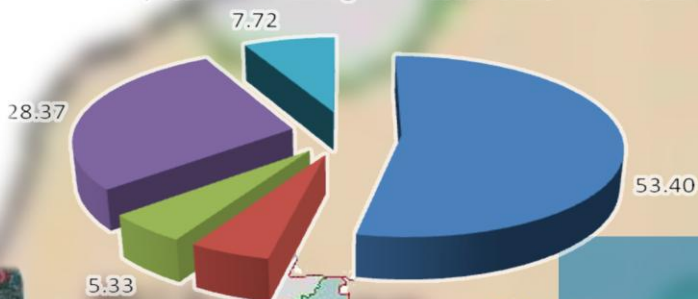


■ Visual ■ Speech ■ Hearing ■ Locomotors ■ Mental



Rajasthan State Comprehensive Policy For Persons with Disabilities



Department of Social Justice & Empowerment, Government of Rajasthan.

Rajasthan State Comprehensive Policy for Persons with Disabilities

In collaboration with



Rajasthan Mission on Skill and Livelihoods

Rajasthan Mission on Skill and Livelihoods

Supported by



**United Nations Development Programme,
New Delhi**

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Rajasthan State Comprehensive Policy for Persons with Disabilities

1 Preamble

Persons with disabilities (PwDs) in Rajasthan, according to a Census 2001, are as many as 14,11,979 live in circumstances of poverty, isolation and stigma. Their experiences have been exacerbated by the lack of services & facilities and vehement attitudinal barriers in all walks of their life. A very low percentage of PwDs in Rajasthan have been receiving marginal amount of services in a few urban centers through the efforts of Non-Governmental organizations (NGOs).

While the Social Justice & Empowerment Department recognizes the big task and challenge in front, but it is also true that by recognizing the challenges and the role of Persons with Disabilities and their representatives in the decision making process, the Government will be able to create a society for all for which we all are committed. Speaking on the occasion of "National Consultation on Livelihood for Persons with Disabilities – Issues & Options" on 15th December 2009, the honorable Chief Minister has announced that the government will prepare a State Disability Policy to ensure that adequate and comprehensive services are available to PwDs in the State. This was reiterated in his budget speech of 2010-11. The process occurs within the context of the current developmental initiatives and establishment of strong institutions of local self-government through the 73rd & 74th constitutional amendments and concomitant policy development processes in Rajasthan.

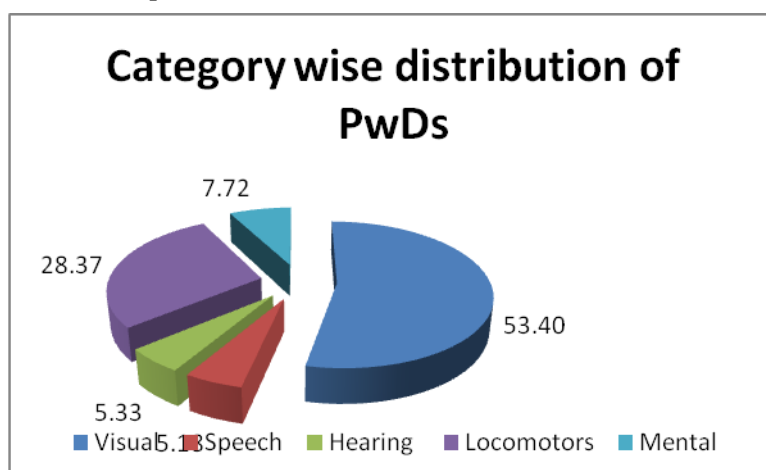
The state Govt. of Rajasthan has sent its expression of interest to the Government of India specifying it's intent to augment the status of PwDs through appropriate policy formulation, programming and adequate budgeting. Accordingly, on the request of the State Government, Social Justice & Empowerment Department agreed to provide technical support in the endeavor of preparing the policy and related supportive activities.

The government appointed a task force on Disability in May 2010 with the primary task of developing a **Comprehensive Disability Policy** for Rajasthan, in line with Biwako Millennium Framework and UN Standard Rules on the Equalization of Opportunities for PwDs. The disability strategy will amplify the human rights approach to disability intended in the Constitutional Framework and as stated in the Persons

with Disabilities Act 1995.

The task force included PwDs, representatives from various stakeholder departments, NGOs and parents group. The lead facilitator for the entire process was UNDP Consultant, expert in Social Policy & Planning. The development of the Comprehensive Disability Policy Framework was a participatory process involving PwDs and other stakeholders & role-players. There were series of workshops, interviews and discussions at State and district levels, which led to the production of a Green Paper that was subjected to a broad consultative process, attended by the Secretaries to the Government of Rajasthan, facilitated and chaired by the Chief Secretary, Government of Rajasthan.

2 Current Disability Scenario



Disabled Population	Total	Male	Female	Rural	Male	Female	Urban	Male	Female
Total	1411979	840650	571329	1109383	657600	451783	302596	183050	119546
Visual	753962	430589	323373	591450	336419	255031	162512	94170	68342
Speech	73147	46552	26595	55548	35681	19867	17599	10871	6728
Hearing	75235	39868	35367	63828	33670	30158	11407	6198	5209
Locomotors	400577	253324	147253	318538	200293	118245	82039	53031	29008
Mental	109058	70317	38741	80019	51537	28482	29039	18780	10259

Source: Census 2001

As per WHO estimate it is approximately 10% of the total population who suffer from some or other kind of disabilities. However as per the Census 2001 the total Persons with Disabilities in the State of Rajasthan is 14,11,979, which ranks as the number six in the country and approximately 6.45% of the total population of the disabled in 2001¹. Within this the rural total is 11,09,383 which is approximately 80% of the total disabled population. The total male PwDs is 8,40,650 as against the female population of 5,71,329. Category wise the percentage of visual handicapped is 53% followed by locomotors disability, which is 28%. The speech and hearing together accounts for 10% of the Persons with Disabilities whereas the intellectual handicapped accounts to 8% of the disabled population.

¹ The Hindu – Tuesday, Aug 17, 2004

The CAG report (2003) observations of the committee for Rajasthan are as follows:

Early detection - 68 campaigns were held during 2002-03 for screening of children for the purpose of identifying 'at risk' cases in Sawai Madhopur. No such campaign was held in the districts of Bhilwara, Udaipur, Tonk, Dausa and Sikar during 1998-2003.

