for a limited period of time, therefore it was much easier than what it actually be in a real life situation.
* **Simulation exercises for experiencing locomotor disability on a wheelchair:**

Two participants were seated on wheelchair, which they had to drive to the kitchen and wash a plate and come back.

It would be easy for a person in a wheelchair to pour water in a glass but then it would be really tough for that person to go to the kitchen or climb a flight of stairs.

* **Simulation exercises for experiencing the use of crutches:**

**Two participants were asked to walk as long as possible with crutches.**

* Hands started to pain within 15-20 seconds.
* Feels like about to fall.
* Obstructions like chair etc. in the way which slows the process.
* **Simulation exercises for experiencing low vision:**

**All participants were made to wear low vision glasses of different types which were opaque or translucent and were asked to read the newspaper**

* There were one spot in the glass from where one could see.
* There are various types of impairment, leading to low vision and the person can see from certain spots. Like in case of glaucoma patients, they can see very clearly but only from one spot in the centre. Therefore to see sideways they have to turn their heads 90 degrees every time.

Following the stimulation exercises various types of impairments / disabilities covered by the Persons with Disabilities Act 1995 were discussed to understand the difficulties faced by a person with a particular kind of impairment through photographs and video clips

**Session IV: 2:30 pm – 4:00 pm**

**Facilitator: Ms. Nandini Rawal**

**Types of disabilities covered by the National Trust Act 1999**

Broadly, there are four main categories;

1. *Multiple Sclerosis*: it causes delimitation of spinal cord. Moreover this type of disability is more popular in ladies, people lose their vision, have to use wheelchair for movement and suffers from haemophilia (blood clotting).
2. *Mental retardation*: Status of mental retardation is decided on the basis of IQ tests. Persons with intellectual disability or persons with developmental disability are some of the terminology which is prevalent (or should be popular) for the persons with mental retardation.
3. *Cerebral Palsy*: Cerebral palsy creates stiffness in the human body.
4. *Deaf Blind*: Multiple disability caused by hearing impairment and visual impairment (impairment below some medical range decided by experts).

The terms used by the community in their day to day life regarding persons with disabilities depict their attitude towards persons with disability and the society accepts them different from “normal” people. One should consult the persons with disability or call them in a way that their dignity is not hurt and they too get the equal position in the society.

Talking about prevention of disability, none of the articles under United Nations Convention of Rights of Persons with Disabilities (UNCRPD) has included about prevention of disability. Disability can be prevented but the question arises, whether the communities (persons with disabilities) which is a heterogeneous and possess a vast culture within the group want to get prevented? Like the hearing impairment can be cured through cochlear implant but the deaf community doesn’t want that because they have their own culture, sing language etc. Therefore the prevention of disability itself is a controversial phenomenon where the affected community doesn’t want it to happen.

**Session V: Time: 4:00 pm – 5:00 pm**

**Facilitator: Ms. Nandini Rawal**

**Approaches to disability - charity/welfare, medical, social and rights based**

In this session, the facilitator spoke about the various approaches to disability with the help of group exercise. A combination of approaches is employed at the field level. Thus, it is essential for development professionals to know the various approaches to disability. The participants were first asked the participants to list down the general needs of a non-disabled person. The responses that emerged from the participants were:

- Family, food, education, employment, housing, friends and steady relationships, entertainment and recreation, sound mind and body, good sleep, freedom/independence/democracy

The participants were asked to think of the needs of a disabled person. Based on the participants’ responses, it was concluded that both disabled and non-disabled people have similar needs.

Following this a group exercise was held to illustrate the various approaches to disability.

**Group Exercise**

1. All the participants were divided into four groups
2. A brief case study was handed out to each group
3. Each team had to discuss the following four questions within their groups. The questions are as follows:

* *Who are the stakeholders?*
* *What is the attitude of each stakeholder?*
* *What is lacking in the situation?*
* *How will you look for remedy for this situation?*

1. 30 minutes were allotted for this group exercise
2. Each team had to present their case study analysis at the end

**Case Study 1**

* Sheela is a deaf-blind girl in Rampur village
* Family is poor
* Brothers left the home
* Sheela and mother beg outside the temple
* People give food and money

**Stakeholders:** Sheila, her mother and brother, people who give alms, local NGO, PRI representatives, temple priest

**Attitude:** negligence of PRI representatives and local NGO, indifferent attitude of the brother who did not take responsibility of his disabled sister and ran away, pity on the part of temple priest and the villages who gave alms to Sheila

**Lacking element:** lack of awareness about her individual rights, lack of motivation both on the part of the mother and daughter, improper implementation of anti-beggary act

**Solution:** imparting information about the entitlements of a disabled person, counselling for village people to handle such cases of disability, skill training for persons with disabilities

**Case study 2**

* Sheela is a deaf-blind girl in Rampur village
* Family is poor
* Family took her to Ahmedabad for medical check up
* She was given hearing aid by local NGO
* hearing aid too big for Sheela
* Hearing aid got spoilt after three months
* She is back to where she was

**Stakeholders:** Sheila, family, village, NGO, PHC/CHC

**Attitude:** supportiveness of family, lack of proper guidance by local health centres, short term solution/negligence of NGO

**Lacking element:** no proper diagnosis of disability**,** lack of proper coordination between family and NGO, no follow up by family/NGO, lack of sensitivity of family towards Sheila

**Solution:** proper diagnosis of disability and replacement of hearing aid, proper orientation of family on disability, proper coordination among all stakeholders

**Case study 3**

* Sheela is a deaf-blind girl in Rampur village
* Family is poor
* CBR worker met her, got her certificate, entitlements
* She was given hearing aid by local
* NGO and training in using the aid
* Family was given training in communication
* Training to community members
* Admitted to school

