

Social Protection and Disability in India

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A photograph of a man with a beard and a light brown turban, wearing a blue and white plaid shirt. He is smiling and looking towards the camera. He is operating a machine with a large yellow handle and a black gear. His right foot is raised and resting on the machine. The background is slightly blurred, showing an indoor setting with wooden walls.

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Acronyms

AP	Andhra Pradesh
AAY	<i>Antyodaya Anna Yojana Scheme</i>
BPL	Below Poverty Line
BJP	Bharatiya Janata Party
CSS	Centrally Supported Schemes
DAPP	Differently Abled Person Pension
DBT	Direct Benefit Transfer Programme
dBHL	decibels of hearing loss
DFID	Department For International Development
DPO	Disabled People's Organisation
EFPO	Employees' Provident Fund Organisation
ICT	information and communications technology
ICF	International Classification of Functioning, Disability and Health
IGNDPS	Indira Gandhi National Disability Pension Scheme
IGNOAPS	Indira Gandhi National Old Age Pension Scheme
IGNWPS	Indira Gandhi National Widow Pension Scheme
IHDS-II	India Human Development Survey II (2011/12)
ICDS	Integrated Child Development Scheme
JAM	<i>Jan Dhan-Aadhaar-Mobile</i>
LIFE	Livelihood Full Employment Program
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MO	Medical Officers
NGO	Non-Governmental Organisation
NSAP	National Social Assistance Programme
PDS	Public Distribution System
PMJDY	<i>Pradhan Mantri Jan Dhan Yojana</i>
SADAREM	Software for Assessment of Disabled for Access, Rehabilitation and Empowerment
SECC	Socio-Economic Caste Census
TN	Tamil Nadu

Executive summary

This case study forms part of the DFID-funded research project “Leaving No One Behind – how social protection can help persons with disabilities to move out of poverty,” which aims to provide guidance for social protection practitioners on how to ensure access to social protection for persons with disabilities.

The study is based on a review of the literature on access to social protection for persons with disabilities in India; quantitative analysis of both administrative data and India’s Human Development Survey II (2011/12); and, limited qualitative field research in Tamil Nadu (TN) and Andhra Pradesh (AP) conducted 17-27 October 2016. In total, the field research comprised 23 key informant interviews and focus group discussions with Disabled People’s Organisations (DPOs), Non-Governmental Organisations (NGOs) and government officials in three locations: in Chennai, the capital of Tamil Nadu, in the district of Tiruvallur; in Tamil Nadu; and in the district of Prakasam in Andhra Pradesh, about 300 kilometres north of Chennai. The states of Tamil Nadu and Andhra Pradesh were selected for this case study based on an expectation that these two states would be performing above average in the area of social policy.

India has an extremely complex social protection system, characterised by a large number of small, fragmented and largely ineffective schemes. This study focuses on disability pensions as well as the inclusion of persons with disabilities in the large cash-for-work programme, the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA), which is one of the few social protection programmes in India with relatively high coverage and a substantial benefit level. While the study finds that India’s disability benefits are not very effective in offering income security or covering the additional costs for persons with disabilities, efforts in both states to include persons with disabilities in MGNREGA offer interesting lessons, although results have been mixed and uneven.

India’s National Social Assistance Programme (NSAP) includes five different schemes: The Indira Gandhi National Old Age Pension Scheme (IGNOAPS); the Indira Gandhi National Widow Pension Scheme (IGNWPS); the Indira Gandhi National Disability Pension Scheme (IGNDPS); the National Family Benefit Scheme (NFBS); and the Annapurna Scheme. All of the NSAP schemes are poverty targeted using the Below Poverty Line (BPL) targeting mechanism and have limited coverage and high exclusion and inclusion errors.

Based on analysis of the India Human Development Survey II (IHDS-II) 2011/2012, persons with disabilities are five times more likely than those without disabilities to be receiving a social protection benefit. According to the IHDS-II, in 2011/12, 23 per cent of people with severe functional limitations were direct recipients of social protection transfers, while 33 per cent were living in households benefiting from one or more

programmes. This is significantly higher than for persons with no disability, among whom only four per cent are direct recipients of a programme, while 17 per cent live in a household where at least one member is receiving a benefit.

The higher coverage of persons with disabilities is mainly because of the old age pension, as there is a high prevalence of disability among older people. In addition, the coverage of the old age pension has increased significantly over the last decade and now reaches 18-20 per cent of the population aged 60 and above. The national disability benefit has much lower coverage, with only five per cent of adults above age 18 with a severe disability receiving the benefit. Therefore, the old age pension is the most significant tax-financed social protection programme for persons with disabilities in India, in terms of coverage. However, it is important to note that most persons with disabilities in India are still left without access to social protection. The IHDS-II data shows that, even among the 20 per cent poorest older people with severe disabilities, 63 per cent are excluded from the old age pension.

Low coverage means that the impact on poverty levels in the general population of the NSAP programmes is limited. However, the programmes have a significant impact for those fortunate enough to be included as recipients: the national disability benefit is estimated to reduce poverty among recipient households by 12 per cent.

The MGNREGA provides a right to at least 100 days of guaranteed wage employment per year to any rural household with an able-bodied member who puts her/himself forward for unskilled manual work. In 2013, the MGNREGA guidelines were updated and, most significantly, a section on “strategies for vulnerable groups”, including persons with disabilities, was added. Each state was given a mandate to develop its own plans for how vulnerable people would be included. Both Tamil Nadu and Andhra Pradesh have developed quite comprehensive systems to ensure that persons with disabilities are included in MGNREGA, and there is awareness and some level of commitment towards inclusion at all levels. However, the practical implementation of the guidelines is still largely dependent on interpretation and the attitude of officials, resulting in very different experiences for persons with disabilities living in different states and districts.

Initiatives to improve the inclusion of persons with disabilities in the MGNREGA in the two states include the provision of work suitable for the capabilities of persons with disabilities; the provision an individual job card for persons with disabilities (rather than sharing one job card with the rest of the household); and, allocating 150 days of work for persons with disabilities, rather than the usual 100 days. Despite these initiatives, the percentage of workers under MGNREGA with disabilities has not increased much between 2009/10 and 2015/16 and the number is still much lower than the three per cent quota for public sector jobs, which is supposed to be reserved for persons with disabilities by

law (recently increased to five per cent with the new Rights of Persons with Disabilities Act, 2016). Nonetheless, India does provide some lessons on how public works programmes can be adapted to allow for the inclusion of persons with disabilities.

1 Introduction

This report comprises one component of the DFID-financed study: “Leaving no-one behind: how social protection can help persons with disabilities move out of extreme poverty.” It is one of seven country case studies to identify good practice in enabling the inclusion of persons with disability in social protection systems and programmes. The research aims to address the gaps in knowledge in the design and delivery of social protection for persons with disabilities and find examples of good practice that can be used to improve policies and programmes so that social protection in developing countries can become more disability sensitive. The project was undertaken by Lorraine Wapling and Rasmus Schjoedt for Development Pathways.