Education - While the consolidated position of the number of special schools for disabled in Rajasthan was stated by the Education department as NIL, there were 3 special schools (Jaipur: 2, Udaipur: 1) in 8 test checked districts. The centrally sponsored integrated education scheme was made applicable in 23 upper primary and 18 senior secondary schools in Rajasthan. The assistance of the Government of India for this scheme was conditional on the provision of professionally qualified staff. However, out of 82 teachers in position as of March 2003, only 5 were trained with one year special education course, 49 teachers were provided with 5 days innovative training and no training was imparted to the remaining 28 teachers. 295 disabled children of 4 Government schools were charged fees, contrary to the PwD Act which provided access to free education to every child with disability aged upto 18 years.

Research for new assistive devices and setting up of teachers training institutions -

The Director Social Welfare Department stated that three training institutions were being run in the State. However, only 2 institutes at Jaipur and Sriganganagar were functional. The institute at Bhilwara was non-functional. Scrutiny of records in Rehabilitation Teachers' Training Centre (RRTC) for the mentally retarded, Jaipur, revealed that RRTC was conducting 10 months' programme for Diploma in Special Education for the mentally retarded. According to the prospectus of admissions for 2000-01, a period of 3 months' internship was prescribed during which the trainee was to work fulltime in the Centre. However, 18 trainees in 2000-01, 19 trainees in 2001-02 and 16 trainees in 2002-03 were declared passed without internship training. The training, thus, remained incomplete.

Employment - The list of posts identified by the Government of India under Section 32 of PwD Act was adopted mutatis mutandis. No information was supplied by the State Government about the number of vacancies advertised and reserved for the PwD, those filled and the number of vacant posts carried forward for the next year.

Affirmative action - 10% of kiosks were to be allotted free under Mukhyamantri Rojgar Yojana (introduced in 2000-01) for the purpose of providing employment to PwD. Against the target of 2415 kiosks in 8 test-checked districts, only 1259 (52 %) kiosks were allotted to the PwD. Only 1113 PwD were given possession of the kiosks. 75 PwD allottees of Sawai Madhopur, Udaipur, Dausa, Bhilwara and Sikar district were also charged the cost of kiosks.

Non-Discrimination - Ramps were not provided even in the District Social Welfare offices themselves at Jaipur, Dausa, Sawai Madhopur, Kota and Bhilwara.

NHFDC - The Government nominated (1997) the Rajasthan Scheduled Caste and Scheduled Tribe Finance & Development Co-operative Corporation (RSFDCC) as SCA. Out of 1342 loan applications received by RSFDCC, 1106 applications were sanctioned by NHFDC, 32 applications were pending with NHFDC and 204 applications were returned to RSFDCC for various deficiencies.

NPRPD - Out of funds released by the Ministry, no expenditure was incurred on the scheme in Rajasthan

District Rehabilitation Centre - While the expenditure on salary of staff ranged between 78 and 86%, that on purchase/fitting of aids/appliances was merely 8 to 15% during 1999-2000 to 2002-2003. No activity was undertaken in the areas of survey/camps, awareness generation, etc. The Ministry replied (December 2003) that aids and appliances were provided to the DRCs under the ADIP scheme. Since the centres only got grants under non-plan head, the funds available were barely enough to meet staff salary and office expenses. The fact remains that performance of the DRC was not satisfactory in providing service to PwD.

In Rajasthan, Shri Bhagwan Mahaveer Viklang Sahayta Samiti, Jaipur incurred excess expenditure of Rs. 24.68 lakh during 2000-2003 on purchase of 6798 tricycles on rates higher than those at which the firm had supplied the tricycles to district social welfare offices under 'Joint assistance scheme' of the State Government. The tricycles purchased also did not meet BIS specifications.

Policy Statements

The draft policy looks into disability in a holistic manner where every facet of life has been valued and included. Accordingly, policy statement has been written appreciating the role of multiple players (departments) to function in convergence.

1. Rajasthan is one of the most diverse state in the country with a long-standing commitment of becoming an inclusive society where all residents, many of whom are Persons with disabilities, are able to fully participate in the social, cultural, recreational, economic and political life of the state and of the nation. Inclusion is the primary social objective. All citizens should have the opportunity and right to participate without discrimination, attitudinal & environmental or service barriers in all walks of life.
2. Recognizing the rights and responsibilities, the Government of Rajasthan will ensure that every Person with Disability/s in Rajasthan achieve full emancipation and self esteem by equalization of opportunities through creation of enabling environment, so that the society is benefited from their untapped talent and contribution.
3. The Government will endeavor to promote community participation in order to generate adequate community response towards the causes of disability.
4. The Government will ensure the promotion of innovative and adaptive technology in order to create and facilitate access to social and economic rehabilitation for Persons with Disabilities.

2.1 Legal Framework

The legal framework for the policy is guided by the provisions of the following acts and conventions;

- 1) The Persons with Disabilities (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) Act 1995
- 2) The *National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act*, 1999
- 3) Rehabilitation Council of India: RCI Act 1992 & Amendment 2000
- 4) United Nations Millennium Development Goals
- 5) United Nations Convention on the Rights of Persons with Disabilities 2007

2.2 Basic Premise

The concept of the evolving capacities of the PwDs will be the central theme. The

1. Firstly, it is a developmental concept, recognizing the extent to which Persons with Disability's development, competence and emerging personal autonomy are enhanced through the realization of the various agreed national & international Conventions and program– it imposes obligations on States to promote and ensure these rights;
2. Secondly, it is an emancipatory concept denoting the rights of Persons with Disability to respect for their capacities and for the transfer of the exercise of rights from various facets of society to the Persons with Disability in accordance with their levels of competence – it imposes obligations on States to respect these rights;
3. Thirdly, it is a protective concept, which acknowledges that Persons with Disability have 'un-evolved' capacities as a consequence of their disability and are thereby have rights to protection on the part of parents, community and the State from abuse and participation in activities likely to cause them harm – it imposes obligations on States to protect these rights.

policy document carries three key implications:

2.3 Objectives

The broad objectives of the *Comprehensive Disability Policy Framework* include:

1. The facilitation of the inclusion of disability rights, values and practices into government developmental strategies, planning and programs;
2. The development of an integrated management system for the coordination of disability planning, implementation and monitoring in the various line functions at all spheres of government;
3. Establishing of state and subsequent district structures such as *State Integrated Disability & Rehabilitation Services* that will continuously update and link strategy & policy developments with operational planning initiatives involving all role-players (DPOs, government, the private sector).
4. The development of capacity building strategies that will enhance Government's ability at all levels to implement recommendations contained in the *Comprehensive Disability Policy Framework*.
5. A comprehensive plan of action that will include in addition to Programme planning, a strong public education and awareness-raising program aimed at changing fundamental prejudices in society.
6. Protection of women and children with disabilities from exploitation and abuse.
7. Appropriate budget allocation will be ensured in every government department which includes the local self government.