**Stakeholders:** Sheila, family, community, school/teacher, and community based rehabilitation (CBR) workers

**Attitude:** cooperative attitude of CBR workers, supportiveness of parents

**Lacking element:** Sheila was not consulted, lack of proper information about how poor family with a person with disability can be linked with government schemes, lack of special education to Sheila

**Solution:** qualified special educators at school, CBR worker should provide more appropriate infrastructure

**Case study 4**

* Sheela is a deaf-blind girl in Rampur village
* She heads a DPO in the taluka
* Radha a wheelchair user wants admission in a physiotherapy course
* She tried for admission but the principal refused
* Sheela approached the District Education Officer and Disability Commissioner and got admission for Radha

**Stakeholders:** Sheila, DPO, DEO, Person With Disability Commissioner, physiotherapy centre, Sheila and Radha’s family, community, gram panchayat

**Attitude:** supportive District Education Officer and Chief Commissioner for Person With Disabilities, discriminatory/exclusionary attitude of college principal, indifferent attitude of community and gram panchayat, totally empowered Sheila

**Lacking element:** difficulty to accessibility, absence of Equal Opportunity Cell in the college, lack of community awareness on disability

**Solution:** orientation of the community on disability, information dissemination on rights of persons with disabilities

The key words that emerged from each presentation were:

* Group 1: begging/alms giving
* Group 2: medical treatment/provision of aids and appliances
* Group 3: training and CBR/community engagement
* Group 4: empowered Sheila

In the end it was explained that each case study corresponded to a particular approach to disability, viz, **case study 1st** used **charity/welfare approach**, the 2nd **case study** used **medical approach**, **the 3rd case study was based on the** **social approach**, and the 4th **case study** employed the **rights based approach**.

Next, she went on to explain all the four approaches to disability briefly, which is summed up below:

**Charity/welfare/religious approach**

* Persons with disabilities are viewed as victims of circumstance deserving pity
* They are looked upon as charitable cases
* They are looked down upon as a curse or suffering
* They have no voice and participation in society
* The idea of being recipients of charity lowers the self-esteem of persons with disabilities

**Medical approach**

* Disability results from an individual person’s physical or mental limitations, and is largely unconnected to the social or geographical environments
* Disability is looked upon as an impairment, a defect or a deformity
* Disability is viewed as a ‘problem’ that belongs to the disabled individual
* Major focus is on accurately identifying and “fixing” the impairment causing the disability
* The aim is to overcome, or at least minimize, the negative consequences of disability

**Social approach**

* Disability is viewed as a consequence of environmental, institutional, social and attitudinal barriers that prevent people with disabilities from participation in society
* Problem is the inability and not the ‘person’ who has the disability
* Absence of discrimination/prejudice against a disabled person
* Emphasis is laid on empowerment, self-sufficiency and independence of persons with disability
* Strong support from the State to persons with disability
* Removal of institutional, environmental and attitudinal barriers will improve the lives of disabled people, giving them the same opportunities as others on an equitable basis

**Rights based approach**

* Mix of medical and social approaches
* Focus is on objectives of social approach with medical assistance
* Persons with disabilities are treated as having the same rights of citizenship as non-disabled people - the opportunity to participate in society and to lead an ordinary life
* It holds that in order to honour the rights of Persons with disabilities, society must strengthen its capacity to include and meet the needs of people with impairments

The facilitator concluded the session by saying that we all should endeavour towards making a change in society so that all kinds of people can fit in comfortably instead of asking people with disabilities to change in order to fit in society.

Later in the evening, film *‘****Freedom of Being’*** was screened.

**Day - 2**

**Session VI: Time: 9:30 am – 10:30 am**

**Recap of the previous day sessions and debriefing of the film ‘Freedom of Being’**

The participants shared about the simulations exercises conducted on the previous day and the barriers faced by persons with disabilities. The film was informative and enabled in understanding the barriers faced by persons with disabilities and the basic features of the environment that need to be made accessible.

**Session VII: 10.30 am – 1.00 pm**

**Facilitator: Mr. Prasanna Kumar Pincha and Ms. Amba Salelkar**

**Legal frameworks for ensuring the rights of persons with disabilities, UNNCRPD, various Acts related to disability in India & Disability Rights Movement**

The group was divided into small groups and based on the previous days briefing each group was to discuss the legal provisions or policy changes required to protect the rights of persons with disabilities. The themes for discussion were education and skill development, employment, culture and recreation, accessibility and health care and social security.

Following are the consolidated recommendations made by the groups during their presentation

1. **Education**
2. Scholarships awarded for persons with disabilities
3. Special educators/teachers/professors be appointed according to the type of disability
4. Barrier free environment to be provided at the educational institutions
5. Special libraries (as per the types of disability)
6. Reservation in educational institutions to be extended
7. Admission for a persons with disabilities should be free of cost in government as well as private educational institution
8. Course and curriculum of the college should have a subject on disability
9. Reasonable accommodation to be provided
10. Expand options for persons with disabilities so that they can get access to each and every sector of the economy
11. Appropriate duration of training as per the requirement of the persons with disabilities
12. Orientation on the diversity, for the trainers

1. **Employment**
2. Reservation in all the sectors
3. reasonable accommodation
4. employment at all levels
5. reasonable HR policies in favour of persons with disabilities
6. flexible timings as per the requirement of the persons with disabilities
7. **Accessibility/transportation/communication**
8. Print media to be in Braille/sign and other languages which are favourable to persons with disabilities
9. Maintain the quality of tools which are used by persons with disability and they should be easily get repaired in case of malfunctioning
10. Block or taluka level camps to be organized for the persons with disabilities
11. Railway and bus stations to be made barrier free
12. The reserved seats in public transport is not sufficient but access to these seats has to be barriers free
13. Audio/visual and other facilities on roads
14. **Health/social security**
15. Transport and escort facilities for taking a person with disability to the hospital
16. Insurance for the treatment of person with disability
17. Accessibility to the helpline
18. Special wards/accommodation for the persons with disability has to be provided
19. Trained doctors/health social workers at the hospital level

