SITUATION ASSESSMENT OF PERSONS WITH DISABILITIES IN BIHAR 2018-2020: A REVIEW OF EMPLOYMENT, POVERTY AND WELFARE POLICIES

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A Report from the Office of the State Commissioner for Persons with Disabilities, Bihar

By:

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FOREWORD

Persons with Disabilities (Divyangjan) are an integral part of society. A country's level of human development can be judged by the extent to which PwDs are accommodated in everyday activities. The representation of PwDs in education and employment is of prime importance. Additionally, in a democratic country the ability to participate and vote in the electoral process is a critical test of an inclusive society.

The Office of the Bihar State Commissioner for Persons with Disabilities has served as a monitoring mechanism for the above aims in the state, empowered under the Rights of Persons with Disabilities Act (2016). This is a particularly critical moment, coming after the Covid-19 lockdowns which have severely disrupted lives and livelihoods, especially for marginalised groups.

In cooperation with development researchers, the Office is pleased to present this research report presenting the socioeconomic conditions of PwDs in Bihar, and the successes and challenges of government policies. The team has worked hard to analyze large-scale secondary data to shine a light on employment, education, poverty and accessibility. This is combined with findings from a survey of PwDs and local offices across Bihar's districts. These analyses present a systematic framework to bring to attention the immediate issues facing disabled citizens, and serve as a feedback mechanism for the government.

This is a first attempt, and more targeted research will soon be undertaken. In this respect, the Bihar Disability Awareness Survey can be converted into a recurring annual survey. I am hopeful that future research endeavors will lead to be more people-centric, evidence-based policymaking.

(Dr. Shivajee kumar)

Acknowledgements

This report would not have been possible without constant support and encouragement from Dr Shivajee Kumar who provided invaluable guidance in creating this report.

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Harsh Raj Himangshu Kumar Manikantha Nataraj

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Glossary of Terms

BDAS: Bihar Disability Awareness Survey

CMO: Chief Medical Officer

DBT: Direct Benefit Transfer

DEPWD(D): Department for the Empowerment of Persons with Disabilities (Divyangjan)

HCR: Head Count Ratio

IGNDPS: Indira Gandhi National Disability Pension Scheme

MGNREGA: Mahatma Gandhi National Rural Employment Guarantee Act

MPCE: Monthly Per-capita Consumption Expenditure

NIC: National Industry Classification

NSAP: National Social Assistance Programme

NSS: National Sample Survey

PHC: Primary Health Centre

PMKVY: Pradhan Mantri Kaushal Vikas Yojana

PS: Principal Status

PwD: Persons with Disabilities

RPWD: Rights of Persons with Disabilities Act 2016

SCD: State Commissioner for Persons with Disabilities

SS: Subsidiary Status

UDID: Unique Disability ID

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

Executive Summary

This report presents the findings from an analysis of primary surveys and secondary data on the state of Bihar's disabled population; two years after the enactment of the Rights of Persons With Disabilities Act, 2016. It focuses on the education and employment characteristics of PwDs, expenditure patterns, accessibility of public services and access to government welfare schemes and policies. Based on statistical and qualitative evidence, this report makes several recommendations to provide income security for PwDs and improve access to employment, government services and democratic rights.

- Males are highly overrepresented among the disabled population, compared to females.
- PwDs in Bihar are younger than the rest of India. Around 28% of Bihar's disabled population were born with disabilities. For those who acquired disabilities after birth, most became disabled before they reached 18 years of age.
- The largest proportion of disabled individuals in Bihar have locomotor disabilities, with almost half of all PWDs (46%). The most common type of locomotor disabilities were movement disabilities (e.g. polio, cerebral palsy etc.).
- Only 26% of the total working age population of PwDs were active workers, with the majority not looking for employment. The majority were engaged in agriculture and crop production.
- In both employment and education, females had much lower participation than males. Rural residents were less educated than urban counterparts.
- Employment rates improved with rising levels of education, but were still extremely low.
- Most PwDs did not access public transport services and did not visit public buildings.
 Districts with higher accessibility of public services and infrastructure had higher employment rates.
- Bihar's disabled population was poorer in terms of consumption expenditure, compared to the rest of India. 43% of both the rural and urban disabled population were below the poverty line fixed by the Rangarajan Committee (2014).
- Higher percentage of disability entails increased out-of-pocket expenditure.
- The disability certificate and disability pension were the primary channels of welfare policy in Bihar; but had low coverage. Only 33% had a disability certificate, and less than 50% of eligible PwDs received the disability pension.
- People with certificates reported significantly lower percentage of their monthly consumption spent as out-of-pocket expenses on disability.
- There are two active pension schemes, one administered by the Central government and the other by the Bihar state government. The amount of the cash transfers ₹300 and ₹400 per month respectively is lesser than the poverty line threshold of expenditure.
- In the last one year total number of complaints received by the Office of the State Commissioner for Persons with Disabilities have increased. However, disability and

pension related complaints have decreased. Post Covid-19 around 23,000 grievances have been filed via mobiles.

Policy recommendations:

- There is an immediate need to raise the disability pension amount to a minimum of ₹1000 per person per month.
- Encourage and enable disabled voters to vote in the upcoming Bihar Assembly election 2020 through a targeted campaign. The main policy measures would be to facilitate pick-up and drop of disabled voters to polling booths, ensure accessibility of infrastructure at booths; and considering the risks posed by Covid-19, to make adequate arrangements for postal ballots.
- Coverage of disability certificates and pensions need to be increased, to reach a higher number of eligible applicants. To minimize the inconvenience associated with physically traveling to the PHCs, the government can consider providing door-to-door verification and sign-up of PwDs for these schemes.
- A two-pronged approach needs to be taken to address the lack of workforce participation. Firstly, PwDs need to be enrolled in higher education and skill development programmes (like the PMKVY). Secondly, public infrastructure needs to be made more accessible.
- In keeping with the spirit of the RPWD 2016 Act, the Office of the State Commissioner of Disabilities should monitor the attempts towards inclusion of PwDs taken by private establishments and employers. This includes provision of accessible infrastructure, transparent recruitment procedures.
- Transparent and smoothly functioning internal grievance redressal cells need to be set up in private establishments to ensure a proper channel for PwDs to share their concerns.