2.4 Guiding Principles

Principles upon which the Strategy is based include:

a) Self-Representation

A fundamental principle that informs the outlook of the disability rights movement in Rajasthan, nationally and internationally is the right to self-representation. This means that the collective determination and wisdom of Persons with Disabilities must be used to inform the strategies of the government. In recognizing this principle, the government acknowledges the role of organizations of PwDs and their representatives in the decision-making processes. This will ensure that decisions taken and implemented will be appropriate for PwDs.

b) Inclusion

Historically, disability issues have been addressed in a piecemeal, fragmented way. This has been one of the key factors contributing to the marginalization of Persons with Disabilities and the dire poverty in which the majority find them. If the needs of Persons with Disabilities are to be effectively addressed, disability must be fully included into the principles, strategies and activities of all government programs. This will ensure that the adverse effects of the past as they have affected Persons with Disabilities will be eradicated in a sustainable process of reconstruction.

c) Sustainability

The funding of the *Comprehensive Disability Policy Framework*, as part of planning and development, should be integrated with potential long-term sources of finance whether from the Government, public or private sector. All policies and plans developed need to be cost-efficient.

d) Commitment to Quality

In the last decade, Persons with Disabilities have realized their power and taken charge of their own lives all over the world. In India, this awareness has been strengthened by the PwD Act 1995, which has brought about legal bindings for services to Persons with Disabilities.

The Government of Rajasthan is fully committed to provide and ensure Quality Services to Persons with Disabilities taking it as a guiding principle enshrined throughout this policy document. Further it understands Quality, as an ideal with which there is no compromise. While defining Quality, it also understands other ideas of Quality namely - Quality Control, Quality Assurance and Total Quality.

Poor quality services are usually directly attributable to behavior and attitudes. Quality does not just happen by thinking about it, it must be planned for. While

planning for the Quality products and services for the Persons with Disabilities in Rajasthan, it is necessary that all the levels of service providers are involved in the exercise of understanding, appreciating and adhering to quality. It is imperative to incorporate the acceptance of Quality Management in vision, mission, values and goals so that the direction becomes clear to all. **It also becomes important to have a clear statement of policy on Quality and have a Quality plan that puts the policy statement into action.** Quality Framework would be devised to meet the special requirements of Persons with Disabilities so as to make sense within the global developments currently taking place.

e) Public Private Participation

There is an increase level of awareness amongst the private sector players, particularly the corporate sector in India. This includes various associations as well as individual industries. Most of them have policies relating to corporate social responsibility. Realizing this trend, the disability sector would make special effort to collaborate with private partners in all programmes related to the prevention and rehabilitation of PwDs wherever possible.

f) Role of Non Governmental Organizations (NGOs)

The NGOs in India have played the most crucial role in the disability sector throughout the country. The policy recognizing this fact would continue to enhance, promote and maintain the involvement of NGOs in the disability sector as most active partner in the endeavor towards prevention and rehabilitation of PwDs.

2.5 Policy Purpose

1. The purpose of the *State Comprehensive Disability Policy* should be to effectively ensure to persons with disabilities in Rajasthan the equal opportunity to fully and meaningfully participate in all aspects of life in Rajasthan based on their individual merit, by removing existing barriers confronting them and by preventing the creation of new barriers. It should seek to achieve a barrier-free Rajasthan for persons with disabilities within as short a time as is reasonably possible, with implementation to begin immediately upon proclamation.
2. The *State Comprehensive Disability Policy's* requirements supersedes all other provisions, regulations or policies which either conflict with it, or which provide lesser protections and entitlements to persons with disabilities.
3. The *State Comprehensive Disability Policy* should require the providers of goods, services and facilities to the public to ensure that their goods, services and facilities are fully usable by persons with disabilities, and that they are designed to

reasonably accommodate the needs of persons with disabilities. Included among services, goods and facilities, among other things, are all aspects of education including primary, secondary and post-secondary education, as well as providers of transportation and communication facilities (to the extent that it can regulated) and public sector providers of information to the public e.g. governments. Providers of these goods, services and facilities should be required to devise and implement detailed plans to remove existing barriers within legislated timetables.

4. The *State Comprehensive Disability Policy* requires public and private sector employers to take proactive steps to achieve barrier-free workplaces within prescribed time limits. Among other things, employers should be required to identify existing barriers, which impede persons with disabilities, and then to devise and implement plans for the removal of these barriers, and for the prevention of new barriers in the workplace.
5. As part of its enforcement process, the *State Comprehensive Disability Policy* will provide for a process of regulation making to define with clarity the steps required for compliance with the *Persons with Disabilities Act 1995*. It should be open for such regulations to be made on an industry-by-industry basis, or sector-by-sector basis. This should include a requirement that input be obtained from affected groups such as persons with disabilities before such regulations are enacted. It should also provide persons with disabilities with the opportunity to apply to have regulations made in specific sectors of the state economy.
6. The *State Comprehensive Disability Policy* mandates the Government of Rajasthan to provide education and other information resources to companies, individuals and groups who seek to comply with the requirements of the *Persons with Disabilities Act 1995*.
7. The *State Comprehensive Disability Policy* also requires the Government of Rajasthan to take affirmative steps to promote the development and distribution of new adaptive technologies and services for persons with disabilities in Rajasthan.
8. The *State Comprehensive Disability Policy* requires the Local self-governments to lay such conditions (wherever possible) of funding any program, or of purchasing any services, goods or facilities, that they be designed to be fully accessible to and usable by persons with disabilities. Any grant or contract, which does not so provide is void and unenforceable by the grant- recipient or contractor with the government in question.
9. The *State Comprehensive Disability Policy* shall give high priority to Prevention, early identification and intervention of childhood disability in accordance with International Child Rights Convention and Biwako Millennium Framework.

2.6 Target Groups

The policy recognizes and defines all those people as “Persons with Disabilities” who have been included in accordance with the definition of UNCRPD which has been ratified by the Indian Parliament on 1st October 2007. With the ratification of UNCRPD, the disability sector has received much needed fillip in broadening its horizon as compare to the PwD Act 1995 and National Trust Act 1999. Further UNCRPD has been chosen as major guiding principle since the existing PwD Act is already under review to accommodate the provisions of UNCRPD. Hence the policy will remain up to date even as the new legislation is enacted.