**5. Skill development/ Higher education**

1. Reservation in admission should be more than 3 %
2. Barrier free environment
3. Provisions for scholarship
4. Free admission both in private and public institutions
5. Overall compulsory subjects on disability
6. Special educator
7. Reasonable accommodation offered
8. Reasonable accommodation be included in HR policies
9. Duration of vocational training according to disability type
10. Measurement of productivity
11. New avenues and trades suitable to disability should be introduced
12. Orientation on diversity for companies to be compulsory
13. **Children with disabilities**
14. Environment – disability friendly, toilets, transportation, labs, sanitation
15. Sensitization of other students in the school
16. Courses and curriculum- tutorials, extra classes or children with disabilities, exams patterns should be made accessible for students with disabilities
17. audio-visual be made available in public libraries
18. scholarships be made available through government schemes in all fields like sports equipment equal opportunity cell at block and cluster level
19. Recreation and public places be made accessible - playground design, theatre- voice and title, be made accessible, audio announcement facilities in all places
20. Availability of accessories and tools be made available on rent or free
21. **Accessibility/ transport/ communication**
22. Print media – newspapers in Braille and sign language
23. Proper quality of accessible devises
24. Orientation to disability at block levels
25. Railways and buses accessible terminators be made accessible
26. Ticket counters should be accessible
27. Audio-visual signals for road transport
28. Ramps/ appropriate incline
29. Train coaches for persons with disabilities must be at a fixed position and a train escort be made available, entry into the train should be made available at same level
30. Concession in flights
31. Private companies making available public services should be given license only if their services is made accessible
32. Audio part of the ATMs should be worked upon
33. **Health/ social security**
34. Transport to hospitals and escort services when visiting
35. Accessible helpline
36. Insurance for treatment
37. Special wards and accommodations
38. Trained doctors on disability
39. Campaign awareness among community
40. Need centres at block/ panchayat level to access schemes
41. Needs of disabled should also be included in the existing schemes.
42. Home based deliveries of PDS
43. Pension scheme should be made available to all those whose are not employable so that they can live independently
44. Training at village / panchayat level for sensitization and schemes
45. There should be schemes for those who have less than 40% disability
46. Helpline for schemes and benefits for persons with disabilities and their families
47. Service institutions at the village level like anganwadis should be inclusive
48. Grievance cell
49. Participation in decision making in the community from panchayat level and upwards
50. Revise curriculum of skill training
51. Consider the sexual needs of persons with disabilities

There is no difference between the needs of a non-disabled person and a person with a disability. The only thing is that person with disabilities have some specific needs depending on the type of disability and the barrier in the environment.

There is a lot of diversity within disability. All persons with disabilities have different needs and which cannot be similar; it varies from person to person. The demand for the rights of individual arose from basic needs. If the basic needs are not fulfilled then there is need for a movement to demand the basic rights.

There is no difference in the basic rights of persons with disabilities and a non-disabled person, the only thing is that there are some specific needs which have to be provided to Person with Disabilities. The need for movement arises because there are no facilities provided for persons with disabilities.There have been 2 types of movements:

1. Uni Disability movement
2. Cross Disability movement

Both these movement are not against each other but complement each other. In Uni disability movement, particular type of persons with disabilities gathers for the movement. Whereas, in Cross disability movement all types of persons with disabilities gather around for the rights.

In the 18th century along with the welfare approach, criminality approach to disability was practiced. Persons affected by leprosy and psycho-social disabilities were locked up for life through court orders. They could only be released if someone comes to collect them which were rare. They were confirmed to the asylum or mental hospital. This was prevailing until recently this was the case so the movements of parents of children with intellectual disabilities began to lead the movement. Such an organisation is called PARIVAR. Recently such movements have started in pockets in the state and more than 250 organisations are members of PARIVAR. Movement representing persons with cerebral palsy is not strongly represented at the national level. Various groups have given feedback to the Standing Committee on the New Law. Even though this movement is at an initial stages but at least voices of persons with disabilities was heard.

Earlier, before India got freedom, people and organizations working for the person with disabilities use to have a philanthropic view. People used to think that persons with disabilities are helpless or wretched and they always need help or support to live. After Independence, during the 60s, person with disabilities started to educate themselves and also they started to form associations. During the 80s, a National Federation for the Blind was formed through which the movements started in a flow. Through the movements laws related to the rights of person with disabilities were made. At the end of the 80s, Cross Disability movement started. In this movement, disability right groups were made where persons of all forms of disability participated. First, the Rehabilitation Council of India Act 1992 was enacted. Then, The Person with Disabilities (Equal Opportunity, Protection of Rights and Full Participation) Act 1995 was enacted.

The Person with Disabilities Act, 1995, talks about the rights of the person with disabilities. There are seven types of disabilities – Totally blind, low vision, hearing impaired, cerebral palsy, mental retardation, mental illness and leprosy cured. The New Law aims to cover 19 types of disabilities. This Act, discusses different themes like Education, Prevention, Employment, Non-discrimination, Research and Development. The main features of some of the sections were discussed.