The study is based on a review of the literature on access to social protection of persons with disabilities in India; quantitative analysis of administrative data and India’s Human Development Survey II (2011/12); and, limited qualitative field research in Tamil Nadu and Andhra Pradesh from 17-27 October 2016. In total, the team carried out 23 key informant interviews and focus group discussions with Disabled People’s Organisations (DPOs), Non-Governmental Organisations (NGOs) and government officials in Chennai, in the district of Tiruvallur outside Chennai, as well as in the district of Prakasam in Andhra Pradesh, about 300 kilometres north of Chennai.

This case study focuses on analysing the effectiveness of schemes in including and improving the lives of persons with disabilities. It predominantly evaluates the Indira Gandhi National Disability Pension Scheme (IGNDPS), as well as the inclusion of persons with disabilities in the large cash-for-work programme, the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA). It also considers additional schemes for persons with disabilities implemented by state governments, including two separate disability benefit schemes implemented by the Tamil Nadu State Government.

The study focuses on the states of Tamil Nadu and Andhra Pradesh, based on an expectation that these two states would be performing above average in the area of social protection.¹ While India’s disability benefits do not offer many lessons for other countries, efforts in both states to include persons with disabilities in the public works programme, MGNREGA, offer interesting lessons.

The researchers would like to stress that as the research was carried out in 2016, the report is reflective of India’s social protection systems and programmes at that time. Since

¹ This expectation is based on the above average human development and gender outcomes, higher wages and state coverage of MGNREGA in these two states.

2016, India has experienced political change and some aspects of the report may now be outdated or will have changed.

The report begins in Section 2 with an introduction to the social and economic context of India. Section 3 then examines the situation of persons with disabilities in India across the lifecycle. Section 4 outlines the administrative structure that governs social protection and disability issues in India, followed by Section 5, which briefly evaluates the political economy context in which these governance structures operate. Section 6 then describes the legislative and policy framework of social protection and disability in India. In Section 7, the report provides a detailed overview of the national social protection system, looking at both contributory and tax-financed schemes in India. Section 8 outlines details of India's disability assessment process. Sections 9 and 10 analyse the access of persons with disabilities to social protection programmes in India. Section 11 considers the adequacy of the benefits provided under these schemes. Section 12 assesses the impact of social protection schemes on persons with disabilities, while Section 13 considers the linkages between social protection and social services for persons with disabilities. Finally, Section 14 concludes with some perspectives on the main lessons learned and gaps identified in relation to social protection for persons with disabilities in India.

The team would like to thank all those who gave of their time to be interviewed and who supported the organisation of meetings and discussions.

Box 1-1 The India Human Development Survey (IHDS)

Analysis in the report uses the India Human Development Survey II (2011/2012), the second wave of a nationally representative panel survey. It includes social and economic indicators, as well as other human development indicators. The IHDS-II has a sample size of 42,152 individuals across all 33 states and union territories in India. Rather than using the Washington Group questions to identify persons with disabilities, the IHDS-II includes seven questions related to activities of daily living, covering five functional domains (seeing, walking, hearing, communicating and self-care). Throughout the report, whenever analysis refers to people with moderate or severe disability in the IHDS, this means everyone coded with “can do with difficulty” in at least one functional domain. People with severe disability are those coded as “unable to do it” in at least one functional domain.

2 Contextual analysis

India is a lower-middle income country composed of 28 states and eight union territories. The latest census, undertaken in 2011, reported that India had a population of roughly 1.2 billion people. However, according to the latest population projection data from the United Nations Department of Economic and Social Affairs (UN DESA), this would have risen to over 1.3 billion in 2016. By 2050, UN DESA predicts that India will have a population of about 1.6 billion people. India has a young population, with 30 per cent of the population under the age of 14, and 63 per cent of the population aged 15-59 years, according to the 2011 Census.

At the time of writing in 2016, India's economy had returned to high rates of growth after a period of slowed growth, according to the latest figures, although there is some dispute over whether this data is credible: In 2015-16, the GDP growth rate reached 7.6 per cent, up from 5.6 per cent in 2012-13.

Calculating how many people are “poor” in India is a highly contested issue. As of the time of writing in 2016, the latest poverty line was calculated by the Tendulkar Committee based on a poverty line basket, which calculates the cost of a basic set of goods and services required for a minimal acceptable standard of living. Using this line, the basis of which was consumption data from the National Sample Survey, an estimated 270 million people were living in poverty in India in 2011-12.² However, this poverty line was highly criticised as being too low, and a new committee was established to propose changes. The revised methodology resulted in a higher number, some 363 million people, living in poverty.³

According to the 2011 census data, the poverty headcount ratio, using the poverty line of USD 1.90 per day, was 21 per cent. Yet, using the USD 3.10 line, which is widely recognised as a more reasonable measure of poverty, it rises to 58 per cent.⁴

The majority of the population live in rural areas: only ten per cent of the rural populations have salaried jobs and only five per cent earn enough to pay taxes. Thirty-six per cent of the rural population is illiterate. Poverty is higher in rural areas than in urban areas, and is highest among minority groups categorised as “scheduled tribes”.⁵ Overall,

² Tendulkar (2009).

³ Rangarajan (2014).

⁴ World Bank poverty and equity data portal.

⁵ World Bank (2016).

only three per cent of the population belongs to the middle class, defined as those living on \$US 10-20 per day.

The vast majority of workers in India – 92 per cent – are employed in the informal sector (when including both those who are working in the unorganised sector and those who are informally employed in the organised sector). Since only those employed in the formal sector are eligible for social insurance, only a maximum of eight per cent of workers have access to social insurance. The social insurance system does not provide coverage for the vast majority of the population.

There are notable gender disparities in labour force participation rates. Notably, the participation rate of women dropped from 42.7 per cent in 2004-05 to 31.1 per cent in 2013-14. Research has suggested that the reason for the declining rate of participation may result from an “income effect”: as families raise their income levels and achieve more stable incomes, women drop out of the labour force, or do not enter, because the family is able to get by on the husband’s income.⁶ Further, the average wage for women is much lower than for men.⁷

⁶ Luis et al (2017).

⁷ ILO (2016).

3 Situation of persons with disabilities

India's most recent census from 2011 reported that there were 26.8 million persons with disabilities in India in 2011, representing roughly two per cent of the population. This prevalence rate, however, is very low (especially in comparison to the estimated global rate of 15 per cent suggested by the World Bank/WHO) and is most likely the result of particularities in the way the census question was structured and enumerated.⁸ In fact, prevalence rates vary according to different surveys. For example:

- A survey in Prakasam District in Andhra Pradesh (the same district visited for this case study) by researchers from the South Asia Centre for Disability Inclusive Development Research, using a Rapid Assessment of Disability (RAD) tool, found a disability rate among adults of 10.4 per cent (N = 4,134).⁹
- A survey carried out by the DPO Federation in Tamil Nadu's Tiruvallur District (also visited for this case study) estimated that there were 98,000 persons with disabilities in the district, out of a total population of 3.7 million, making the prevalence rate 2.63 per cent – again, very low in an international comparison.
- According to the 2002 National Sample Survey, 8.4 per cent of rural households (and 6.1 per cent of urban households) reported having a member with a disability.¹⁰
- Analysis of the IDHS-II dataset from 2011-12 by Development Pathways found a disability (moderate and severe) prevalence rate of 6.4 per cent, and a severe disability prevalence rate of 2.3 per cent, in the population aged 8 and above. The data also show that 21.8 per cent of households have at least one person with a moderate or severe disability, and 8.4 per cent of households have at least one person with a severe disability.