In accordance with the definition of UNCRPD, disability is defined as,

“Those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

3 Policy Guidelines – The Way Forward

3.1 Public Education and Awareness Raising

The Government will implement and actively support public awareness programmes to create a positive and accommodating environment for Persons with Disabilities in which diversity is respected and valued.

Strategies for public education and awareness rising include:

- 1) The development of a multi-sectoral integrated disability awareness strategy, which would send this message to the different communities through a variety of media.
- 2) Inclusion of appropriate curriculum on disability in primary & secondary school syllabus
- 3) Implementation of disability awareness projects for journalists and the public broadcaster including the disability rights message as opposed to the “pity” and “heroic” images and the positive use of role models from all groups;
- 4) Disability awareness programs within every line function in government; increased visibility of persons with disabilities in the government circle, media and in society.
- 5) **Develop and implement special awareness generation plan for PwDs in rural areas as a vehicle to access all government programmes.**

4 Sector wise Policy

4.1 Social Aspects

4.1.1 Community Based Rehabilitation

The Government will promote as well as undertake increasing of awareness on Community Based Rehabilitation and creating access to rehabilitation services founded on the CBR approaches through ongoing democratic decentralized development, particularly through the Panchayati Raj Institution system.

Strategies for rehabilitation include:

- 1) The appropriate training of people (including physiotherapy, occupational therapy and medical technicians) involved in rehabilitation services. Further the provision of services through Auxiliary Nurse & Midwife (ANMs), Anganwadi workers (AWW) and ASHA workers **and CBR workers.**

- 2) Development of a decentralized service delivery system through support of the Gram Panchayat and Gram Sabha, Community Centre and Community Based Active Group's service system.
- 3) Inter-sectoral collaboration in developing services at district and block level.
- 4) Provision of appropriate and affordable assistive devices including improvisation and enhancement of any locally made assistive device.
- 5) Partnerships between persons with disabilities, their families and professionals that address the real needs of persons with disabilities.

4.1.2 Education

While the emphasis will be to facilitate equal access to education and the development of a single education system that will cater for the needs of all learners (Persons with Disabilities and/or disabled) within an inclusive environment, the Government shall meet all the requirements of educational needs of all categories of Persons with Disabilities in a targeted timeframe by method of inclusion and or through special schools wherever required. The government will also ensure that adequate human resource is developed for imparting quality education to PwDs in the State.

Strategies include:

- 1) The development of a clear inclusive policy that includes all stakeholders and which is understood and accepted at school as well as other levels and by the wider community.
- 2) Curriculum development in regular schools to ensure flexibility, addition and adaptation according to the needs of individual learners, regardless of the category to which they seem to belong.
- 3) Home based education for severely challenged persons.
- 4) Training for on-going pre-service and in-service teachers and other school staff.
- 5) Standardization of salaries of all special educators with the mainstream school teachers in accordance with central Govt. scale and pattern of TGT and PGT.
- 6) Parent empowerment programs to encourage parent involvement in assessment and decision-making concerning their children. These programs need to occur in conjunction with the sensitization of professionals to this need.
- 7) Appropriate technology development in education and training.
- 8) Adequate and appropriate education support services to all learners.
- 9) Earlier access to education for all learners, but in particular for learners with special education needs.
- 10) Links between education and the world of work need to be strengthened

- 11) Effective and relevant research.
- 12) Measures towards 100% enrolment of all children with disabilities in inclusive/special schools in a time bound manner. This will require opening of more special schools to accommodate the backlog.
- 13) Appropriate methods to assess and identify children with disabilities.
- 14) Transport systems to ensure that children with disabilities reach educational institutions.
- 15) All the existing regular schools should be suitably adapted for inclusive education.
- 16) Appropriate human resource development to address the educational issues of category-wise PwDs.
- 17) All BEd and PTT (Primary Teacher Training centres under DIET) course curricula would have a compulsory paper on “Inclusive Education for Children with Disabilities”.
- 18) Make special provision for adaptation of technology and pedagogy for inclusion of PwDs in accessing education in Information Technology.
- 19) Developing and making available adequate educational material for PwDs in higher education of their choice.

4.1.3 Health Care

The Government will develop a comprehensive and universal health care system, at all levels of care, that is sensitive to the general and explicit health care needs of Persons with Disabilities and aligned with the existing National Health policies so as to meet the specific requirements of this group.

Strategies include:

- 1) Measures to identify and reduce discrimination on the basis of disability in the health sector.
- 2) Comprehensive free health care for all economically weak persons with disabilities, including free access to assistive devices and rehabilitation services.
- 3) Initiating and formulation of special package for Persons with Disabilities living in tribal belt.
- 4) To develop norms and minimum standards for the building of health facilities and rehabilitation centers to ensure barrier-free access.
- 5) Appropriate communication strategies at service-delivery points must ensure equal access for people with communication, visual or hearing and multiple disabilities.
- 6) Training programs for medical and allied health personnel must be developed to facilitate an understanding of the implications of the delivery of health services

within the Social and Human Rights Model.

- 7) Collaboration with the education sector in provision of assistive devices and services for inclusive education
- 8) Collaboration with employers in order to devise assistive technology so as to support PwDs to adjust and accommodate in the workplace.

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4.1.4 Legal Aid

The Government is committed to ensure that the legal rights of Persons with Disabilities in the State is not violated and fulfilled without any discrimination. It further commits itself to provide all kinds of legal assistance wherever necessary and ensure easy access to & facilitate full participation of Persons with Disabilities in the judiciary system.

The Strategies include;

- 1) Increase the effectiveness of the mainstream justice system, legal advice and legal services for Persons with Disabilities **on priority basis**
- 2) Increase access to legal advice, information and representation for Persons with Disabilities
- 3) Develop and provide disability specific resources and continuing legal education for private legal practitioners, community legal centers and legal aid services
- 4) Include investigation, mediation, negotiation, legal consultation and legal representation.
- 5) Emphasize major reform efforts on critical issues affecting client groups through negotiation, legislation, regulatory work, and litigation.
- 6) To disseminate information regarding available services, rights and remedies to PwDs and their families, service providers, attorneys and other representatives.
- 7) Provide referral services to those who may be better served by other sources such as state, local or central government agencies, or other advocacy organizations.
- 8) Provide community education materials and programs as well as training and legal information workshops.
- 9) Provide sign language interpreter.

4.1.5 Social Security & Safety Net

The Government in addition to the existing social assistance program will analyze and develop economically rational systems of a social security and a safety net that will also promotes social inclusion and economic independence maintaining individual dignity.