**Education**

* till the age of 18 years free and appropriate education for children with disabilities
* all grant in aid institutions will reserve 3% for children with disabilities
* develop appropriate schemes for children with disabilities – transportation, accessible text books, scholarships, uniform, alternate questions if need be like instead of drawing an alternate question, provision of a scribe

**Employment**

* 3% reservation in government – blind and low vision, hearing impaired, cerebral palsy and locomotor disabilities
* Relaxation in upper age limit for appointment and retirement
* Private enterprises will get incentives if they employ 5% persons with disabilities
* Enabling environment
* Unemployment allowance if registered for more than 2 years in the employment exchange

**Other provisions**

* 3% reservation in all poverty alleviation schemes
* Allocate land for specific purpose – housing, petty shop, establish organisation for persons with disabilities
* Barrier free environment – roads, buildings, transport and government offices
* For implementation there are central coordination committee and state coordination committee. They also play an advisory role to the government
* As part of the structure there is a Chief Commissioner for persons with disabilities and at the state level there is Commissioner for Persons with Disabilities. This is a quasi-judicial body for redressal of grievances. Complaints can be registered by the persons with disability, others who are associated with persons with disabilities and the Commissioner could also take up issues of injustices that they may have come across.

**Landmark judgments**

* Implementation of Uniform guidelines for scribe to persons with disabilities for conducting examination

**Bottlenecks experienced in implementing the Act**

* Disability Commissioner has been appointed in 13-14 State. In places when additional charge has been given to a bureaucrat who has no idea about disability. In some cases unqualified person has been given the charge and often a political appointee
* Proper meetings are not held by the central and State Coordination Committees
* 3% reservation is not followed in employment. The reservation policy is not effective for women with disabilities
* The nodal department for implementation of the PWD Act is Social Justice and Empowerment by for implementation coordination is required between all departments
* It is essential to get a medical certificate for availing benefits under this Act but very often Doctors issuing the certificate are insensitive and exhibit improper behaviour
* The guidelines for scribe not being followed by different institutions
* The judgment of the CCPD is does not override the judiciary

In 2006, a treaty - UNCRPD- United Nations Convention on the Rights of Person with Disabilities was introduced in the General Assembly. Under this, human rights of persons with disabilities are brought into focus. It proposes a model which highlights the social model or approach to disability by raising a step ahead of medical model and puts forwarded the human rights perspectives. In addition to Social, economic and cultural rights it also talked about political and citizen rights. It had focused on inclusion of the needs of the persons with disabilities before making any policy. The Persons with disabilities should be consulted before making any scheme or policy. They have legal capacity, right to enjoyment and recognition, on an equal basis with others.

Persons with Disabilities can be found in each and every religion, state, country and region. Looking into the data, India constitutes to about 2.68 crore persons with disabilities whereas, the world constitutes 100 crores which is 15 % of the population. Despite constituting such a large population we are not included in the planning or decision-making process. They have always been excluded from the development goal. Policy makers do not feel the need to include us in the formation of policies even though these are made for our benefit. In policies where persons with disabilities are targeted they do not have any role in making them.

**Session VIII: 2.00 pm – 3.30 pm**

**Facilitator: Ms Deepa Sonpal and Mr Binoy Acharya**

**Understanding vulnerability and access to services**

An exercise for understanding vulnerability was conducted. Ask 5 participants to volunteer –

**CHARACTERS**

* **marginalized farmer** – 30 years old tribal
* **son of a well to do family whose name is in the BPL list**: 25 years old graduate and running a business
* **widow 22 year old with 2 young children**: children do not go to the anganwadi from a dalit household and illiterate
* **Dalit man of 35 years:** studied up to the 5th STD
* **person with disability**: visually impaired 28 years old woman living with her young son (10 years) as her husband has deserted her and is illiterate

2. Select any one scheme for personal benefit and play the game as per the instructions given below;

**Example: Indira Awas Yojana:**

All the volunteers will be asked to stand in one line and they will be asked the following questions. The volunteers are required to move one step forward if the character assigned to them is able to access the scheme, remain in the same position if there is no access and move backwards if a bribe is given to access the scheme. This exercise will demonstrate who will get the benefit first and whose house will be ready in the shortest period.

* + 1. Son of a well to do family has submitted the application first and the rest were not able to submit the application
    2. Widow was not able to submit her application as she was not able to obtain the death certificate of her husband.
    3. Person with disability was not able to submit the application as he/ she did not have the disability certificate.
    4. The son of a well to do family has received the 1st instalment and the construction work has begun
    5. The dalit and marginalized farmer keep trying and they received the first instalment after 2 months.
    6. The person with disability and widow have been unable to submit their application
    7. The son of a well to do family has received the 2nd instalment. He has also added his contribution and is able to proceed with constructing his house.
    8. The dalit and the marginalized farmer are unable to gather the material required for construction and labourers. Hence they engage a contractor to complete their work at a cost of Rs.17,000/- each
    9. The person with disability and widow had to pay a bribe or commission to an agent to fill their application form in the panchayat
    10. The son of a well to do family has received the 2nd instalments. He adds his contribution and completes the construction of his house
    11. The house of the son of a well to do family is fully constructed. He has received all the three instalments and is living happily
    12. The contractor hired by the dalit and the marginalized farmer absconded with the money provided to him to complete the construction work
    13. Seeing this, the widow and person with disability decide not to proceed with constructing their house. They do not ask for a refund nor enquire about the status of their instalment.
    14. Ask the group which person is located where and why?
    15. Ask the group if this is the situation in accessing other public schemes – ask each participant to provide their opinion.