The census data are derived from a simple “yes” or “no” response to the question: “Is this person mentally/physically disabled?”. A “yes” response requires the respondent to indicate which disability they (or any member of their household) have from a list of eight possible responses: in seeing; in hearing; in speech; in movement; mental retardation; mental illness; any other; or multiple disability (of which up to three options can be recorded).

This data collection method poses a number of problems and, as noted by the Washington Group on Disability Statistics, this particular method generates the lowest prevalence

⁸ WHO and World Bank (2011).

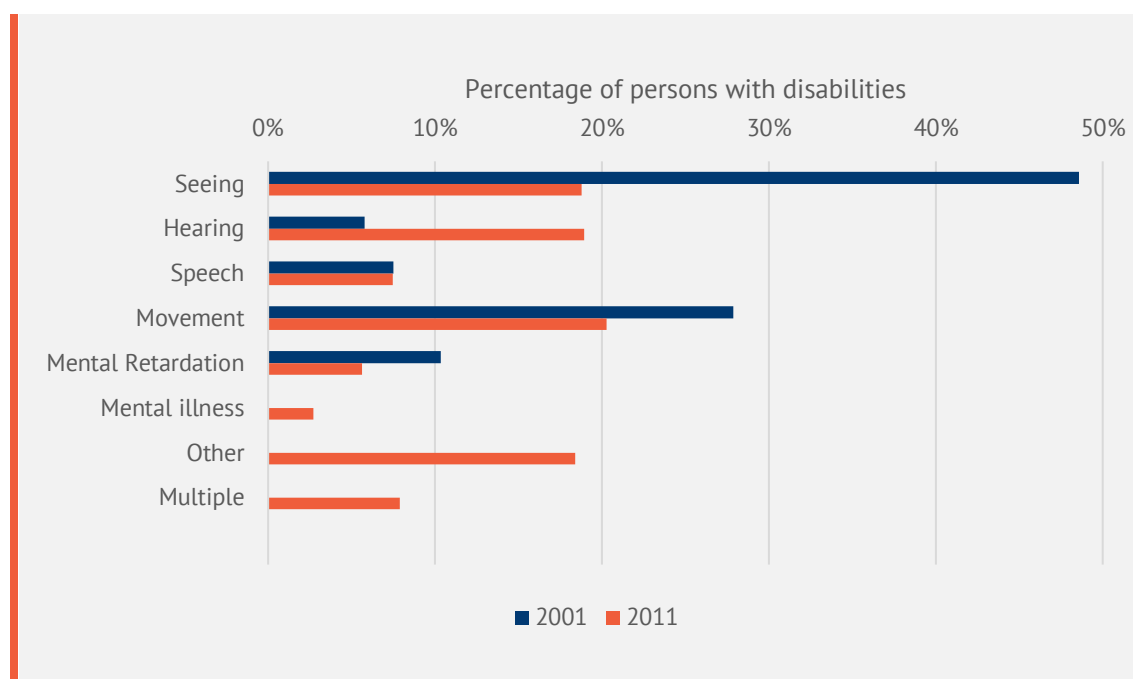
⁹ Ramachandra et al (2016).

¹⁰ World Bank (2007); Focus group discussion, Enicapadu Village, Prakasam District, AP, 25th October 2016.

rates because of inconsistency in people's interpretations as to what constitutes a disability and due to the stigma of revealing disability within households and communities. This type of question is also unlikely to pick up disability within the elderly population since many will assume that their impairments are simply the result of age, and no provision is made for identifying chronic health conditions which might also impact on daily activities.¹¹

A comparison of the relative prevalence rates of different impairments reported over time highlights the potential questions around the accuracy of this data. In 2001, census data reveal that 49 per cent of all persons with disabilities had visual impairments compared with only 19 per cent in 2011 (Figure 3-1). It is unlikely that the prevalence of visual impairments declined so significantly in just ten years, suggesting instead that changes in the way disability was measured between these two censuses offered different results. Further, in 2001 – unlike in 2011 – no provision was made for the categories of “mental illness”, “multiple”, or “other” which will have inevitably altered the overall distribution rates.

Figure 3-1 Comparison of impairment prevalence between the 2001 and 2011 censuses



Source: Census India, 2001 & 2011

Using the 2011 census data, it is estimated that there are more disabled men than women among the general population (56 per cent men; 44 per cent women). This is also

¹¹ World Bank (2007).

reflected in the data from Tamil Nadu (56 per cent men; 44 per cent women) and Andhra Pradesh (54 per cent men; 46 per cent women). However, this discrepancy is likely because there are more men than women in the population, as analysis of the IDHS-II data shows a higher prevalence rate among women (7.2 per cent) than men (5.6 per cent).

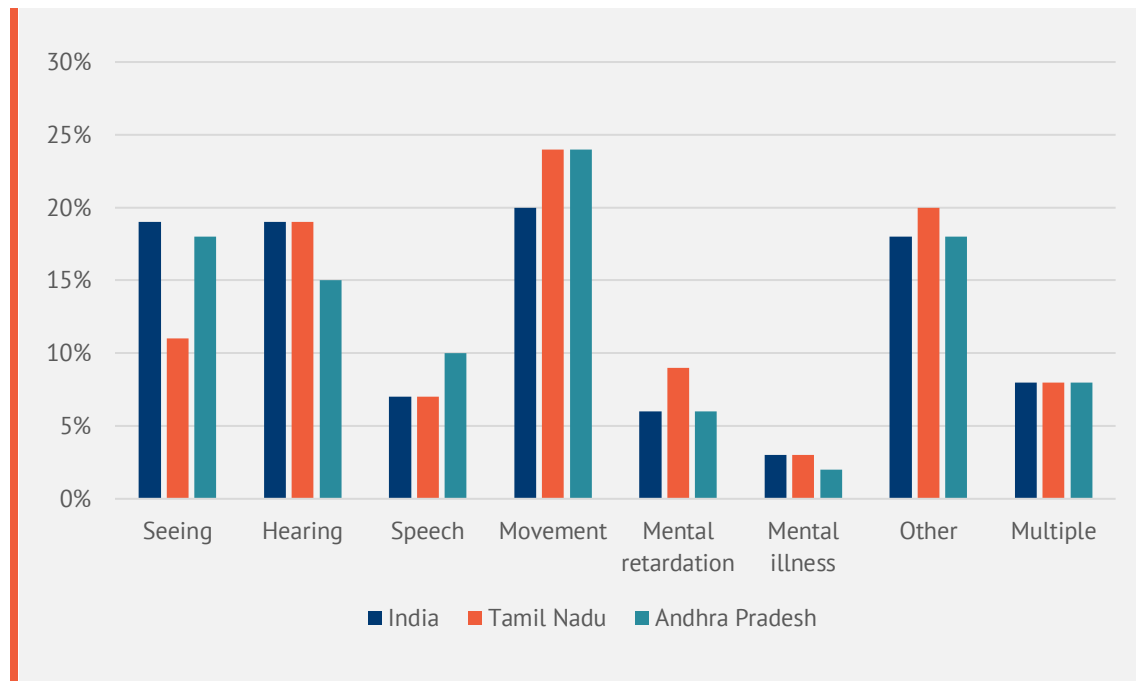
According to the 2011 census, in Tamil Nadu there are a total of 1.2 million persons with disabilities (1.6 per cent of the state population) and in Andhra Pradesh 2.3 million (2.7 per cent of the state population, before bifurcation).¹²

There are very few variations in impairment prevalence rates between Tamil Nadu and Andhra Pradesh (and between these states and the national rates). Andhra Pradesh records only slightly higher rates of “seeing” impairments (AP, 17 per cent; TN, 11 per cent) and slightly lower rates of “hearing” impairment (AP, 15 per cent; TN, 19 per cent).¹³ Both states record relatively high rates for the category of “other” (AP, 18 per cent; TN, 20 per cent). Unfortunately, there is no clear definition of what the category “other” is being used to describe. According to the 2011 census instruction manual, this category should be used “...if the person has a disability not covered under any of the categories listed in the question.”