Introduction

The Rights of Persons with Disabilities Act (2016) was India's most comprehensive disability rights legislation; passed by the Indian Parliament to fulfill its obligation to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) by replacing the PwD Act of 1995. The RPWD 2016 Act contained several landmark policies. It marked the first time the Indian government officially recognized 21 conditions as indicating disability (from 7 conditions previously). The Act strengthened affirmative action measures in employment and education, by raising the minimum proportion of positions reserved for PWDs in government higher educational institutions (from 4% to 5%) and employment (3 to 4%). For the first time, the Act brought private establishments within its ambit; imposing certain obligations related to inclusion of PwDs. It also provided reservation of 5% in land allocation and poverty alleviation schemes. The Act defined people with 'benchmark disabilities' as those with more than 40% disabilities on their disability certificates; as the category who are eligible to be beneficiaries of most welfare schemes.

The Act also specified a policy framework for monitoring implementation of the Act, through the offices of the Chief Commissioner for Persons with Disabilities (at the national level) and the State Commissioner Section 63 of the Act specifies these offices as regulatory and grievance redressal bodies for complaints of PWDs. Section 39 states that the office is responsible for promoting awareness regarding rights of PWDs. The State Commissioner for Disability (SCD) should 'have the prime responsibility of ensuring compliance of various sections and spirit of the policy.', and of monitoring rights of PwDs. In this context, this report analyses statistical evidence and qualitative interviews to monitor how well the aims of the Act – to empower and achieve inclusion for persons with disabilities—have been implemented.

Methodology

The report analyses data and presents findings from three sources of data:

- (a) National Sample Survey 76th Round 2018 (Survey of Persons With Disabilities): This was India's largest-ever survey of persons with disabilities, and the first one to contain the new definitions of disability adopted in the 2016 RPWD Act. The survey collected data for a sample of more than 106,000 PWDs all across India, and 7,141 PWDs from Bihar. A wide variety of indicators were recorded for each individual, including age, gender, social group, education and employment.
- (b) Pilot round of the **Bihar Disability Awareness Survey (2020)**:

A pilot survey was conducted to gather information about the concerns PwDs faced in receiving disability welfare benefits; focusing on two particular policy instruments: the disability certificate and the disability pension. Further, in view of the approaching Bihar State Assembly election in November 2020, the survey also sought to inquire about the voting behaviour of disabled adults. The sampling frame was based on the

list of complainants who had filed grievances with the State Commissioner of Disabilities in 2020. A semi-structured survey was carried out via telephonic interviews. A questionnaire was administered to the selected sample of 37 PwDs, while phone interviews were conducted with 3 government officials from the SCD and local PHCs.

The report consists of the following sections. Section 1 is the introduction. Section 2 describes how the categorisation of disabilities has changed through the years, and presents basic demographic statistics of Bihar's disabled population. Section 3 provides details of the education and employment characteristics of PwDs, with a special emphasis on female participation. Section 4 analyses consumption expenditure, to present findings on poverty and inequality. Section 5 describes evidence on accessibility to public transport and buildings. Section 6 delves into the policy framework for disability welfare in Bihar, focusing on two main instruments: the disability certificate and the disability pensions. Section 7 concludes with policy recommendations.

Basic characteristics

The RPWD Act (2016) have reclassified the types of disabilities from seven in the PWD Act (1995) to twenty-one specific categories. The NSS 76th Round is the first survey performed after recognising the twenty-one categories. In this survey the nomenclature of disabilities is available in three levels. The broad level identifies eight categories which are subcategorised to thirteen types. The third level identifies the twenty-one specific categories by disaggregating the eight broad categories which coincides with that of the RPWD Act. The following table (Table 1) summarises the categories in all three levels.

Table 1: Mapping Disability Categories - NSS 76th Round and RPWD Act Classifications

Broad Categories	Sub Categories	Specific Categories (RPWD Act)
1.Locomotor	1. Movement	 acid attack victims,
	2. Deformity	2. leprosy cured person,
	3. Loss of Sensation	3. polio,
		4. cerebral palsy
		5. dwarfism,
		6. muscular dystrophy
		7. other locomotor
2.77. 1	4.6.	disability
2. Visual	4. Seeing	8. blindness 9. low vision
2. Haaring	5 Haaring	
3. Hearing 4. Speech and Language	5. Hearing6. Speech and Language	10. hearing disability
		11. speech and language disability
5. Intellectual Disability	7. Comprehension in Daily	12. specific learning
	Activities	disabilities
	8. Reasoning and Learning	13. Autism Spectrum
		Disorder
		14. other mental retardation/intellectual
		disability
6. Mental Illness	9. Worry and Anxiety	15. mental illness
	10. Difficulty in Social	
	Interactions	
	11. Unusual Experiences	
7. Other	12. Others	16. Parkinson's disease
		17. multiple sclerosis
		18. other chronic
		neurological conditions
		19. thalassemia
		20. haemophilia
		21. sickle cell disease
8. Multiple	13. Multiple	22. more than one of the
		above specified
		disabilities including deaf
		and blindness

The NSS 76th Round records the disability type till the sub-category level (listed in column 2). Figure 1 shows the composition of Bihar's disabled population by NSS 76 broad categories, shown in table 1.

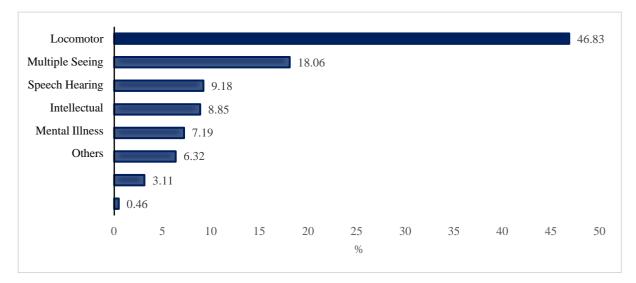


Figure 1: Percentage of population in each disability category

The largest proportion of disabled individuals in Bihar have locomotor disabilities, with almost half of all PWDs (46%) having difficulty in using hands, fingers, toes and/or body movement. The most common type of locomotor disabilities were movement disabilities (e.g. polio, cerebral palsy etc.). 18% of people had more than one type of disability.