After completing the exercise the group was asked to share their feelings and observations. First the characters shared their feelings and then the audience. The following points emerged from the discussion:

* marginalized groups feel disheartened and dejected if they are not able to access the benefits of government schemes
* once harassed and confronted with bottle necks marginalized groups tend to loose faith in the system and are reluctant to try to access the benefits again
* if they have to spend like give a bribe to get the benefits then it will be a Herculean task to convince them to get the benefits
* The aim of the project is Access to information on Public Schemes but as seen in the exercise that by this only the powerful will be able to access the benefits. Perhaps the numbers in our project will also reflect the benefits availed by the powerful lot
* For the marginalized groups to avail the benefits a lot more effort is required to prove their eligibility and produce the relevant documents.
* It was observed during the exercise that if certain structural support is provided to the vulnerable groups, it will enable them to access the services.
* Marginalized groups like women particularly widows and persons with disabilities, are confronted with attitudinal and environmental barriers, institutional - opening of bank accounts, admission in schools
* Structural changes are required to reach the last mile that includes system alignment, coordination between departments, simplification of process to remove bottlenecks
* Sensitization of government functionaries, service providers including doctors on attitude behaviour change, negative attitude comes out of anti discriminatory attitudes powered by the dominant power centres
* Including disability in curriculum of various professional courses including medical courses
* Need to build rapport with concerned service providers to sensitise them, convince them for support and extend a helping hand.
* This could be turned to their benefits as all departments have targets so support to complete targets.
* National Legal Service Authority provides free legal services. Cases are filed in the high court and data needs to be supplied to the courts. There are many land mark judgments but data must be supplied. Legal approach needs to be used as the last option.
* Public service delivery needs to be reformed as poor access of schemes is one of the major causes of poverty in our country
* An average family could benefit Rs 1 to 2 lacks from public programmes but by virtue of non implementation people are pushed to the margins. So only providing information is not enough.
* Flow chart of de jure and de fact processes of accessing each of the schemes needs to be made to understand the hurdles and bottlenecks for reforming public service delivery. Some barriers are attitudinal and some are institutional. Discriminatory practices continue to marginalize the vulnerable. How do we reach the last mile? The societal prejudices are inhuman that take away the individual dignity. So societal reform is also essential for vulnerable groups to come forward and participate. Mostly these individuals are invisible so these individuals need to be identified.
* Legal reforms have limitations as it may take time. Strategic legal reform is what they should be dome.

After all this discussion the vulnerable characters – widow and person with disability- how they were feeling after this discussion. They had felt dejected during the exercise. But some people have hope and some loose hop. So the need to organize as a collective, document and share positive cases, identify what works, ally with other movements and find allies with other groups working on other issues.. All the EU partners cover 250 blocks in 50 districts.

**Session IX: 4.00 – 6.00**

**Facilitator: Ms Amba Salelkar and Mr Prasanna Pincha**

**Genesis and usage of terminologies related to disability**

**An analysis of the words was done for terms used in English**

**Origin of the term handicapped**: in Medieval Europe beggars used to beg with a cap in their hand. The stereotype surrounding this term is that persons with disabilities were not more than beggars.

The inabilities to hear, see, speak or walk etc. are impairment. These become a disability when there is a failure to provide accessible environment. For instance if a wheelchair user wants to enter a building where there is no ramp. The person’s impairment is loco motor in nature but his or her disability is the barrier of not having a ramp. **Barriers like these transform the impairment into a disability.**

**A person with disability or persons with disabilities is** the accepted term by the United Nations as well as the movement of persons with disabilities globally. Wherever necessary and relevant, this term should be used. This term does not hurt the dignity of the person; dignity is attacked by the perspective of the person.

**Why don’t we use the term differently able or specially-able instead of persons with disabilities?**

The term differently able can be translated as the person’s ability is different from others. Based on a research conducted by a woman in café (KFC), which had employed persons with disability, the customer’s responded that the food/beverages here taste better than other outlets. Such responses testify that persons with disabilities have a different sort of ability, even though the products and recipe used are same.

“It is outrageously erroneous and obscenely ridiculous to equate one’s disability with one’s inability”- P K Pincha. **These terms burden the person with disability to do something extraordinary.** It is not necessary that a person with a disability is naturally creative. An accessible environment needs to be created for persons with disabilities to live a life of ease. All individuals are different from each other. There is diversity all over, no one is same.

All have unique capacities, unique abilities. This makes everybody differently able from one another. If a person with disability is differently able in relation to a person without a disability, vice versa also stands true. Then why are only persons with disabilities termed as differently able? This is hypocrisy, maybe be well intentioned. The term gives out a message that persons with disabilities are different. This statement is patronizing and condescending and untrue. At times it conveys that persons with disabilities have special abilities and they are theorized to the extent that some commit suicide when they cannot live up to that expectation. So it puts unnecessary pressure on them to perform beyond their capacity.

A relation between person with disability and person without disability is not of dependence or independence but of interdependence.

A person with hearing impairment can be referred to as deaf, a person with visual impairment can be referred to as blind, a person with psychiatric ailment should be referred to as persons with psycho social disability (instead of mental illness).

Person with disabilities themselves use the term differently able, because they are made to believe they are different from others, it is their ignorance not their belief. What is needed is an accessible environment to accommodate different forms of disabilities.

For persons with mental retardation and mental illness the preferred term is psycho-social disabilities.

**Day -3**

**Session X: 9 am – 11.30 am**

**Facilitator: Mr. Prasanna Kumar Pincha**

**Mainstreaming Persons with disabilities**

The overarching theme of the session was mainstreaming persons with disabilities in the process of inclusive development. Mr. Pincha (a Disability Rights Activist and ex Chief Commissioner for Persons with Disabilities) initiated the session by talking about ‘inclusion’ and ‘the need for mainstreaming disability’. “Inclusion” means ensuring full and equal participation of persons with disabilities in all aspects and spheres of life at all levels without any discrimination or prejudices by recognizing disability as a human diversity. The goal of inclusive development is to achieve an inclusive society, able to accommodate differences and to value diversity. Mainstreaming disability means connecting persons with disabilities with the development activities. In order to mainstream disability we have to understand what we understand by mainstreaming disability, why do we need to mainstream disability, where can we mainstream disability, when can we mainstream disability and how can we mainstream disability.