¹² Census India, 2011. Note: the statistics in this section describe Andhra Pradesh before it was bifurcated into two states in 2014 and use the 2011 census data.

¹³ Using the 2011 census. SADAREM AP data shows much greater variations in prevalence rates. For example, significantly higher rates of locomotor impairments (at 57%), lower rates of multiple impairments (at 1%) and it does not record the category “other” at all.

Figure 3-2: Comparison of impairment rates across categories for all-India, Tamil Nadu and Andhra Pradesh



Source: Census India, 2011

3.1 Children with disabilities

India has a young population, with around 41 per cent of the population aged 0-19 years.¹⁴ While disability prevalence rates are lower among children than other age groups in India, because of the age structure of the population, the absolute number of children with disabilities is higher than for other age groups. There are at least 7.8 million children with disabilities in India according to the 2011 census, which gives a minimum child disability prevalence rate of around 1.6 per cent, although this is likely to be much higher in reality. However, the IHDS-II only provides data for individuals aged 8 and above, so it is not possible to provide accurate information on disability prevalence among young children.

The situation for children with disabilities can be especially difficult. Families are likely to be overprotective and reinforce a sense of dependence when caring for a child with a disability, which can make it difficult for children to develop the skills needed for self-determination and individuality.¹⁵

¹⁴ Census India, 2011.

¹⁵ Gupta et al (2013).

3.1.1 Young children

The Integrated Child Development Scheme (ICDS) is the main national scheme for early childhood care and development, providing rural childcare centres called Anganwadi centres. The ICDS has 1.4 million Anganwadi centres and two million Anganwadi workers, providing services of immunisation, health check-ups, referral services, pre-school non-formal education and supplementary nutrition provision. It is seen as the government's major scheme to fight childhood malnutrition. The ICDS reaches around 86 million children and their mothers through supplementary nutritional support and 33 million children with pre-school education.¹⁶ However, there are no data on the extent to which children with disabilities are benefiting from these services.¹⁷

3.1.2 School-aged children

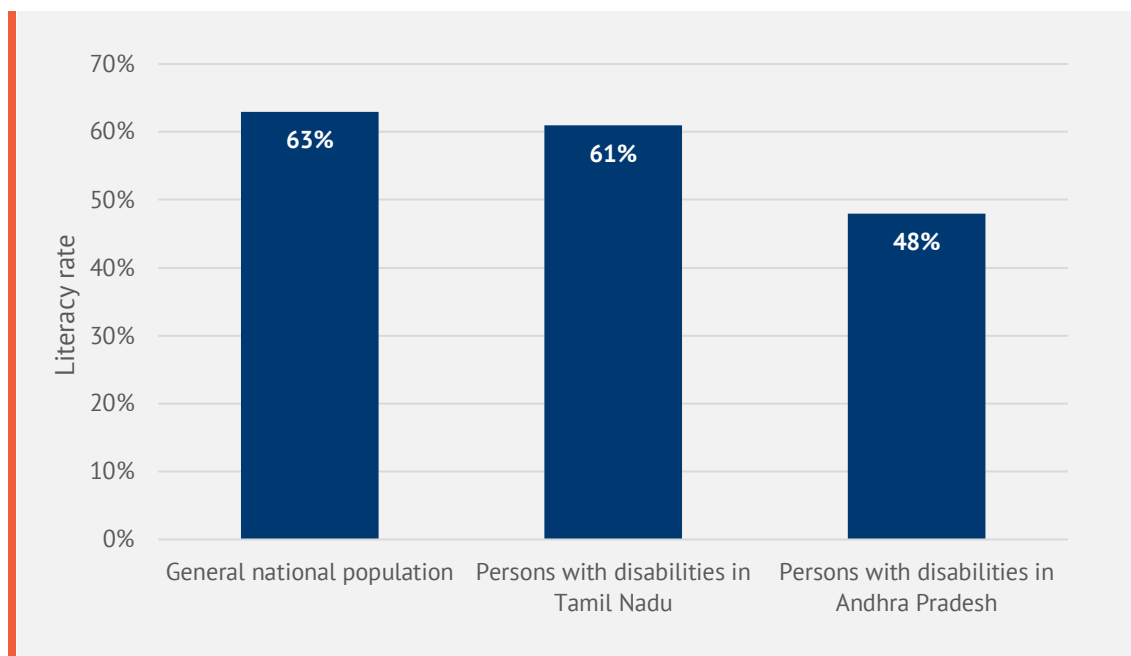
The educational performance of children with disabilities remains below that of non-disabled children. Children with disabilities are more than five times more likely to be out of school than their non-disabled peers.¹⁸ As shown in Figure 3-3, literacy levels in both Tamil Nadu and Andhra Pradesh remain below those of the general population of India, with the widest gap in Andhra Pradesh.

¹⁶ Section 6C.3.2, Pg. 135, Point No. 100, 3rd and 4th State CRC Report.

¹⁷ Gupta et al (2013).

¹⁸ World Bank (2007).

Figure 3-3 Comparison of literacy rates of persons with disabilities in Tamil Nadu and Andhra Pradesh, compared with literacy rates of the general population in India