The sex ratio among Bihar's disabled population is extremely skewed, with 37% of the composed of females and 62% males. The following figures shows the distribution of ages of disabled individuals for Bihar in comparison to India. Figure 2 (a) shows the age of the individuals at the time of the survey. On average, PwDs in Bihar are much younger than the rest of India. In other words, a disabled person in Bihar is most likely to be less than 20 years old; while in India they are more likely to be between 55-70 year Notably, in Bihar, 58% were in the working age groups (15-60 years).

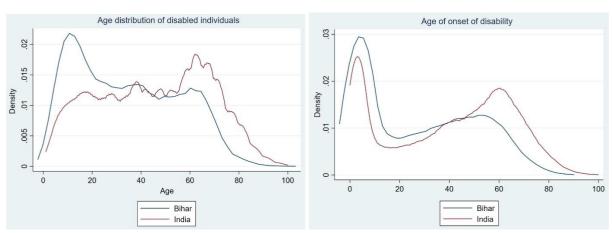


Figure 2: Distribution of age and age of disability onset (Bihar and India)

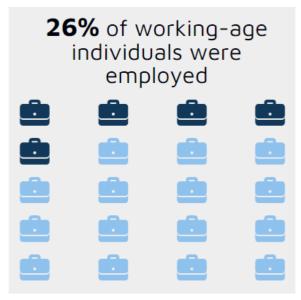
Note: Kernel density estimates calculated using epanechnikov kernel

Around 28% of Bihar's disabled population were born with disabilities. For the other 72% who acquired disabilities after birth, panel 2(b) shows the distribution of the age on onset of disability. As expected, most of Bihar's PwDs were disabled before they reached 18 years of age. Interestingly, the chances of being affected by a disability in older age groups was much lower in Bihar compared to the rest of India.

Employment and education

This section analyses employment and educational characteristics of persons with disabilities for the working age population.

Table 2 shows the employment status of Bihar's disabled population for rural and urban regions across gender. The percentage of PwDs who are either working or seeking jobs is less than 30%. For the female disabled population, it is drastically lower at around 2.5%. The proportion seeking employment but not finding any is 6% for the rural population, and is double at around 12% for the urban population. Around 26% of the total working age population were active workers in Bihar. But it is predominantly a male workforce as a meagre 2% of the total female working age population was employed. In contrast, 43% of



rural males and 35% of urban males were employed.

Table 2: Employment Status (PS+SS) of Disabled Persons by Sex and Sector (Age 15-59)

Rural			
Employment Status	Persons (%)	Males (%)	Females (%)
Work Force Participation Rate	26.58	42.84	1.87
Unemployment Rate	6.21	5.81	18.19
Labour Force Participation Rate	28.34	45.49	2.29
Urban			
Work Force Participation Rate	23.16	34.88	2.02
Unemployment Rate	12.65	12.52	16.48
Labour Force Participation Rate	26.51	39.87	2.41

Note: The status of work corresponds to at least 1 month of activity related to employment in a given year.

Interestingly, those who are employed for at-least 1 month and less than three months (i.e subsidiary activities) comprises of only 0.3 % of the total disabled population of Bihar. The subsequent analyses of employment are based on those engaged in employment related activities for at-least 6 months in a year (i.e. principal status only).

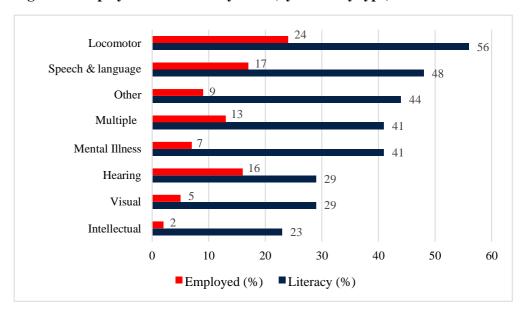
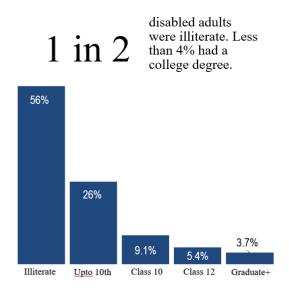


Figure 3: Employment and literacy rates (by disability type)

Note: The classification is based on principal activity status only.

Employment rates varies widely by the type of disability, ranging from 2% for the intellectually disabled to 24% for the locomotor disabled (figure 3). Comparing literacy rates, the same pattern is revealed. Among those with locomotor disabilities, 56% are literate; while the lowest percentage (23%) is reported among those with intellectual disabilities. It can be inferred that those with intellectual disabilities are the most deprived in terms of employment and education opportunities.



The following table (table 3) shows the detailed distribution of individuals at each educational level. It can be inferred from the table that the urban population is more educated than the rural population. More than 50% of the Bihar's PwDs had not attended formal education, with a 56% illiteracy rate. A striking fact is the high inequality in access to education between males and females, irrespective of the region. Among rural females, less than 10% had studied till 10th standard, compared to 21% among urban females. For the male, it is double at around 20% and 40% for rural and urban regions respectively. Higher education is almost non-existent: 11% of the total urban

population had a college degree. In the rural region less than 3% were graduates, reflecting a lower opportunity to attain higher education in the rural region.