Strategies include:

- 1) Analysis of the existing system and if required evolving of a social welfare and pension system by the Department of Social Justice and Empowerment, with particular attention to its incentives/disincentives for empowerment, integration and employment.
- 2) Development of pilot projects that demonstrate alternative approaches to social security, for example, promoting access to small business opportunities, which balance the safety net requirements with incentives for economic initiative.
- 3) State wide implementation of an alternative social security system that has a purpose and dignity whereby an individual lives with respect and feel wanted by the society.
- 4) Developing / Enhancing/ Dovetailing social assistance programme for provision of scholarships, hostels with free boarding & lodging for the ultra poor, extreme vulnerable and PwDs living in desert/tribal areas to encourage and ensure their education.
- 5) Provision of unemployment allowance / pension to extreme & ultra poor families of PwDs.
- 6) **Designing of insurance scheme for PwDs as a special measure.**

4.2 Economic Aspects

4.2.1 Employment and Economic Empowerment

The Government shall create conducive conditions to broaden the range of employment and economic development options for Persons with Disabilities, thus giving the rightful opportunity in all national and state employment generation programs in order to reduce the income gap between non-Persons with Disabilities and Persons with Disabilities. The Government will also prepare a specific State scheme for self and group employment thru promotion of SHGs and or any such method that may deem fit.

Strategies include:

- 1) Providing PwDs with a range of employment, income generation and economic empowerment opportunities aimed at meeting differing needs and offering real possibilities for economic choices.
- 2) Raising awareness amongst PwDs of their potential and their opportunities
- 3) Inter-sectoral collaboration between Government Departments, DPOs/NGOs and the private sector focusing on disability employment and entrepreneurship.
- 4) Specific programs for personnel working in placement/personnel/recruitment and

all employers to ensure that they understand the options available in the placement and promotion of PwD job seekers and workers.

- 5) The establishment of support programs for Persons with Disabilities entrepreneurs through developing specialized personnel within the mainstream support services, which understand and are sensitive to the needs of Persons with Disabilities entrepreneurs.
- 6) Representation of PwDs on the employment related state government bodies and councils
- 7) 6% reservation for PwDs in all categories of state Government jobs (similar to Chhattisgarh)
- 8) Assuring that the existing vocational education initiatives in Rajasthan are accessible to persons with disabilities, again through assuring minimum levels of participation by students with disabilities, such as 10%.
- 9) Given the primary role of agricultural development, exploration of how agricultural work including processing, watershed management and watershed plus can accommodate PwDs, should be included in the overall agricultural development support in Rajasthan.
- 10) Development of a database capturing the work and skill status of Persons with disabilities and creation of a skill inventory as a central register with the labour & employment ministry.
- 11) The government will ensure that every livelihood programme being externally funded by any multilateral or bilateral agencies include PwDs as their target group.
- 12) Vocational training and livelihood options are specific challenges in general in the desert area. The government will appoint an expert committee to prepare a blue print for livelihood options for PwDs in the desert area.

4.2.2 Skills Development

The Government shall ensure the appropriate development of the Skills of Persons with Disabilities to participate more effectively in: the economic development of their communities and the society as a whole; governance; and the monitoring of the equalization of opportunities within their local communities, at State and at central level.

Strategies include:

- 1) The transformation of mainstream vocational training services to provide more accessible and inclusive training for persons with disabilities.

- 2) Skills development of persons with disabilities by deepening their specialized capabilities so that they are able to access incomes through formal sector jobs, through small businesses or community projects.
- 3) Provision of Adult Basic Education program so that the current adult education program includes PwDs with appropriate curriculum, access & other facilities.
- 4) Providing persons with disabilities with 'apprenticeships' (opportunities to gain employment experience in actual work situations). This may require adjustments to the built environment and the acquisition of specialized equipments and technology for training and assessment.
- 5) Development of appropriate training standards in line with the market requirement by ensuring the accommodation of the specific training needs of PwD trainees
- 6) Through positive action, Employees with Disabilities should be given the right to take part in upgrading courses, training programs on new technologies, and training on paid educational leave on an equitable basis.
- 7) Pre- and in-service programs need to be developed for the orientation and training of vocational instructors in disability-related matters.

4.3 Cultural and Political Aspects

4.3.1 Leisure, Recreation, Cultural and Creative Activities, Sports and Youth

The Government will develop and extend leisure and recreation including sporting and cultural activities for Persons with Disabilities so that they can participate in sports for recreational, competitive and therapeutic purposes.

Strategies include:

- 1) The training and development of trainers/coaches familiar with sports and arts and culture for PwDs.
- 2) Creating accessible sporting and cultural facilities for PwDs
- 3) Public education programs to make the public, PwDs (especially those living in rural areas), sponsors, sports and cultural administrators aware of the different forms of sports and cultural activities for Persons with Disabilities –locally and at all other levels possible.
- 4) Sports for Persons with Disabilities should be 'mainstreamed' as far as possible to increase sponsorship value. In other words, it should be promoted jointly with mainstream events.
- 5) The government will encourage and ensure greater participation of the disabled

athletes in international events such as Paralympics, Special Olympics and Abilympics.

- 6) The government will create centres for recreational and leisure activities at the district places.

4.3.2 Participation in Public Life

The Government shall ensure that the Person with Disabilities have equitable access and opportunities to full participation in Social, Cultural, Religious and Political (National, State, Municipal and all levels of PRI system) life at all levels in the development process of the nation.

Strategies include: -

- 1) Adopting & issuing guidelines / standards for social and cultural places to ensure the access and participation of Persons with Disabilities in the social & cultural activities of the community.
- 2) Adopting & issuing guidelines / standards for access & utilization of common community assets.
- 3) Adopting & issuing guidelines / standards for access in the religious places
- 4) The adoption and strict implementation of PwDs act 1995 and regulations to enshrine the principle that PwDs have equitable access and opportunity to play a full part in the electoral process and political life.
- 5) The issuance of guidelines to electoral administrators on all aspects of access to electoral services to support the mandatory national standards.
- 6) Ensuring removal of all communication barriers by providing most appropriate communication method and services so as to include category specific PwDs to participate in the political system.

4.4 Infrastructure Aspects

4.4.1 Barrier Free Access

The Government will create a barrier free society that accommodates the diversity of needs of Persons with Disabilities, and enables the entire population to move around the environment freely, unhindered and to have access to information in a usable form i.e. Braille, sign language and other forms of communication as may be necessary.

Strategies include:

- 1) Intersectoral collaboration to ensure that accessibility cuts across departments

and pillars.