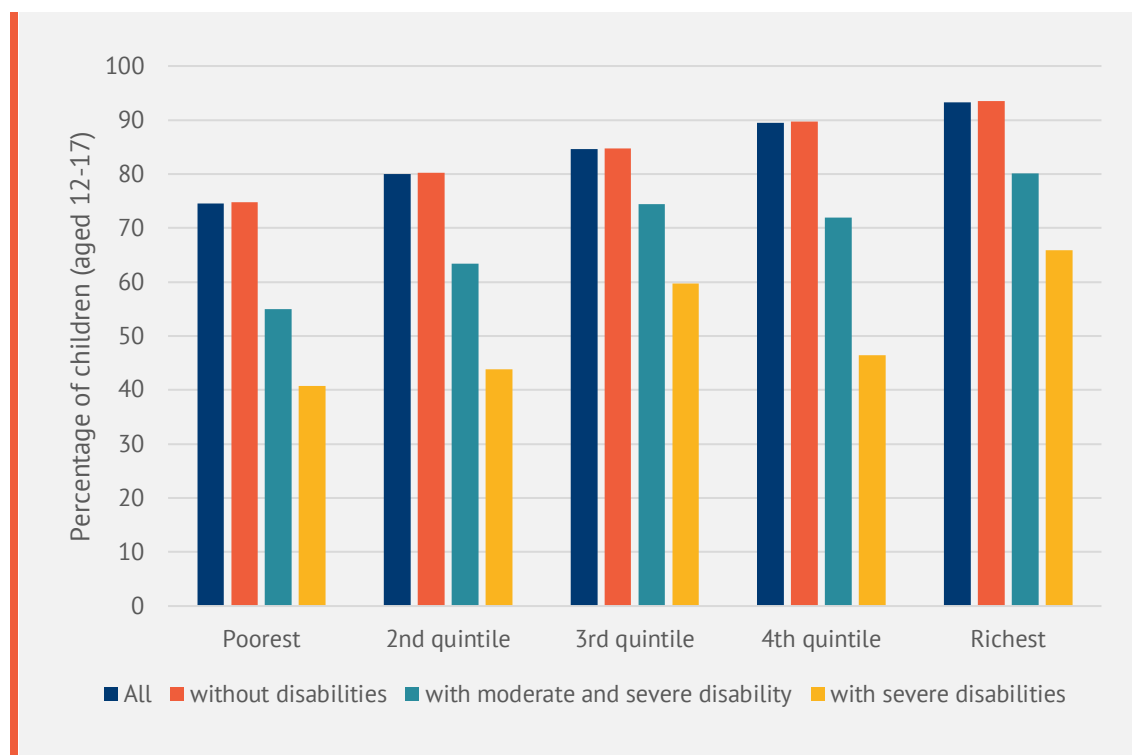


Source: Census India, 2011

Most children with disabilities do not continue in education, where 95 per cent drop out after primary school. Some of the main barriers include a lack of accessible teaching and learning materials, environmental access issues, and the poor quality of specialist teaching support. Overall, the amount of spending on persons with disabilities in education by the Ministry of Human Resource Development did not exceed 2.3 per cent between 2007 and 2012, even though the Equal Opportunities, Protection of Rights and Full Participation Act (1995) lays out that the Ministry should be spending at least three per cent of their budget on disability-related programmes.¹⁹ As Figure 3-4 shows, children aged 12-17 without disabilities are much more likely to be currently attending school than those with disabilities, including children with severe or moderate disabilities. Yet, for both children with and without disabilities there is a clear trend of children from higher-income families having much higher school attendance rates than those from low-income families.

¹⁹ Gupta et al (2013).

Figure 3-4: Percentage of children (aged 12-17) with and without disabilities attending school, across the income distribution



Source: Analysis of IHDS-II by Development Pathways

3.2 Persons of working age with disabilities

Persons with disabilities are much more likely to be without work. Nationally, 64 per cent of people of working age with disabilities are classified as outside the labour force compared to 56 per cent of working age persons among the general national population (including both persons with and without disabilities).²⁰ Persons with disabilities are similarly more likely to be without work in both Tamil Nadu and Andhra Pradesh than the national average, where 63 per cent and 61 per cent of working-age persons with disabilities are classified as outside the labour force in the 2011 census, respectively.

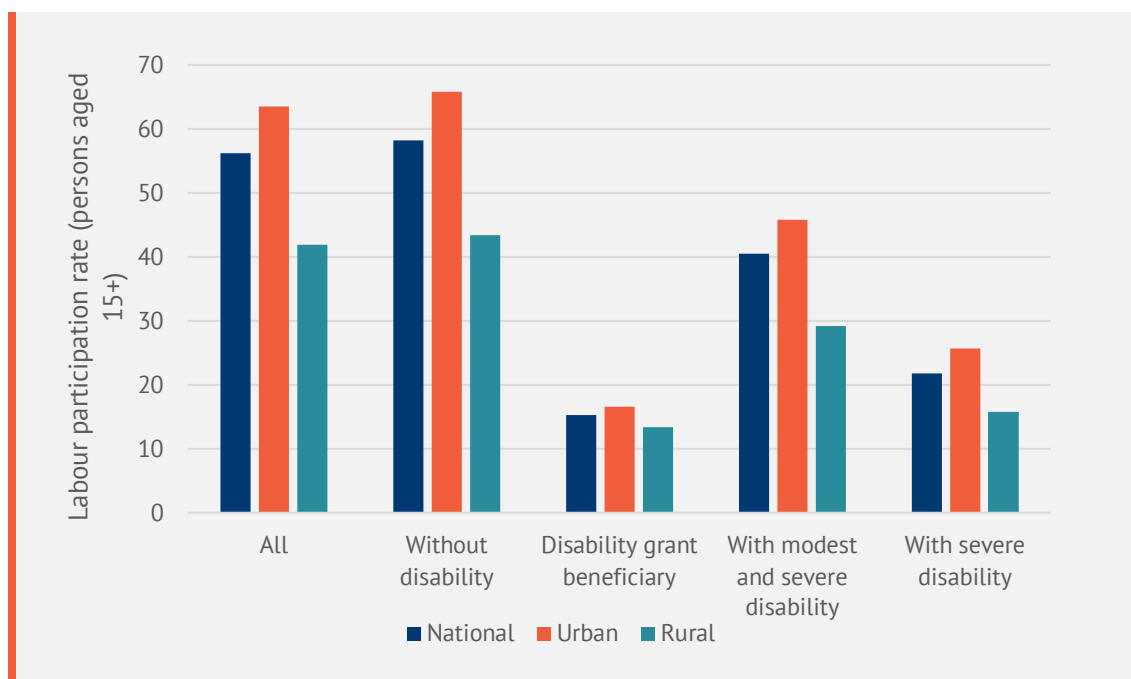
There has been little improvement in the labour force participation of persons with disabilities since the 2001 census, in which 65 per cent of working age persons with disabilities were classified as outside of the labour force nationally. This suggests that provisions made within the Persons with Disabilities Act (1995) have not made any significant impact.²¹

²⁰ Census India (2011).

²¹ op. cit.

As Figure 3-5 shows, the IHDS shows broadly similar findings to the census data. Further, it also illustrates that labour force participation rate is lower in rural areas than in urban areas, across all categories of disability status.

Figure 3-5: Labour force participation rates, by disability status and urban-rural classification



Source: Analysis of IHDS-II by Development Pathways

Focus group discussions in both Tamil Nadu and Andhra Pradesh affirmed that most persons with disabilities find it very difficult to access the formal labour market. This is likely the result of multiple intersecting barriers such as low levels of education, lack of accessible transport and a lack of accommodation within the workplace. Some persons with disabilities report being able to earn some income via the informal sector in activities such as garland making, making/selling snacks, day labouring, tailoring and selling mobile phone cards.²² In only one case did informants report not having any income opportunities.²³ This work, however, can be seasonal (such as work on salt pans and in agriculture) offering little income security.²⁴

Disabled women face particular challenges in accessing the labour market. Within families, women and girls tend to be the least prioritised in terms of education, which means they often have fewer options in terms of work. The Government's quota system

²² Focus group discussions: Punnapakkam village, TN, 17th October 2016; Trivuvallur District, TN, 18th October 2016.

²³ Focus group discussion, R.K. Pet Block, Trivuvallur District, TN, 18th October 2016.

²⁴ Focus group discussion, Chinnaganjam village, AP, 24th October 2016.