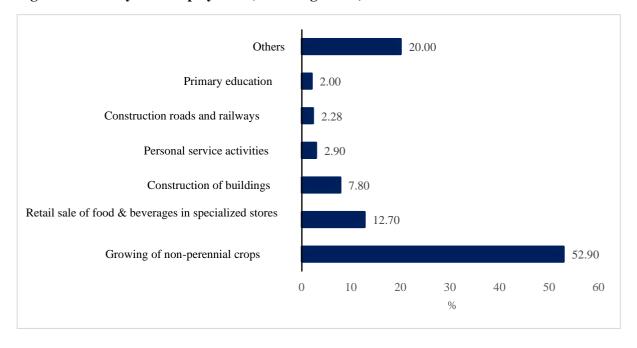
Table 3: Level of Education of Disabled Persons by Sex and Sector (Age 15-59)

Rural			
Education	Persons (%)	Males (%)	Females (%)
Illiterate	57.8	47.6	73.3
Upto Middle School	25.7	29.4	20.0
Secondary	8.8	11.6	4.4
Higher Secondary	4.9	7.0	1.7
Graduate and Above	2.9	4.3	0.6
Urban			
Illiterate	38.5	32.6	48.3
Upto Middle School	28.2	26.8	30.5
Secondary	12.4	14.2	9.4
Higher Secondary	9.6	12.3	5.3
Graduate and Above	11.2	14.1	6.5

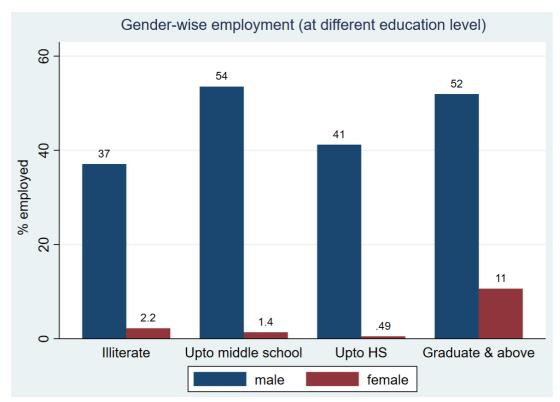
It seems that part of the reason for low employment rates is related to the low rates of educational attainment, especially graduate education. Most skilled and remunerative professions -require a college degree, and employment options shrink drastically when almost 90% of the disabled population has not studies beyond class 10.

Figure 4 shows the six most common activities in which disabled workers are employed (at the National Industrial Classification 3-digit level). More than half of employed workers are engaged in agriculture, specifically non perennial crop production. It also indicates that most of the disabled are employed on seasonal basis and either engages in other employment activities or does not work for the rest of the year. The most common non-farm occupation was in the retail sales – employing around 12% of workers.

Figure 4: Industry-wise employment (NIC 3-digit level)







This section concludes by summarizing employment rates for PwDs at broad levels of education, separately for males and females. The fact that graduates are more likely to get employed also gets reflected in figure 5, irrespective of gender. Employment rates for males improved with rising levels of education; from 37% for the illiterate to more than 50% for graduates. However, employment rates for female though rises with educational level it remains abysmally low in comparison to males.

Expenditure patterns: Poverty and inequality

Monthly per capita consumption expenditure (MPCE) in Bihar was ₹2576 in urban areas and ₹1531 in rural areas, pointing to the rural-urban disparity. Both figures are lower than the all-India average monthly consumption expenditure. This rural-urban inequality is visible in the percentage of out-of-pocket spending on disability-related expenses (both medical and non-medical). While the average rural PwD spent 7.6% of monthly expenditure on disability, the corresponding figure in urban areas was 10.6%.

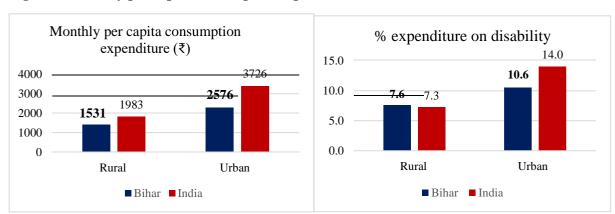


Figure 6: Monthly per capita consumption expenditure (Bihar and India)

Note: Consumption has been adjusted for inflation by using CPI (base year 2011)

The expenditure of an individual reflects the person's income level. An easily interpretable measure of poverty is the head count ratio (HCR); which is the proportion of people in a population with income lower than a poverty line. Here, two types of poverty lines are considered to calculate the HCR for the disabled in Bihar. The first is the poverty line suggested by the Rangarajan Committee (2012), which provided separate thresholds of expenditure for rural (Rs 32/day) and urban (Rs 47/day) regions. The second poverty line was based on the World Bank's estimate of Rs 139/day (2016) which is internationally comparable. Adjusting the Rangarajan estimates for inflation from 2011-2018, the rural poverty line consumption was ₹ 1368 per month, while the urban poverty line was ₹ 2009 per month. Though Bihar's average MPCE figures are higher than the poverty-line MPCE, headcount ratios point to the highly skewed and unequal distribution of income. Table 4 shows the HCR for Bihar in comparison to India.

The HCR is likely an understatement of the true extent of poverty and deprivation among the disabled. The poverty lines considered here are based on the cost required to meet the calorific requirements of an average adult. However, the calorific requirement is not the only necessity for survival for a disabled individual. Out-of-pocket health and medical expenses related to disability are mandatory for most PwDs. In other words, an amount of Rs 100 is of lower value for a disabled person vis a vis a non-disabled person. Hence the poverty lines considered here

are downward biased and the HCR is an underestimate at best. Even with the understatement table 4 shows that 43% of rural Bihar's PwDs are below the poverty line, similar to urban poverty estimates. However, with the poverty line considered by World Bank, it appears that more than 80% of the disabled would be classified as 'poor'.

The map in figure 7 depicts the poverty rates among PwDs residing in rural regions of Bihar's 38 districts. The map shows that eastern Bihar is comparatively less poor than western Bihar-the cluster of districts consisting of Araria, Supaul, Bhagalpur and Madhepura. The poorest districts are Madhubani, Vaisali, Arwal and Begusarai, with more than 60% of the disabled having income below the poverty line. The poorest district is Sheohar, with 84% of the disabled population having expenditure below poverty line.