- 2) Appropriate Human Resource training
 - i. All relevant staff in the central departments and in the local government should attend and complete a course on barrier free access to provide the exposure towards the needs of PwDs. Professionals involved in the construction industry should complete the course as well.
- 3) Intersectional collaboration for the development of communication systems accessible to people with visual, hearing and communication disabilities
- 4) Self Representation
 - i. To plan an accessible environment it is essential to be aware of the different types of disabilities. It is therefore, important to involve PwDs and their representatives in the planning process as early as possible. PwDs know best what problems are arising from the lack of a barrier free access.
 - ii. Barrier free access design of all buildings leased by all departments, including the development of a barrier-free clause for all lease agreements
- 5) Development of a wide spectrum of barrier-free design expertise at **State, district and block level**
- 6) To develop an appropriate and effective implementing, administrative and monitoring mechanism, of the set standard especially at municipality block and Panchayat level
- 7) Appropriate curriculum and handbooks which focus on norms and standards for accessibility as a part of the professional training of architects, engineers and town planners
- 8) To develop norms and standards as well as monitoring mechanisms to ensure accessibility in the tourism industry.

4.4.2 Housing

The Government will provide Persons with Disabilities and their families with safe shelter and accessible dwellings of their own through equitable access.

Strategies include:

- 1) Residential Facilities, which are accessible, at specific levels such as 3% of the Government housing.
- 2) Ownership of homes under all national and state schemes with ensured accessibility, at specific levels such as 3% of the total quota.
- 3) Special incentive program to encourage the participation of private sector housing felicities.

4.4.3 Transport

The Government will develop an accessible, affordable multi-modal public transport system that will meet the needs of the largest numbers of Persons with Disabilities at the lowest cost, while at the same time, planning for those higher cost features which are essential to Persons with Disabilities with greater mobility and communication needs.

Strategies include:

- 1) Designing & implementation of a disability awareness and orientation component for the transport industry,
- 2) Initiating processes to develop accessible transport systems should include participation by all stakeholders.
- 3) As rolling stock is rebuilt and integrated back into the sector, this is a moment when access for persons with physical disabilities can be built in to the rehabilitation of buses, trains etc., again to optimize cost effectiveness.
- 4) Development of preferential parking places in the city in consultation with the stakeholder.

4.5 Special Focus

4.5.1 Desert Area

Keeping in view the explicit challenges faced by the Persons with Disabilities in Desert area, the Government will prepare a specific and targeted intervention programme for the Persons with Disabilities living in the desert area, that will include and address technological, economic, and socio-cultural issues.

The strategies include;

- 1) Constitute a specially qualified access audit team to prepare a comprehensive access proposal based on the atypical nature of the desert.
- 2) Developing special package for training of personnel at local level on basic rehabilitation services with knowledge of early identification.
- 3) Promoting and initiating research on appropriate technology suited to desert area on personal assistive device.
- 4) Developing special package for accessibility to appropriate education suited to specific category of PwDs considering the geographical and environmental

conditions.

- 5) Vocational training and livelihood options are specific challenges in general in the desert area. The government will appoint an expert committee to prepare a blue print for livelihood options for PwDs in the desert area.

4.5.2 Girls & Women with Disabilities

Recognizing that Girls and Women with Disabilities face multiple disadvantage, the Government shall ensure the attainment of equal rights by and creating of opportunities for Girls and Women with Disabilities in social, economic and political spheres and take special measures to eliminate any violence & discrimination against Girls & Women with Disabilities.

The strategies include;

- 1) Focus on enrolment of girls with disabilities for special, integrated and/ or inclusive education, vocational training and such activities
- 2) Special monitoring on any kind of abuse & violence against girls & women with disabilities & appropriate strict actions to be taken against the guilty.
- 3) Encouragement to women with disabilities for self employment loans / schemes as well employment in reserved posts
- 4) Special drives for creating awareness about recognition of role & contribution of **women with disabilities** in the development of family, community, nation and world
- 5) Making health services available to women with disabilities with special reference to reproductive health
- 6) Inclusion of women & girls with disabilities in all disability rehabilitation related activities & programs
- 7) Encouragement for formulation of NGOs working for women & girls with disabilities & ensuring appropriate support to their activities.

4.5.3 Disaster and Persons with Disabilities

The Government is committed to serving all individuals equally in emergency situation. This commitment extends to individuals with disabilities. The Government is further committed to provide access to Agency programs and activities equal to the access provided to non-Persons with Disabilities. It will also ensure providing of any specialized services required for Rescue, Relief and Rehabilitation for any or all persons specific to their disability.

Strategies include: Responses to be taken after a disaster

Following a disaster, disability-related responses to support people with existing disabilities and to prevent new disabilities can be classified in two phases:

The acute phase - Immediately following a disaster, priority responses include:

- 1) Identifying persons with existing disabilities in temporary shelters and camps
- 2) Responding to the specific health care needs of persons with existing disabilities, such as insulin for diabetics, soft mattresses for people with spinal cord injuries and spectacles for people with low vision.
- 3) Identifying people with injuries and providing appropriate trauma care to save lives and minimize future functional impairment and disability
- 4) Implementing other curative and therapeutic interventions that can prevent disability such as prevention of pressure sores and possible deformities
- 5) Transferring people with severe injuries and / or newly acquired disabilities to referral centres for medical rehabilitation. In settings where such centers do not exist, efforts should be made to ensure that such persons are treated by specialists in existing facilities.
- 6) Establishing a multi-disciplinary task force to prepare a long-term rehabilitation program, taking into consideration the resources available and socio-economic conditions of the country.
- 7) **Making special provision for PwDs in the industries as a measure for industrial disasters by respective industries.**

The reconstruction phase - In the longer-term, priority responses include:

- 1) Identifying persons with existing and newly acquired disabilities, and assessing their immediate and long-term needs
- 2) Conducting mapping of resources and other community assets for meeting basic needs, including general health care and medical rehabilitation services