He further said that persons with disabilities suffer discrimination every day, in every field of life. They are very often victims of social stereotypes due to lack of knowledge and fear towards disability. Discrimination occurs when people disregard that disabled people are foremost men and women, as anybody else, making unfair and premature conclusions based on their impairments or difference. He held that discrimination faced by persons with disabilities can be based on prejudice, but very often, it is caused by the fact that persons with disabilities are largely forgotten and ignored by society.

‘Mainstreaming disability’ is a strategy to be used as framework. To explain he elaborated on the called **“5 Ws”** as below:

* WHAT do we understand by mainstreaming persons with disability?
* WHY do we mainstream persons with disability?
* WHERE should we mainstream persons with disability?
* WHEN should we mainstream persons with disability?
* HOW should we mainstream persons with disability?

Disability-inclusive development is based on a twin-track approach that implies both (1) actions to mainstream disability in all policies and programmes, and (2) actions specifically targeting people with disabilities to enable them to participate and benefit from programmes on an equal basis with others.

Mr. Pincha presented the following arguments regarding the need for mainstreaming disability:

* The percentage of persons with disabilities in the world is too high. The government record states that around 2,68,00,000 people in India are disabled. However, according to the WHO reports, there are more than 4 crore persons with disabilities in India. In our country, people do not reveal that they have a person with a disability member in their family due to the stigma associated with disability. Persons with disabilities are excluded from family and they are not even considered a part of family. That is precisely the reason why the official figures on persons with disabilities are skewed.
* The Department for International Development (DFID), United Kingdom, studies reveals that 20% of the poorest people in the world have some kind of disability.
* Moreover, people with disabilities have always been victims of exploitation, discrimination and oppression since time immemorial. Hence, this group ought to be linked with the process of development

In response to the question “where should we mainstream persons with disability?” Mr. Pincha said that Persons with disabilities should be included at all levels of the organization. He explained his point by saying that usually organizations do not hire disabled people because they consider them unproductive.

Therefore, at the organizational level, organizations should employ persons with disabilities in their workforce and they should be promoted as they grow professionally. Also, adequate and appropriate representation of people with disabilities should be ensured in all the decision making bodies at all levels. Moreover, HR policies should include policies for persons with disabilities and should be disabled friendly. In addition, offices and communication systems should be made accessible for Persons with disabilities.

At the programme level, Persons with disabilities should be included in the staff (both at the project and field level), especially women with disabilities. The organizations must also ensure that the community institutions/groups/forums which they form should have persons with disabilities. Also, it should be ensured that people with disabilities are able to access information on services in a format that can be easily used and understood by them. Persons with disabilities should be included in project planning, implementation, monitoring, evaluation and impact assessment. Further, steps should be taken to ensure that all the reports, plans, and any other statutory documents of the project and organization include data of people with disabilities with gender and age break up.

Next, Mr. Pincha enlisted the following points while talking about the ways of mainstreaming persons with disability.

**At the programme level:**

* Training and sensitization of staffs (i.e. both core and project staff) on disability through workshops and exposure visits;
* Identification of persons with disabilities in project/field area;
* Motivating Persons with disabilities (i.e. people with disabilities should be told that they need to identify their talents/potential and that if they organize themselves, they can negotiate with the government and fight for their rights.)
* Organization and mobilization of persons with disabilities for advocacy.

**At the organizational level:**

* The organization should be made accessible for persons with disability;
* Inclusive HR policy should be created, in other words, diversity policy with respect to persons with disability should be formulated under HR policy;
* There should be adequate and appropriate representation of persons with disabilities in the work force;
* Communication systems of the organization should be made accessible for disabled people.

**How we can mainstream disability or persons with disabilities:**

* Making the staffs sensitive- Through trainings and workshops try to sensitise the staff towards person with disabilities and treat them as part of the society rather than someone different from them.
* Mobilize and organize people towards specific activities for the benefit of person with disabilities
* Connect persons with disabilities to other social and personal groups
* Advocate for their right
* Include person with disabilities as a part of your team
* Make the office premises accessible
* HR policies should be specifically made to provide reasonable accommodation
* Division of labour to be done as per the capacity of persons with disabilities will make optimum utilization of labour and skill

Disability mainstreaming can be defined as the systematic integration of the priorities and needs of persons with disabilities in all policies and general measures, from the planning stage, to the implementation, monitoring and evaluation. In other words, it is a strategy for making people with disabilities’ concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that men and women with disabilities benefit equally and inequality is not perpetuated. It is about ensuring that ‘ordinary’ or ‘generalist’ development activities, i.e. not aimed specifically at persons with disabilities, also benefit them.

**Session XI: 12.00 noon – 1.00 pm**

**Facilitator: Ms. Amba Salelkar**

**Understanding the situation of women with disabilities**

The following areas were discussed in relation to women with disabilities

* Discrimination
* Violence
* Segregation
* Accessibility

When a woman with a disability is discriminated against, she is always unsure if she is discriminated because of her identity as a woman or as a person with a disability or both. Most of the legislations or policies surrounding women with disabilities focus on the aspect of abuse and violence. They do not focus on freedom that women are entitled to. Further, precaution binds the women more.

The Domestic Violence Act 2005 does not contain any specific section on women with disabilities. In fact, the Act has not been drafted from the perspective of women with disabilities. Violence has been defined in a very detailed manner including physical, emotional, sexual and mental but all these have been defined from the view point that the women has no impairment.