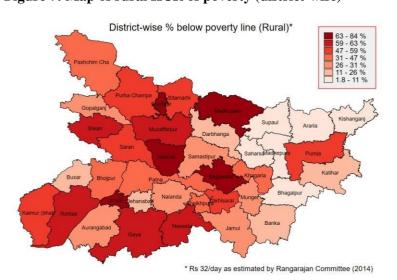
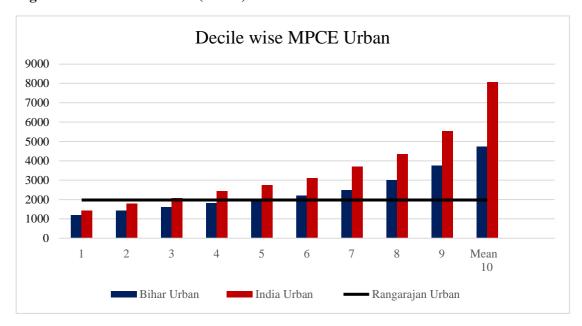


Figure 7: Map of rural HCR of poverty (district-wise)

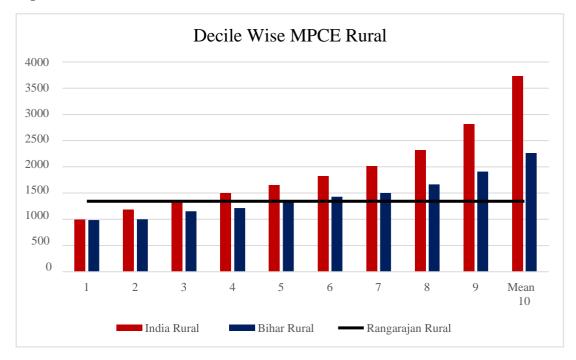
The following two figures (figures 8 and 9) depict the income distribution within the disabled population for rural and urban sectors; and compares Bihar's statistics with the rest of India. It also shows the percentage of population who are poor and also reflects on the level of inequality between the disabled population.

Figure 8: Decile-wise MPCE (urban)



The horizontal black line depicts the monthly income below which a person is identified as poor. The Horizontal axis shows the percentage of population, arranged in ascending order in terms of their income level. From bars 1 to 9, bar 'x' reflects the maximum earnings by the poorest 'x%' of the population. The 10th bar show the mean income of the richest 10% of the population.

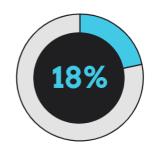
Figure 9: Decile-wise MPCE (Rural)



The results show that 40-50% of the urban and rural population are poor in Bihar. In case of rest of India, it is 20-30%. This shows that the PwDs in Bihar are poorer than the rest of the country. The poorest 40% of Bihar's disabled population earn less than Rs 2000 per month in urban regions and less than Rs 1500 in rural areas. However, the richest 20% earns more than

Rs 3500 for urban region and Rs 1700 in the rural region. The mean income of the richest 10% of the urban population is around Rs 4500 and that of rural population is Rs 2700. It can be inferred that despite higher overall earnings in urban regions, there is higher inequality in consumption. Further, it can be observed that both the urban and rural inequality in Bihar is lesser than that of rest of India. The average income gap between the richest 20% and the poorest 40% for India is at least Rs 3000 in urban region and Rs 1200 in the rural region, whereas the corresponding figure for Bihar is Rs 1500 and Rs 200 respectively.

A significant portion of expenditure of PwDs is spent as out-of-pocket expenses on disability.



of spending on disability is on medical expenses

The NSS records the total out of pocket expenses relating to disability under two categories; medical and non-medical expenditure. The total expenditure related to disabilities is obtained by adding both the components. Of the total disability-related expenditure, almost three fourth goes towards non-medical expenditure (consisting of lodging, transport, food), and the remaining 18% is spent on medical expenses like surgery, hospitalisation and equipment. Table 4 shows the average monthly total expenditure on disability across the broad disability categories, along with the

percentage share of disability expenses, of the total MPCE.

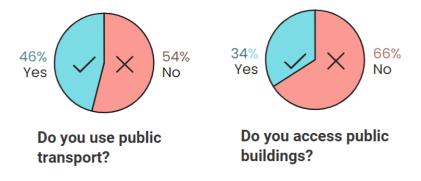
Table 4: Disability-related expenditure (by disability category)

Type of Disability	Avg. Monthly exp on disability (INR)	% of total exp.
Hearing	94	2.8
Intellectual Disability	299	8.3
Locomotor	234	6.4
Mental Illness	619	17.1
Multiple	572	12.2
Speech & Language	102	4.6
Visual	175	6.7
Other	1067	25.6

On average those with chronic neurological conditions and blood disorder had the highest out of pocket expenditure on disabilities of more than Rs 1000 per month. This amount was more than one fourth of their total monthly spending. The second and third highest disability related expenditure are borne by those with mental illness (17%) and more than one disability (12%).

Accessibility and assistance

This section presents statistics relating to accessibility of public services for the PwDs. These services comprise of access to public transport like buses, trains, and public buildings like work places and educational establishments.



The majority of the working age disabled population reported that they did not access these basic public services and infrastructure. A simple accessibility score is computed here for each district to order them in terms of disability-friendly infrastructure. The score is calculated as a simple average of the proportion of people in each district who reported accessing public transport and buildings. Figure 10 plots each district's accessibility score along with their employment rate.

Figure 10: Scatterplot of district accessibility vs employment

Scatterplot of accessibility and employment (district-wise)

Darbhanga

Rohta
Begusarai

Purnia 20 % employed Bhagalpu Jamui Sheohar Saran Champala da pakanada Kaimur (bhabua) ■ Gopalganj Arw 10 Pashchim Champaran Kishanganj Sheikhpura Siwan Madhubani Jehanabad Munger 0 0 .2 .6 8. Accessibility score District Fitted values

Note: Accessibility score increases from left to right and employment rate increases from bottom to top.

Districts with higher accessibility scores had a greater proportion of PwDs engaged in active work. This clearly demonstrates the importance of disabled-friendly infrastructure in increasing opportunities for employment. Darbhanga was the best performing district; reporting the highest proportion of people accessing public services as well as having the largest proportion engaged in the active workforce. In contrast, Sheikhpura and Jehanabad were among the worst affected districts in terms of accessibility and employment.