- 3) Developing the infrastructure necessary to provide medical rehabilitation services, especially therapy and assistive devices. Institute Based Rehabilitation (IBR) or medical rehabilitation is focused on restoring abilities, and should begin soon after emergency trauma care has been provided and continue until the person returns to his / her community. The functional recovery of persons with injuries often involves complicated rehabilitative measures, including coordinated input from a team of rehabilitation professionals (physiatrists, physiotherapists, occupational therapists, prosthetists and othotists and others) and the treatment of ongoing medical problems. In developing countries, such teams do not often exist, so special efforts are needed to train local health personnel and family members to perform some of the tasks of the various rehabilitation professionals.
- 4) Initiating Community Based Rehabilitation (CBR) Programmes, ensuring that persons with disabilities have equal access to services and are treated as equal members of society. As with their non-disabled peer, the basic problems for persons with disabilities in post disaster situations are access to health care, food, shelter, education and opportunities to earn a livelihood and the barriers to these for persons with disabilities are great. A comprehensive, multi-sectoral CBR programme is essential to meet these needs and to help persons with disabilities to make the best possible use of their abilities. CBR should be considered as citizens of their societies with the same rights, entitlements and responsibilities as others. Both persons with existing and those with newly acquired disabilities should be involved in rebuilding their communities. An ideal CBR programme would reduce the effects of poverty, promote human rights and ensure dignity for all persons with disabilities and their family members.
- 5) Attending to the social needs of persons with disabilities by ensuring their integration with their families and communities and facilitating opportunities for them to earn their livelihood.
- 6) Following the “Design for All” concept during rebuilding of infrastructure. When rebuilding a community’s infrastructure, efforts are needed to ensure that physical spaces are designed and built to be accessible to and safe for all, especially persons with disabilities. The Design for All concepts should be routinely adapted during the reconstruction phase.

4.5.4 Mental Illness

The Government will adopt & facilitate the National Mental Health Policy & Programs as well as develop adequate human resource & services, and ensure the availability & supply of required drugs to combat the mental illness in the state. The Government will also promote community care and establishing halfway homes in every district in phased manner.

The strategies include:

- 1) Proper budget allocation for mental health services
- 2) Initiating implementation of District Mental Health Programs & national Mental Health policy in the state.
- 3) Certification of mentally ill with IDEAS scale & ensuring appropriate benefits under PwD act for them.
- 4) Legal protection for families of mentally ill wherever appropriate.
- 5) Undertaking special drive to educate an awareness building of police departments regarding rights of people with mental illness.
- 6) Encouraging community based programs for mentally ill or inclusion of mentally ill in other community based programs
- 7) Ensuring quality rehabilitative services in already existing mental health institutions in the state.
- 8) Strengthening of psychiatry departments in medical colleges & teaching hospitals
- 9) Encouraging manpower development in the field of mental health at all levels
- 10) (Psychiatrists, psychologists, social workers, nurses, neuro surgeons etc.)
- 11) Orientation and training of existing PHC / appropriate govt. staff in mental health
- 12) Establishment and proper running of appropriate Mental Health Services through PHCs/ District hospitals and such other existing govt. infrastructures.
- 13) Encouraging formulation of NGOs to work in the field of Mental Health
- 14) Encouraging private sector partnership for development of mental health services.
- 15) Ensuring funding for research in the field of mental health.
- 16) Proper linkage and collaboration between the two departments – Health and Family Welfare and Dept. of Social Welfare and Panchayati Raj in connection with the services for mentally ill.

4.5.5 Sensory & Multiple Disabilities

The Government shall pay special attention to create enabling environment for Persons with Multiple Disabilities so as to fulfill their right and aspirations of education, health, employment, social inclusion and full participation in the society.

The strategies include:

- 1) There will be screening facilities made available at district level and efforts will be made to screen young babies.
- 2) Non-availability of medicines for the mentally ill and the hemophilic persons is a major problem as the majority of them are economically backward and unable to procure the needed medications. Therefore the Government shall ensure that appropriate budgetary provisions are made to provide the necessary drugs at subsidized rates for the needy.
- 3) Hearing aids are not only expensive but require continued maintenance, needing technical expertise and monetary resources. The government shall take necessary steps for provision and maintenance of hearing aids and their maintenance at the block and district level.
- 4) Availability of Physiotherapist, **psychologists / psychiatrists**, speech therapists and other related services in Government hospitals at the block and the district is a must as they go a long way in rehabilitation of persons with disabilities.
- 5) The medical education curriculum shall include prevention and identification of disabilities as one of the subject/ topics for the study of medical graduates.
- 6) The training curriculum of social welfare officers shall include the identification of hearing impairment using local indigenous means.
- 7) Proper Certification of persons with multiple disabilities such as “deaf-blind and autism” is ensured by the department of health so that they can avail benefits of the state and central government.
- 8) Encouraging human resource development in the field of multiple disabilities & ensuring appropriate funding for such avenues.
- 9) Encourage promotion of NGOs working in the field of multiple disabilities & ensuring appropriate support

4.6 Other Aspects

4.6.1 Access to **Commodities**, Facilities and Services

*The Government will ensure that the Persons with Disabilities have equitable access to **commodities**, services and facilities and to place the onus on service providers to ensure that all reasonable steps are taken to ensure Persons with Disabilities can access the required **commodities**, services and facilities.*

Strategies include: -

- 1) The adoption and implementation of legislation and regulations to enshrine the principle that it is unlawful for people who provide goods, facilities or services to the public to discriminate against PwDs and to provide a legal framework to ensure that service providers treat persons with disabilities the same way they treat other people, when offering or providing a service or facility.
- 2) The publication of a Code of Practice containing practical advice for service providers to enable them to provide acceptable access and services to Persons with Disabilities.
- 3) Ensuring that PwDs have recourse to the law when they have complaints about such discrimination by providing required information via all available means, including community based contacts and organizations.
- 4) All personnel within the Public Sector, who are engaged in any form of service delivery, provision of facilities or **commodities** to the public, to undertake appropriate training to ensure equitable access for PwDs.
- 5) All service providers within the Private Sector to undertake compulsory certification training to facilitate equitable access to such **commodities**, facilities and services to PwDs."

4.6.2 Prevention

The Government will develop primary and secondary prevention programmes that eliminate/limit diseases and accidents that cause disability.

Strategies for prevention include:

- 1) Healthy lifestyle promotion in the home, at school, in the workplace and on the sports field.
- 2) Protective measures such as immunization, protection against accidents, and

protection against occupational hazards.

- 3) Avoidance of conflict, war and violence
- 4) Decrease in poverty through targeted intervention in the educational, social and economic status through various national & state poverty alleviation programs.
- 5) Improved health services including early identification and interventions, genetic counseling informed by international human rights norms and best practices, and effective emergency medical intervention.
- 6) A reduction in occupational and environmental hazards through the adaptation of the environment.

4.6.3 Research & Development

The Government will ensure the promotion of Research & Development process that will enhance opportunities for inclusion of Persons with Disabilities to participate in social, economic, political and cultural realms of the society including access to Information Technology through appropriate social research, technological innovation and up gradation.