(Box 3-1) has a tendency to prioritise men with disabilities. Further, offices are often poorly equipped (i.e. a lack of toilets and running water) to support the needs of women. Women with disabilities will often lack information about the opportunities that are available to them and may prefer to take up self-employment. However, even self-employment is not straightforward. Securing loans to start a business can be challenging and, even if the loan is secured, families may still refuse to offer guarantees because of attitudes which assume low capabilities of women with disabilities.²⁵

Box 3-1: The Government's quota system

The Government implements a quota system to promote the representation of persons with disabilities in public office. The Rights of Persons with Disabilities Act (2016) increased the public sector quota from three per cent to four per cent for persons with certain types of disabilities and provides incentives for companies to ensure that a minimum of five per cent of their workforce is composed of persons with disabilities of 40 per cent or more.

Overall, despite an increase in attention to disability at the policy level, persons with disabilities have been largely left out of most economic reforms the country has undergone.²⁶ While there have been some gains in employment and physical accessibility for some persons with disabilities, the majority of the poor, rural disabled population remains excluded from India's economic, social and political developments.²⁷

3.3 Older persons with disabilities

Disability is most prevalent among older persons. Almost one third (31 per cent) of persons aged 60 years and above experience a disability, while this rises to almost one half (46 per cent) of all persons aged 75 years and above.²⁸ Traditionally, older persons have been supported by their families. Yet, this traditional support system has eroded in recent years. More than half of elderly males (60+ years) in India do not receive any financial support from their next of kin. In 2011, 53 per cent of elderly men in rural areas and 57 per cent in urban areas were without any financial support from next of kin. Women, on the other hand, tend to receive far greater support in old age, with only 15 per cent of elderly women (60+ years) in rural areas and 18 per cent in urban areas without financial support from next of kin, respectively.²⁹

²⁵ Focus group discussion, Tamil Nadu Association of Disabled Women, 22nd October 2016.

²⁶ Hiranandani and Sonpal (n.d)

²⁷ Ibid

²⁸ IDHS-II (2011)

²⁹ Prasad (2011).

4 Governance arrangements

This section will outline the administrative structure that governs social protection and disability issues in India.

The administration is layered across the Central Union Government, the state governments, districts, blocks (also sometimes referred to as sub-districts or by state-specific terms, including “Mandal” in Andhra Pradesh and “Taluk” in Tamil Nadu) and villages (Gram Panchayats).

The Indian system of governance is decentralised to the state governments which, as noted, often administer social protection programmes of their own. At the state level, institutional arrangements differ widely. For example, Tamil Nadu has 41 different departments in the state government, while Andhra Pradesh has only 28. Below the state governments are devolved administrative units at the district, block and village level. Then, at the village level, there are local authorities with elected village councils headed by Panchayat Presidents.

4.1 Governance of social protection

At the Union Government level, both the NSAP and the MGNREGA are administered by the Ministry of Rural Development which transfers funds to the state governments.

The relevant state government department varies by state. In both Tamil Nadu and Andhra Pradesh, MGNREGA is managed by the Departments for Rural Development (the Rural Development and Panchayat Raj Department in Tamil Nadu and the Department of Rural Development in Andhra Pradesh). These are represented at the district level by District Rural Development Offices, which are among the largest devolved departments. They also have representatives at the block level. The NSAP is in most states implemented by Social Welfare Departments. However, in some states, including in Andhra Pradesh, the programme is implemented by Rural Development Departments. In a few other states, including in Tamil Nadu, the NSAP is implemented by State Revenue Departments.

4.2 Governance of disability issues

At the Union level, disability issues fall under the Department of Persons with Disabilities within the Ministry of Social Justice and Empowerment. In addition, the Persons with Disabilities Act of 1995 mandated the establishment of the Office of the Chief Commissioner for Persons with Disabilities under the Ministry of Social Justice and

Empowerment, as well as in each of the state governments. The Office of the Chief Commissioner is mandated to safeguard the rights of persons with disabilities, including monitoring the utilisation of funds dispersed by the Central Government and overall compliance with the Disabilities Act. The Chief Commissioner can investigate potential issues, either on his own accord or in response to complaints from citizens; the Office has the power of a civil court.

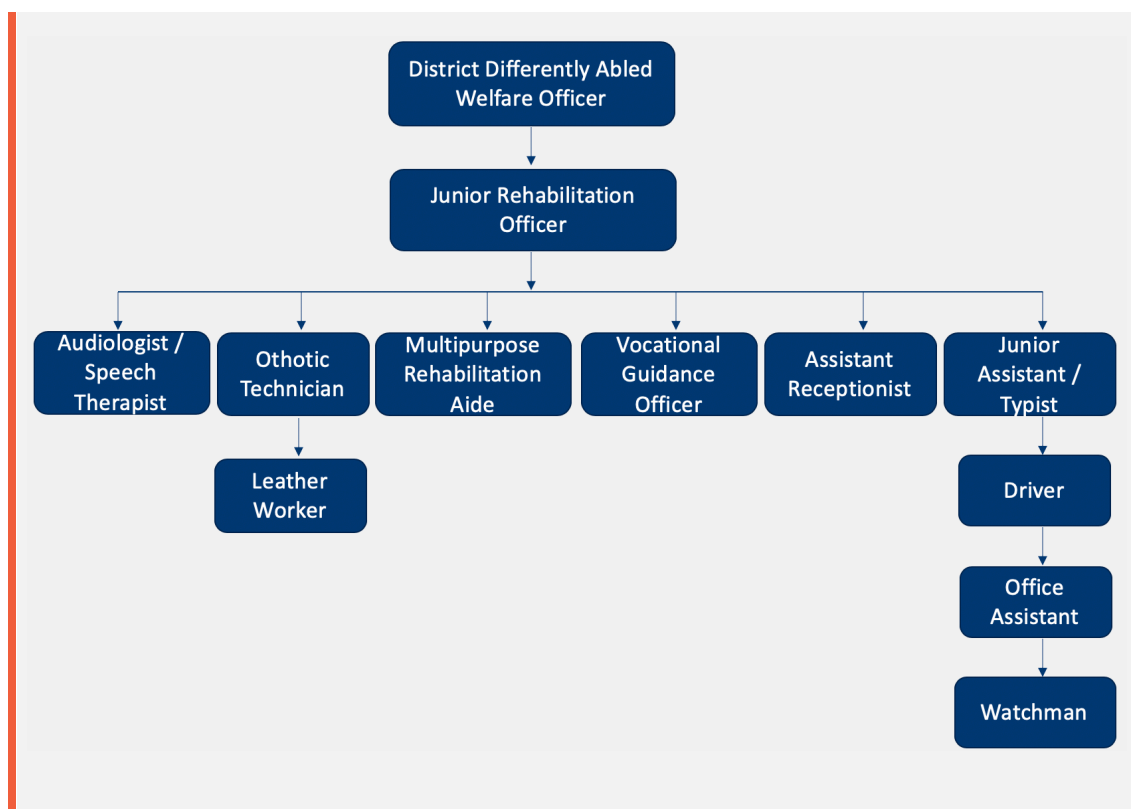
At the state level, institutional arrangements pertaining to disability issues vary widely. In Tamil Nadu, the Department for the Welfare of Differently Abled Persons is dedicated to persons with disabilities but has relatively low capacity, and functions in practice as a service delivery department rather than a coordinating body working to mainstream disability issues in other departments and policies. The department manages the Maintenance Grant disability cash transfer programme. However, logistically, it is not well equipped to do so effectively.