Table 5: Type of difficulty faced in accessing public infrastructure

	Difficulties	Public Transport	Public Buildings*
~	Difficulty faced due to steps / stairs	33.83	36.57
←	Difficultly in opening door	4.86	3.22
999	No seating arrangement	2.94	1.38
	Difficulty at the point of receiving service	2.64	0.97
ė.	Difficulty due to nonspecial toilet seats	1.83	0.57
丰	No sign for direction / instruction	3.75	4.76
Page 1	No difficulty faced	28.74	37.72
	Others	21.41	14.8

^{*}Libraries, School, Parks

Table 5 describes that the most common difficulties reported in accessing public services. The largest proportion of PwDs reported that difficulties faced due to climbing stairs were the major hurdle in accessing public transport (34%) and public buildings (37%).

Government policy and aid

The economic costs of disability are twofold. First is the direct expenditure on medical and non-medical aid and assistance required to navigate daily activities. This includes pharmaceuticals, therapy and care and physical appliances (e.g. wheelchairs, hearing aids). This component is much lower (or almost non-existent) for the non-disabled population. Second, many disabled individuals cannot engage in adequately paid employment, either being physically unable due to disability, or lacking requisite skills. In advanced economies, disability policy is based on an insurance motive; aiming to 'ease the burden of impairment and reduction in earnings capacity'. The current section seeks to focus on two specific policy instruments: the disability certificate and the disability pension.

The Central Government's apex regulatory body for issues related to PwDs is the Department for the Empowerment of Persons with Disabilities (Divyangjan) (DEPwD(D)), Ministry of Social Justice and Empowerment. The stated mission of the department is to 'empower its target group namely, Persons with Disabilities, through legislation/policies/ programme/schemes'. The Indian State's disability welfare policies can be broadly categorized into three components:

- 1. **Affirmative action:** Reservations in education and employment
- 2. **Provision of appliances/medical aid** such as wheelchairs, crutches, hearing aids etc.
- 3. **Financial assistance:** There are broadly two types of financial assistance schemes. **Indirect schemes** include financial concessions and benefits for spanning multiple areas such as income tax, excise duties, marriage incentives and travel concessions. **Direct financial assistance** schemes consist of cash transfers or Direct benefits transfers (DBT) in the form of disability pensions schemes for monthly direct benefits (cash) transfers to people.

Most of these schemes are reserved for those with a 'benchmark disability', defined as an extent of disability greater than 40%. The percentage of disability is recorded in the individual's disability certificate; a necessary document to access any welfare policy. The disability certificate is a document issued by the local public health authority, recording the classification and quantification of a person's disabilities.

The percentage of disability is assigned based on a 'medical model'. Medical professionals assign

Only 1 in 3 PwDs had a disability certificate



percentage points to a person's infirmities, according to the framework set out in the Guidelines for the purpose of assessing the extent of specified disability in a person included under the

Rights of Persons with Disabilities Act, 2016. However, disability certificates only exist for those with 40% or more disability as calculated from the framework.

Only around one third of persons with disabilities – 33% in Bihar, and 29% in India – had a disability certificate. The most likely reason for non-possession of the certificate would be because their percentage of disability was lesser than 40%. However, one indication of actual non-coverage might be obtained by looking at the possession of certificates among those with multiple disabilities (who are highly likely to be above 40% disabled). In Bihar, 66% of those with multiple disabilities did not have a certificate; almost identical to figures for the rest of India.

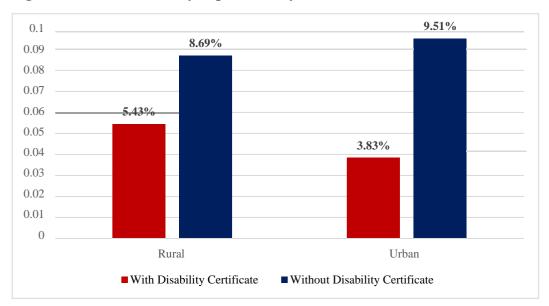


Figure 11: Share of disability Expenditure by certificate status

Figure 11 indicates the role of the disability certificate in enabling higher access to government welfare. People with certificates reported significantly lower percentage of their monthly consumption spent as out-of-pocket expenses on disability. On average, PwDs with a disability certificate spent ₹135 per month on disability-related expenses; compared to ₹363 for those without a certificate.

The Central government's largest single national database for disabled people is a unique identification system called the Unique Disability ID card (UDID). It is intended to serve as a single gateway for access to all disability welfare benefits. The UDID card generation process highlights the targeted uses and stakeholders¹:

- 1. PwDs register and apply online for disability certificate and UDID card.
- 2. Disability Certificate Issuing Authorities (CMO Office/Medical Authority) will use this application to record the details of Persons with Disabilities (PwDs) and issue Disability Certificate/UDID Card electronically.

 $^{1}\ http://www.vikasanvesh.in/wp-content/uploads/2019/12/Challenges-faced-in-the-implementation-of-UDID-Unique-ID-for-Persons-with-Disabilities.pdf$

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- 3. District Welfare Officer/District Social Welfare Officers shall use the UDID portal for facilitating PwDs in getting Disability Certificate/UDID Card by means of providing application receiving counter, facilitating in Camps.
- 4. District Collectors will use this application to monitor implementation of the UDID project.

Figure 12 below depicts a schematic diagram of the procedures involved in generating a UDID card. An important caveat is that the UDID card is a recognition of a person as a PwD by the government; but accessing welfare policies requires a certificate.