Strategies include;

- 1) Research that contributes to the design of systems that accommodate all citizens, not just the majority (social model of disability)
- 2) Research exploring employment and economic development opportunities for Persons with Disabilities.
- 3) Research that informs public services or policies and their responsiveness to Persons with Disabilities.
- 4) Research that explores effectiveness of long-term support systems centered on the individual.
- 5) Research that investigates the impact of quality of life for Persons with Disabilities in the community.
- 6) Research that explores lifestyle choices, recreation and culture for Persons with Disabilities.
- 7) Research that develops relevant information technology systems and knowledge for Persons with Disabilities' easy access and use of the systems.
- 8) Research that promotes access and participation of Persons with Disabilities in tribal areas on the different government schemes specifically designed and earmarked for tribal.
- 9) Research that promotes increased participation of Women with Disabilities.
- 10) Research that explores issues facing family and others who support Persons with Disabilities.

- 11) Research that explores inclusion of Persons with Disabilities in the study of science, technology and mathematics.
- 12) Research that explores adaptation of plant and machines for increasing employment opportunities in the industrial & other mechanized sectors.
- 13) Research that support participation of Persons with Disabilities in identifying their own priorities for research that will support their full participation and equality in the society.
- 14) Research that supports the communication of information about ideas and capacity of the Persons with Disabilities to participate in those that would influence future research agendas and opportunities.
- 15) Research that would engage Persons with Disabilities as active participants in the development collaborative ideas for future funded research projects.

4.6.4 Statistics

The Government will develop and maintain an information system that is based on the Social and Human Rights Model of Disability.

Strategies include:

- 1) Data collection in conjunction with national censuses and household surveys, undertaken in close collaboration with, amongst others, universities, research institutes and NGOs/DPOs.
- 2) Development of a database to provide information on the causes of disability, services, existing research, needs of persons with disabilities and the incidence of impairment.
- 3) Promoting access for persons with disabilities to all aspects of information that affects their lives.

5 Programme Implementation & Compliance

In regards to the coordination and implementation of the Comprehensive Disability Policy Framework, the following structure is recommended;

5.1 Programme development and implementation

The government will ensure that a separate structure be established under the Principal Secretary, Social Justice to look after the implementation and programme development aspects for PwDs. It would be appropriate that State Integrated Disability & Rehabilitation Services be established as a registered society under an appropriate act to function as a permanent implementation as well as consultative structure to the government. This body would be supported by, and working closely with the State Disability Commissioner. All existing programmes should be amalgamated as part of the *State Integrated Disability & Rehabilitation Services*. While a basic functioning of the body is being given below, a separate participatory exercise on conceptualizing, formulation and planning should be done once the State Policy is approved.

Some of the functions of the *State Integrated Disability & Rehabilitation Services* could be:

1. To facilitate, co-ordinate and monitor the implementation of the Comprehensive Disability Policy Framework in conjunction with the State Commissioner for disability;
2. To provide a link between Government and civil society
3. To develop a management system for the co-ordination of disability planning, implementation and mentoring various departments to bring in greater convergence
4. Facilitate establishing of District level implementation structure; provide programming support and monitoring & reporting compliance to Commissioner Disability.
5. To provide advice to the Government of Rajasthan on disability matters;
6. To ensure wide public education, as well as capacity building for the disability movement and government departments to implement the Comprehensive Disability Policy Framework;
7. To facilitate budget analysis to identify whether sufficient resources are targeted towards disability, and particularly towards the integration and empowerment of Persons with Disabilities;
8. To undertake appropriate empirical and action research and maintain the

database on disability including generating appropriate MIS.

9. To facilitate pooling of financial resources from various departments in support of the implementation of the Comprehensive Disability Plan Framework.

There is currently no specific structure in the state to carry forward the policy and further the programme. There is a serious and urgent requirement to enhance adequate human resources at district level. Every district need to be equipped with senior level officer to provide leadership who also should have adequate support staff. The staff should be adequately trained in Rehabilitation Management from competent organization.

5.2 Programme Monitoring & Compliance

State Commissioner for Disability should have the prime responsibility of ensuring the compliance of various sections and spirit of the policy.

Monitoring is an essential element in the upholding of human rights of PwDs. Monitoring can be used as a corrective tool against the violated rights of PwDs. It can also be used to measure trends patterns, and effectiveness of implementation of Policy framework. While all monitoring structures in Rajasthan should include the monitoring of the rights of PwDs in their mandates, the Commissioner for Disability should have a special responsibility for this task. The *State Integrated Disability & Rehabilitation Services*, having participation by civil society stakeholders as well as key Government departments, should also have an essential monitoring role.

6 Budget Projection

While budgeting and all its detail will follow as a separate part under the planning exercise, an estimate has been drawn out on the basis of sectoral strategic intervention. This is specifically prepared in a manner to facilitate the honorable house to adopt the **State Policy on Disability** including the economic implication. Hence the details given underneath are what the policy expects to achieve in specified period in a most convergent manner.

Sl. No	Component	Yearly (Rs .crores)	Budget for 5 years	Sectoral Percentage of Share (Rs. In crores)
1.	Accessibility & barrier free environment	42	208	14
2.	Computerization, database and MIS	9	44	3
3.	Education	47	237	16
4.	Health, Early Identification & ECCD	53	267	18
5.	Human resource development	21	104	7
6.	Media, Public awareness	15	74	5
7.	Rehabilitation Services & Social Security	42	208	14
8.	Skill Training & Livelihood	53	267	18
9.	Innovation, Research & Development	15	74	5
	Total	297	1483	100

Projected Resource Mobilization Plan

Source	% of share	Actual amount (Rs. In crores)	Requirement per year
Government of India (Leverage from National Programme)	60	890	178
Government of Rajasthan	15	222	44
External agencies (World bank, UN Agencies & Bilateral funding)	15	222	44
Corporate Sector and others local agencies	10	148	30
Total	100	1483	297

7 List of Abbreviations

ANMs	Auxiliary Nurse & Midwife
AWW	Anganwadi Workers
CBR	Community Based Rehabilitation
CwDs	Children with Disabilities
DPIP	District Poverty Initiative Programme
GDP	Gross Domestic Product
GoI	Government of India
GoR	Government of Rajasthan
IAY	Indira Awas Yojna
MDGs	Millennium Development Goals
National Trust Act	The <i>National Trust</i> for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act
NGOs	Non Governmental Organizations
NHRC	National Human Rights Commission
PwD Act	The Persons with Disabilities (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) Act
PwDs	Persons with Disabilities
RCI	Rehabilitation Council of India
RCI Act	Rehabilitation Council of India: RCI Act 1992 & Amendment 2000
RMoL	Rajasthan Mission on Skill & Livelihoods
RRLP	Rajasthan Rural Livelihood Programme
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities 2007
WHO	World Health Organization