Violence against women with disabilities is of a different intensity. When a woman with disability files a complaint of violence or abuse sympathy is shown with the family, as she is seen as burden on them.

Women with disabilities are sexually more vulnerable than women without disabilities. Violence is not just sexual. Women with disabilities are beaten, if they get pension it is snatched away from them etc., and such types of violence are not covered under any legislations.

Women with disabilities are not found much in the organized sector. Even in case of sexual harassment at workplace, it is anyway very difficult for a woman to file a complaint and action be taken on it. Further, if it is a woman with a disability, she is not believed under the stereotypes, that who would want to flirt with her or want her?

**Case**: in a xyz organization, men pass lewd remarks behind a woman employee with a hearing impairment at her back and she never realizes it. This restricts her from filing a sexual harassment complaint.

Institutions for psychosocial disabilities release a patient only when someone comes to ‘claim’ them. The environment in these institutions is insensitive. For instance, Asha Kiran an institution in Delhi is for persons with intellectual disabilities. Currently 1000 persons are residing in this institution against its capacity of 300 persons. Even though all have intellectual disability, they are given medications of psychosocial disability to put them to sleep. Whenever any inspection team goes there, all are given heavy dose of medication and put to sleep.

If guardian of a person with intellectual disability takes the person for admission there, they are denied admission stating full capacity. Parents of these children then resort to leaving them with child helpline or other such agencies which eventually admit them to Asha Kiran.

**Abuse at these institutions is of three types**

**Physical:** being beaten, shouted at, chained, locked etc.

**Sexual:** sit naked for a whole day as punishment; the staff sexually exploits them on a daily basis

**Institutional:** in terms of treatment- medication, like they cannot manage them individually, they give them high dosage of medicines to sleep or remain quite. Second way of treatment is shock treatment. In India, till date it is given without anaesthesia.

There is nobody that continuously monitors these institutions.

In 1998, Government of Maharashtra released a GO that Hysterectomy should be performed on women with intellectual disability. The reasons given were: not able to manage themselves during menstruation cycle and if they get pregnant they would not be able to take care of the child. In fact, sexual exploitation in these homes only comes to surface when a woman becomes pregnant. But after Hysterectomy, it would be unnoticeable.

**Segregation of women with disabilities in movements**

Women with disabilities feel that the motto of women’s movement does not match with their realities. The movements have focused on being equal to men and productive labour; a woman can do whatever a man can do.

In fact a lot of women with disabilities activists report sexual harassment from men activists.

Even the toilets are made for persons with disability not women with disability.

*Infantilisation of women with intellectual disabilities*: They are dressed up as kids or young girls in order to protect them, depriving them of their identity as a woman.

**Session XII: 1.00 pm – 2.00 pm**

**Facilitator:** **Ms. Deepa Sonpal**

**Understanding inclusive practices from case examples and critical analysis in the context of alignment with UNCRPD**

Video clippings on inclusive practices in employment were shown to the group and in small groups discussions were held on the type of approach or model followed by the organisation. The spirit enshrined in UNCRPD was highlighted to critically examine the gaps and approaches in practices and how these could be improved. It was explained that disability could affect anyone at any point of time in life hence like gender it is a cross cutting issue and one needs to mainstream persons with disabilities in all ongoing programmes. The barriers to inclusion need to be addressed and physical barriers need to be addressed by working on universal design for all. Inclusive practices need to be critically analysed to reach its optimum level with the framework enshrined within UNCRPD as it is the process as well as the goal.

**Session: XIII: 3.00 pm – 5.00pm**

**Organizational level action plans for mainstreaming social inclusion**

All participants were asked to prepare action plan at organizational level for mainstreaming and social inclusion of people with disability.

**AKRSPI and DSC**

1. **Accessibility (Information and entitlements)**

* Identification
  + Targeting 100% reach out and special focus on tracking
  + Persons with disabilities as volunteers
* Targeting individuals for information dissemination
  + Information
    - Voice messages broadcasting (targeting family)
    - Ensure persons with disabilities participation in narrow casting
    - persons with disabilities friendly IEC materials
    - Engaging with BRC and special teachers
  + Basic Documents
  + Schemes
* Sensitization
  + Of team members
  + Of govt. officials (health, education and social justice, PDS)
  + PRI members, local institutions and SHG leaders

1. **Strengthening LGIs**

* Participation of persons with disabilities in mahila/gram sabhas
* Consultation and participation of Persons with disabilities in planning and budgeting
* Ensuring representation of Persons with disabilities in Panchayats sub committees
  + VHSC, SMC, VVMC, SJC, pani Samiti, etc.
* Prioritizing needs of Persons with disabilities in planning and budgeting + advocacy @ taluka and dist. level (Health and Education Department)
* Accommodating needs of persons with disabilities - rules by PRI

1. **Organizational**

* Inclusion of persons with disabilities policy in HR Manuals – like gender policy

**DEF/ RCDSSS**

* Ownership building (Sensitivity creation) in between Team members
* Sensitivity creation among Community
* Sensitivity among Govt. departments
* Easy accessibility in Adarsh Gram

**Working on grass root**

1. Creation of identity (Certificate)
   * Coordination with district CMHO (For persons with locomotor disability)
   * Coordination in Jodhpur hospital
2. Certificate created
   * Scheme information
   * Identification of beneficiaries, Registration and linkages
3. Linkages with other organizations
   * Raising District level issues
4. Interfaces

**FOUNDATION FOR ECOLOGICAL SECURITY**

1. Action plan for current & future projects

|  |  |  |  |
| --- | --- | --- | --- |
| **Projects** | **Focus in Present** | **Focus in Future** | **Strategy** |
| IWMP | Landless | Persons with disabilities | Household mapping |
| Livelihood | Poor | Poor and Persons with disabilities | SHG/WC |
| MGNREGA | Ignore Persons with disabilities | Consider and provide WORK based on possible and potential | Orientation and sensitization in panchayats |