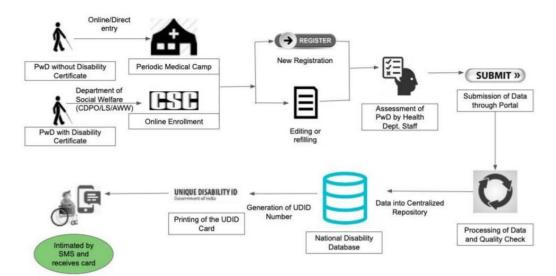


Figure 12: Schematic diagram of procedures to generate UDID

Source: Phansalkar and Tripathi (2019)

Eligible people might not possess disability certificates due to bottlenecks in access and awareness. The BDAS contained questions relating to knowledge and experiences associated with making the disability certificate. Based on several responses, the following common findings emerged:

- a Most respondents reported that they were informed about the disability certificate through personal networks (family and friends). People from less educated families reported lower levels of awareness about government welfare schemes and policies. Several respondents were issued disability certificates in periodic camps organized in cooperation with non-profit organizations (e.g. the Red Cross Society).
- b. A major supply-side flaw in the current process of issuing disability certificates requires the PwD to physically travel to the Primary Health Centre (PHC). For many rural residents, this involves arduous travel of distances upto 40 km from their villages to the PHC. On average, people reported visiting the PHC more than 5 times before obtaining the certificate.

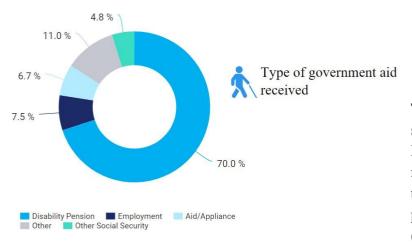
- c. Respondents report that local officials were not adequately cooperative, often not communicating information about procedures transparently. Absenteeism of relevant officials or employees was also a prime reason for repeated visits. The Office of the SCD notes that local-level officials need to be more sensitised towards the struggles faced by PwDs.
- d. In addition to the physical exertion, making a disability certificate involves pecuniary costs associated with travel and producing the requisite documentation. These costs are solely borne by the individual, who must visit multiple establishments (like cyber-cafes and photography studios). Almost invariably, the individual requires an escort usually a family member to undertake the journey for a certificate, requiring them to forgo their daily earnings. In vulnerable households, a single member losing out on a day's earnings might severely reduce their purchasing power.

Figure 13 shows the most common types of aid received for those with certificates. The disability pension is the most common form of government aid received by the disabled, comprising of around 70% of aid recipients.

54% of PwDs with certificates did not receive any aid



Figure 13: Type of disability aid



There are two disability pension schemes currently active in Bihar. The Bihar State Disability Pension is a monthly transfer of ₹400 provided by the state government, available to all persons with more than 40% disability (or those with disability certificates).

The other cash transfer scheme is the Indira Gandhi National Disability Pension Scheme (IGNDPS), operated by the central Ministry of Rural Development under the National Social Assistance Programme (NSAP). It provides a monthly transfer of ₹400 to those with more than 80% disability and/or multiple disabilities, conditional to other, more restrictive criteria. Table 6 compares the details of each scheme.

Table 6: Comparison of disability pension schemes active in Bihar

	Indira Gandhi National Disability Pension Scheme (IGNDPS):	Bihar State disability Pension Scheme
Ministry/Department	Ministry of Rural Development	Ministry of Social Justice and Empowerment
Funding	Central	State
Age Range	Age: 18 - 79*	Universal
Eligibility	80% disabled or multiple disabilities	40% disabled or disability certificate. Applicant should be a resident of the State or should have been residing in the State for at least past 10 years; only for those not covered under IGNDPS
Income criteria	Below Poverty Line	None
Monthly amount	₹ 400	₹ 400
Year introduced	2012	2009

^{*} Those above 80 years of age receive ₹500 each month.

Survey results and interviews with government officials affirmed that the pension was a critical safety net. The following pressing issues emerged from the survey:

- a. Many respondents had filed grievances with the SCD because of non-receipt of disability pensions; reporting delays of up to six months. Officials explained that this was a consequence of a technological transition; towards direct account transfers or DBT. This is most probably aggravated by several other intersecting issues, including the digital divide between rural and urban areas, incomplete enrolment in Aadhaar and non-linking of bank accounts with Aadhar ID and mobile numbers (the JAM system).
- b. The coverage of the Central scheme (IGNDPS) is lower; due to an extremely restrictive criteria which combines eligibility thresholds for income, age and percentage of disability (table 6). The state pension is offered to PwDs above 40% disability; while the IGNDPS pays a smaller amount to people with a higher burden of disability (80% or multiple disabilities).
- c. Another common complaint that emerged from the survey was the insufficient amount of the pension. As mentioned, the pension is essential for individuals who cannot work for a subsistence living. In developed nations, like the United States, unconditional financial assistance to the disabled is equivalent to 90% of poverty line consumption. In contrast, Bihar's disability pension is equivalent less than 30% of the rural poverty line (₹ 1368 per month)

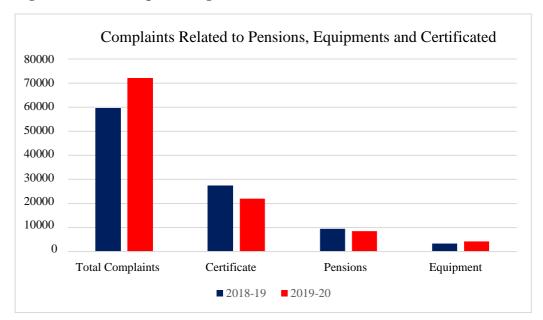


Figure 14 No. of complaints registered with SCD (2018-2020)

Source: Office of The State Commissioner for Persons with Disabilities, Bihar

This section concludes by showing the total number of complaints related to certificates, pensions and equipment received by the SCD in the last two years. Around 30,000 complaints are found to be related to disability certificates and pensions; the most common type of complaints received by the SCD office in 2019-20. Figure 14 shows that in the last one year the total number of complaints related to pensions and certificates have declined, though the total number of complaints has risen. Among the other types of complaints, the most common were related to employment associated with different employment rehabilitation schemes such as MGNREGA (29% of the other complaints), complaints related to ration cards (12%) and issues related to housing, such as the PM Awas Yojana (5%).