The Department for the Welfare of Differently Abled Persons does not have any presence below the District level. Even at the District level, the only presence is a small office staffed with technical rather than administrative staff. Figure 4-1 shows the staffing and organogram of the district-level Office for the Welfare of the Differently Abled.³⁰ In the case of the Tiruvallur district office that provided this information, each box in the organogram consists of a single employee, with a total of 12 staff in the office – including the driver and watchman – covering a population of more than one million people. While it is not clear whether larger districts have more staff, all offices nominally follow the same structure.

In practice, these offices are rehabilitation centres that have been tasked with the implementation of a cash transfer programme (the Maintenance Grant), despite having virtually no administrative staff to manage this role. No additional staff have been provided to enable the offices to function both as administrative offices and rehabilitation centres. Despite this, political leaders at the Department for the Welfare of the Differently Abled have expressed an interest in taking on the administration of the other state-specific disability benefit in Tamil Nadu, the Differently Abled Person Pension (DAPP). The DAPP is currently administered by the Social Welfare and Nutritious Meal Programme Department but with payments administered by the Revenue Department. The State Revenue Department also manages the three types of pension under the National Social Assistance Programme.

³⁰ Information on the department structure was verified by the district officer manager in Tiruvallur district.

Figure 4-1: Organogram for Tamil Nadu District offices of the Department for the Welfare of Differently Abled Persons



Source: Tamil Nadu State Government website

The Department of Welfare of Differently Abled Persons suffers from a lack of capacity and weak data management systems that are not set up to administer cash transfer programmes. Without doubt this affects the ability of the programme to ensure adequate information dissemination and enrolment into the programme of all eligible persons, as well as timely payments and monitoring of programme performance.³¹

Tamil Nadu does have a State Commissioner for Persons with Disabilities. However, this position is intended to function as an independent monitoring institution. In the case of Tamil Nadu, the position refers directly to the Minister responsible for the Welfare of the Differently Abled Persons Department. This has resulted in a situation wherein there is no independent oversight of disability governance at the state-level.

In Andhra Pradesh, the Department for Women, Children, Disabled and Senior Citizens are responsible for disability issues, including issuing disability certificates and maintaining

³¹ KII with Equals, Oct. 20th 2016

the SADAREM database. The state does not have an independent Commissioner for persons with disabilities, even though this is a requirement under the Disability Act.

4.3 Civil society

Overall, there is limited engagement between the legislative governance of disability issues and civil society. Neither the 1995 Disability Act nor the main disability policy – the 2006 National Policy for Persons with Disabilities – obliges governments to consult directly with persons with disabilities. Instead, it is largely assumed that disability NGOs will act as the representatives of persons with disabilities.³² While many disability NGOs have links with public agencies, these are predominantly related to service delivery and are less relevant for advocacy and decision-making around policy. According to the World Bank (2007), there are certain key forums to which select NGOs are invited and, in some cases, NGOs act as watchdogs. However, “for the most part consultation between the public and NGO sector on disability policy issues remains under-developed, both at the centre and in most states”.³³ Very few NGOs have had direct influence on disability policy development. In addition, there is limited interaction between disability NGOs and DPOs.³⁴

The general picture is the same in Tamil Nadu, where the Department of Welfare of Differently Abled Persons provide grants to a network of service delivery NGOs which are somewhat involved in the decision-making process. There is a Welfare Board that includes representatives from marginalised groups under several departments. Previously, there was a Welfare Board under the Department of Welfare of Differently Abled Persons but it is no longer functioning. In practice, there is very little dialogue with DPOs and it can be difficult for civil society organisations to arrange appointments with the Commissioner.³⁵

However, civil society has enjoyed some success in engaging in the governance of disability issues in India. For example, in Andhra Pradesh, self-help groups for persons with disabilities have had some success in promoting inclusion and economic empowerment within communities.³⁶ More generally, the disability NGO movement has contributed significantly to pushing for more awareness and legislation on disability issues in India.³⁷

³² World Bank (2007).

³³ World Bank (2007).

³⁴ World Bank (2007).

³⁵ KII with Equals, Oct. 20th 2016

³⁶ Kumaran (2011).

³⁷ World Bank (2007).

5 Political economy

This section will briefly evaluate the political economy context within which the governance of social protection and disability operates.

The United Progressive Alliance – a coalition of centre-left political parties formed in 2004 which remained in power until losing the 2014 election to the incumbent centre-right Bharatiya Janata Party (BJP) – made significant progress towards establishing a rights-based social protection system in India. The Alliance introduced policy and legislation aiming to protect the right to information (through the Right to Information Act), the right to work (through establishing MGNREGA) and the right to food security (through the National Food Security Act).

This push towards entitlements came about as a result of the inclusion of left-wing parties in the Government and of civil society organisations in the policy making process. It was part of an effort to improve the relationship between citizens and the state and enhance the accountability of government officials in their delivery of public services. As articulated by the prominent rights activist, Nikhil Dey: “Accountability from a citizens’ point of view is inextricably tied to basic entitlements. Who can I hold accountable if I don’t have entitlement?” This push from civil society was strengthened by the emergence of more activist courts.³⁸ The civil society-led Right to Information movement dates back to the mid-1990s and has always been closely tied to the other two “rights” – the right to work and the right to food.³⁹

However, the Indian civil society organisations on the left have tended to see the provision of cash as a marketisation of the state’s obligations and remain deeply sceptical of the Direct Benefit Transfer reforms.⁴⁰ It is, therefore, not a coincidence that the cash transfer programmes under the National Social Assistance Programme (NSAP) did not receive the same attention from the centre-left government. In the same way, the concept of a universal basic income has been embraced by the current centre-right government, while the architects of MGNREGA and the NFSA argue that the in-kind transfers of the Public Distribution System (PDS) should be reformed to make them more effective.⁴¹ These activists express concerns that cash transfers will provide the justification for the Government to roll back existing programmes, providing limited cash transfers at the

³⁸ Aiyar and Walton (2014).

³⁹ Aiyar and Walton (2014).

⁴⁰ The Direct Benefit Transfer reforms refer to a shift in the payment mechanism of subsidy programmes in 2013 whereby subsidies began being paid straight into the bank accounts of beneficiaries.

⁴¹ Standing (2012). For the current government’s appraisal of a universal basic income, see Chapter 9 of the Economic Survey 2016-17: <http://indiabudget.nic.in/es2016-17/echap09.pdf>

expense of investing in public services or consolidating an effective social protection system.⁴²

Meanwhile, the recent rights-based legislation has not been successful in improving the relationship between citizens and the state. Implementation of social protection programmes remain marred by corruption.⁴³ Tamil Nadu has a reputation for being more committed to social service provision than most other states. However, even here, the provision of social protection is characterised by fragmented programmes and a lack of coherence and coordination between departments in the state government. This is illustrated, in particular, by the three disability benefit schemes in Tamil Nadu (one central and two state-specific) that partially overlap in terms of the recipients they reach and the absence of strategies for social protection and/or disability that could make the system more coherent and effective.