1. Other Actions

* Volunteers Team for Helping Persons with disabilities
* Camp in Panchayat Level
* Motivate to educated people for free tuition to disabled people.
* Information delivery (Govt. scheme & Programme)
* Discuss with HR Team

**GLRA – INDIA PARTNERS**

Ongoing work –

* Staff training
* Baseline assessment
* Identification of issues
* sensitisation
* training of stakeholders
* networking and coordination
* working on entitlements
* follow ups
* DPG - DPO - DPF
* Advocacy
* Publication
* Work on accessibility
* Enabling environment
* Persons with disabilities friendly HR policies
* Mainstreaming persons with disabilities
* Inclusion of social groups
* Focus on women with disabilities
* Equal opportunities
* 3% reservation

**UNNATI**

*At organizational level*

1. Inclusive planning for People with Disability

* Participation in work
* Participation in decision making
* Employment
* Outreaching people with Disability at the block project office

*At programme level*

* Identification of person with disabilities in the project area
* Including persons with disabilities as Citizen leaders
* Identification and inclusion of women with disability, case study
* Sensitization of staffs and Citizen Leaders on the issue of disability
* Including persons with disabilities with various public programmes and schemes.
* Educating and sensitizing government officials
* Increasing participation of person with disability at panchayat level decision making process

*Right’s based*

* IEC material development related to rights and laws meant for person with disability
* Publications – simple and accessible
* Make organizations at district and block level
* Networking with other organizations
* Toll free numbers / help lines for immediate support

**NIDAAN**

**Organizational level**

* Request to initiate equal and inclusive HR policy for employment.
* Vacancy for the Persons with disabilities.
* Assure barrier free environment for the Persons with disabilities.

**Programme level**

* Identify and help diagnosis of persons with disability
* ensure inclusive education
* Identify people with disability and help them to get benefit.
* Community mobilization ( advocacy group, CBO, Gram Sabha, local level communities)

**ACTED**

Areas in which the participation of persons with disabilities could be involved

* + - 1. **Capacity building**
* VHSNC
* Scheme (Eg. Mother water Project)
* Health, Education etc.
* SHG
* District Forum (organization working for person with disability)
* Quality service
  + - 1. **Linkage**
* certification
* linkage to services/ benefits
* VHSNC
* ASHA
* AWW
* PRI/VC
  + - 1. **Assessment / Identification**
* capacity building/ training on staff & volunteers
* Household visit by volunteers
* CBO’s/ NGO’s/SHG
* Community score card
  + - 1. **Project specific Activities**
* village level information campaign
* News articles
* TV/Radio projection
* Ongoing advocacy
* Common service centre
* advocacy

**Annexure I**

**Summary report on feedback forms filled by the participants**

The three days training on mainstreaming disability for the inclusive development was held from 2nd to 4th Sep, 2015 at training centre Jodhpur organized by Unnati, Organisation for Development Education.

The summery report has been written after going through and analyzing the feedbacks given by the trainee. The feedback forms highlight the understanding of trainees on mainstreaming disability before and after the training being conducted. Not to forget that every trainee didn’t had the working experience with the persons with disability. After analyzing the answers written and responses by the trainees it can be said that most of the people felt sorry when they come across any person with disability or while interacting the same along with this, if appropriate opportunity and accommodation is provided to a person with disability s/he could achieve anything.

Learning for the participants includes: -

Basic understanding

1. Meaning of disability and difference between impairment and disability
2. Challenges and barriers faced by the persons with disability like social, institutional barriers etc.
3. Intersectional oppressions and harassment faced by persons with disability like women with disability
4. National and international level practices adopted for persons with disability to bring them in mainstream society
5. Training was very helpful in bringing the favourables change in attitude and sensitivity of trainees towards persons with disability

Technical understanding

1. Legal frameworks applicable for the persons with disability like UNCRPD, RPWD etc.
2. Role of DPOs, DPG and DPF in mainstreaming persons with disability
3. Appropriate terminology to be used for the persons with disability
4. Four approaches used for the persons with disability i.e. charity, social, medical and rights based
5. Disability movements
6. Sexuality in relation to persons with disability

No doubt that this training was very helpful in providing better understanding on the issue and problems related to persons with disability. This training found relevance in the working areas of trainees. As majority of the participants were working in the rural society and due to lack of understanding on persons with disability they were unable to bring them in the mainstream of the society or unable to help them. The training can be considered as a path finder to the trainees in their respective fields. Sessions on legal framework, basic rights of the persons with disability and appropriate environment for the persons with disability will help the trainees to make intervention at the field level which will further lead to positive change in the mindset and attitude of the society towards persons with disability.

Training components like simulation exercises, vulnerability exercises, group discussions, films and case analysis were very useful for the trainees in developing the understanding on the issue. Trainees were little less enthusiastic about lecture formats and for the reading material provided for future reference.

Disability is a vast, diverse and heterogeneous subject in which time engaged is directly proportional to the understanding developed for participants. The three days training was very useful for the participants, but three days were found to be insufficient or the duration of the training could have been longer. Sessions on legal frameworks for the persons with disability, persons with disability and sexuality, women with disability, grievance redressel mechanism couldn’t get enough time for the understanding of the trainees. Furthermore, contacting the trainer and engaging with the issues on the field are the solution for the future references.

**Annexure II**

**“Orientation on Mainstreaming Disability for Inclusive Development” during Sept 2-4, 2015 at Jodhpur, Rajasthan under EU project**

Participant list

|  |  |  |  |
| --- | --- | --- | --- |
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