Among vulnerable households impacted by the Covid-19 lockdowns, disabled individuals have been particularly hard hit. As an indication, in the four months after March 2020 alone, more than 23,000 complaints were registered through mobiles with the SCD. In recognition of the deprivation faced by PwDs, the Central government granted an ex gratia payment of $\stackrel{?}{\underset{?}{$\sim}}$ 1000 to disabled individuals. Several observers have commented that the amount of the payment needs to be hiked.

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 $^{^2\} https://economic times.india times.com/news/economy/policy/fm-nirmala-sitharaman-announces-rs-1-7-lakh-crore-relief-package-for-poor/articleshow/74825054.cms? from=mdr$

³ https://www.outlookindia.com/newsscroll/ncpedp-seeks-hike-in-coronavirus-exgratia-to-disabled-persons-writes-to-pm/1807074

Policy recommendations

The NSS and BDAS provided several insights into the strengths and weaknesses of the current disability policy framework in Bihar. Based on the findings presented above, the office of the SCD makes the following policy recommendations, related to empowering the PwDs:

1. Raise labour force participation and employment opportunities

- Among the six different empowerment programmes recommended in the RPWD two of the fundamental programmes are that of employment and education empowerment, which was sustained from the earlier PWD Act (1995). However, lack of employment for the disabled is still a pressing concern. The newly recommended 5% reservation by restructuring the size in the **private establishments**, is a welcome suggestion in this regard. It has to be ensured that this suggestion gets reflected in reality and the impending vacancies gets filled through transparent and just processes.
- However, lack of education, especially that of higher education can lead to a serious bottleneck in meeting this need. In order to ensure that more PwDs are inducted into the employed labour force, there is an equally complementary requirement to educate and train them. This includes supportive **skill development programmes** and disabled focus training schemes. A majority of Bihar's disabled population suffer from physical disabilities, and are fully capable to undertake skilled or knowledge-intensive activities. With proper investment in human capital, they can be a valuable contribution to the intellectual and mental repository of the nation's labour force.
- Many problems which the disabled face while accessing employment and education is
 the infrastructure barrier. There is an immediate need to ensure that all the
 corresponding establishments are disabled friendly. This will increase the enrollment
 rate of the disabled and also reduce the absenteeism in both educational and work
 establishments.
- Lack of information related to whether all the private establishments are disabled friendly can be mitigated by ensuring a presence of well-functioning **grievance redressal cell** at each and every establishments through which they can launch their complaints and express their concerns associated with mundane activities at the work and educational places. This will also give voices for the PwDs.

2. Revise the amount of the Bihar State Disability Pension to ₹1000

Multiple states and union territories already pay disability pensions between ₹1000-2000 per month. Delhi's disability pension has three attractive criteria: a combination of contribution of the state and Central pensions, a high transfer of ₹2500 and a family income less than 75,000 per month. In this respect, the Office of the State Commissioner of Persons with Disabilities

recommends that the cash transfer under the Bihar State Disability Pension be increased to ₹1000, around 73% of the rural poverty line. There are two options for targeting this transfer:

- a. Unconditional transfer: This option entails a grant of ₹1000 to all PwDs with more than 40% disabilities, regardless of family income.
- **b.** Income-conditional transfer: In this scenario, the pension of ₹1000 would only be given to individuals with family incomes below a certain threshold.

Less than 50% of eligible individuals are currently receiving the disability pension. This can be increased by undertaking awareness campaigns and signing up people for disability pensions with the requisite paperwork in medical camps.

3. Improve accessibility to government services and voting facilities

a. Facilitating higher disabled voter turnout for the Bihar Assembly Elections 2020

It is extremely difficult for PwDs to exercise their democratic right to vote in the absence of special provisions made by the state. A landmark ruling in 2019 paves the way for disabled adults to vote through postal ballots, which was previously reserved only for members of the armed forces: "On the recommendation of the Election Commission, the Ministry of Law and Justice has amended the Conduct of Election Rules, 1961, on October 22, allowing senior citizens and person with disabilities in the absentee voter list." Higher electoral participation by PwDs would shift the state's stance towards disability as part of the development agenda, and not just a welfare issue. The Election Commission of India released several guidelines to make electoral voting more accessible.⁵

In this context, the Bihar Assembly Elections (to be held later in 2020) are the first state elections since the passing of the RPWD Act 2016 and the Election Rules 2019 amendment. This represents a historic opportunity to promote voting turnout among PwDs, in one of India's largest state-level electoral contests. The Bihar Social Welfare Department and the Office of the State Commissioner for Persons with Disabilities have promulgated several unprecedented measures in this respect:

- (i) Arranging pick-up and drop transport facilities from homes to booths, along with priority voting
- (ii) Providing ballot paper in braille script for visually impaired voters
- (iii) Sign language interpreters for speech and hearing challenged voters
- (iv) Setting up more than 7,000 'Divyang Jan Committees'

Survey results revealed that a large proportion of PwDs were very eager to participate in elections. 48% of respondents reported that they had voted in the last General Elections in

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 $^{^4\} https://www.thehindu.com/news/national/disabled-people-over-80-years-of-age-can-now-vote-through-postal-ballot/article 29807080.ece$

⁵ http://ceobihar.nic.in/pwd/Breaking%20Barriers_WEB.pdf

2019. In comparison, a larger percentage of adults (69%) wished to vote in the upcoming assembly election.



b. Making disability certificates more accessible.

As mentioned above, a disabled person needs to make several visits to the PHC to get a disability certificate issued. Several government employees as well as PwDs suggested the setting up of a dedicated helpline number for disabled people, especially for the purposes of getting certificates and UDID cards made. The low literacy rates mean it is difficult for them to register online. In this context, low-cost **mobile teams** can be set up to ensure 'last-mile connectivity', i.e. to get those 'off the grid' online.

The above recommendations are a preliminary set of possible measures which can immediately improve access to government facilities. However, unlocking the full potential of these measures will require a more unified approach by State and Central governments. Cooperation between policymakers at the Central, State and local government levels can enhance the efficiency of existing policies.

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