The political system in Tamil Nadu is also largely reactive in character. As one interviewee stated, there are many things that the Tamil Nadu state can be persuaded to do in terms of welfare services, based on pressure from the comparatively strong civil society organisations. But there is no pro-active attempt by Government to build a coherent system.⁴⁴ The inevitable result is a patchwork of hundreds of different ad-hoc programmes and schemes, most of which very few people access, or are even aware of. The plethora of different benefits – all with complicated eligibility rules that change on a regular basis – makes it virtually impossible for potential beneficiaries, civil society organisations and even the government officials responsible for implementing them to have a complete overview of the support available.

From the study's interviews with key informants in Tamil Nadu and Andhra Pradesh, there seemed to be a tendency for politicians to announce new schemes targeted at particular groups as a way of attracting votes. This contributes to the multiplication of different schemes. However, subsequently, little attention is given to actually implementing and funding the schemes and taking measures to ensure that they are effective in improving the lives of beneficiaries. As a result, there is an overload of local administrative systems, insufficient funding to pay for all the different commitments and a lack of monitoring and evaluation of the impact of the schemes.

There are weak formal accountability structures, both horizontally and vertically. While the Right to Information Act has made it easier for civil society organisations to gain

⁴² Dreze (2017).

⁴³ Aiyar and Walton (2014).

⁴⁴ KII with Equals, Oct. 20 2016

insight into government decision-making processes and, for example, the status of benefit applications, the courts do not provide an effective means of addressing grievances.

In terms of vertical accountability, both government officials and DPOs stated that one of the main barriers to implementation of the MGNREGA guidelines, as well as other legislation, is the attitude of local officials and politicians, including Block Development Officers, Site Supervisors and Panchayat Presidents and Secretaries. Since the capacity of the state to enforce behaviour of local politicians and officials is very limited – as is the capacity for awareness raising, training and capacity building – proper implementation often requires pressure from strong civil society organisations (including DPOs) on local government officials and politicians. Because of very unequal power relations between citizens and state representatives, effective grievance redressal can also only happen through the presence of strong civil society organisations.⁴⁵

In this system, personality becomes very important, as demonstrated by Vijay Kumar, a former District Collector who has a personal interest in disability issues and who was instrumental in producing new guidelines for the inclusion of persons with disabilities in MGNREGA in Tamil Nadu and subsequently nationally. He has been personally responsible for securing several different benefits for persons with disabilities (including the provision of goats recently, as a result of his recent position at the Department of Husbandry). In contrast, when top officials show limited understanding of or interest in disability issues, progress is limited.

⁴⁵ Interview with DPO Federation Executive Committee, Tiruvallur District, Oct. 18

6 Legislation and policies

This section briefly outlines existing legislation and policies relating to social protection and disability in India.

6.1 Social protection legislation and policies

In relation to social protection, Article 41 of the Constitution of India directs the state to provide public assistance to its citizens “in case of unemployment, old age, sickness and disablement and in other cases of undeserved want...within the limit of its economic capacity and development.” The National Social Assistance Programme (NSAP), introduced in 1995, provides the foundation for a National Policy for Social Assistance for low-income households, with the aim of putting the provisions of the Constitution into practice. However, the programmes introduced under the National Policy for Social Assistance – despite forming the backbone of social assistance in India – are not legislated under any Act and are therefore not judiciable. In contrast, the Mahatma Gandhi National Rural Employment Guarantee Act provides a judicable right for the entire rural population to 100 days of work a year.

6.2 Disability legislation and policies

6.2.1 Rights of Persons with Disabilities Act

India ratified the Convention on Rights of Persons with Disabilities (CRPD) in 2007 and, in December 2016, ratified the Rights of Persons with Disabilities Act which was intended to implement the principles of the Convention. The 2016 Act is a landmark in the history of the disability rights movement in India. It replaces the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

The Rights of Persons with Disabilities Act explicitly enacts India’s obligations under the UNCRPD. It is the result of a long process, which started with the establishment of a drafting committee in 2009 by the Ministry of Social Justice and Empowerment. In accordance with the UNCRPD, the committee included persons with disabilities. The Act defines a person with a disability as “a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his (sic) full and effective participation in society equally with others.”⁴⁶

⁴⁶The Rights of Persons with Disabilities Act, 2016.

The 2016 Act includes provisions specifically for disability benefits, with an obligation for the Government to provide a “disability pension to persons with disabilities subject to such income ceiling as may be notified” (Article 24.3(g)). In accordance with the Act, the Government must “within the limit of its economic capacity and development formulate necessary schemes and programmes to safeguard and promote the right of persons with disabilities for adequate standard of living to enable them to live independently or in the community.” The Act specifically refers to the additional cost of disability by specifying that the amount of assistance provided to persons with disabilities shall be at least 25 per cent higher than similar schemes applicable to others (Article 24.1(g)). The Act also includes provisions for:

- An unemployment allowance to persons with disabilities registered with Special Employment Exchange for more than two years and who could not be placed in any gainful occupation;⁴⁷
- A carer allowance to persons with disabilities with high support needs;
- A comprehensive insurance scheme for persons with disability who are not covered under the Employees State Insurance Schemes or any other statutory or Government-sponsored insurance schemes;

Similar to the previous 1995 Act, the 2016 Act includes provision for a Chief Commissioner and State Commissioners for the Rights of Persons with Disabilities, to enforce the implementation of the Act.

6.2.2 Other relevant disability legislation

While the 2016 Rights of Persons with Disabilities Act is the most notable legislative act pertaining to issues of disability in India, other relevant pieces of legislation include:

- National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999. This Act provides for the legal guardianship of persons with autism, cerebral palsy, learning difficulties and multiple disabilities and the creation of an enabling environment that permits as much independent living as possible.
- Rehabilitation Council of India Act, 1992. This Act deals with the development of manpower for providing rehabilitation services.⁴⁸

⁴⁷ Special Employment Exchange is a government service which provides employment assistance to physically handicapped jobseekers.

⁴⁸ National Policy for Persons with Disabilities, Ministry of Social Justice and Empowerment 2005-2015.

- Mental Health Care Act, 2013. This Act provides for mental health and mental illness care and services with closer attention paid to protecting and promoting rights.⁴⁹

6.2.3 National Policy for Persons with Disabilities

In addition, the Central Government published a National Policy for Persons with Disabilities in 2006. The policy deals with physical, educational and economic rehabilitation of persons with disabilities. In addition, the policy also focuses on rehabilitation of women and children with disabilities, barrier-free environments, social security, research etc. In relation to social protection, the policy recognises the additional cost faced by persons with disabilities and that they, therefore, need to be provided with social protection. It emphasizes the responsibility of the state governments to provide disability benefits and to develop comprehensive social protection policies for persons with disability.

6.2.4 Disability policy and legislation at the state level

There are also various state specific pieces of legislation and policies. Tamil Nadu has a “State Policy on the Welfare of the Handicapped”, but this is from 1994 and consists mainly of a series of vague statements of intention without any clear objectives or any kind of monitoring framework attached.⁵⁰ Policies are more generally defined in Government Orders, such as for example in Tamil Nadu the Tamil Nadu Registration of Psychiatric Rehabilitation Centres of Mentally Ill Persons Rules, 2002⁵¹ and the Tamil Nadu Persons with Disabilities (Equal Opportunities Protection of Rights and Full Participation) Rules, 2002.⁵² In general national legislation has primacy over state-level legislation, even though social welfare falls under the so-called “concurrent list” (list 3) of the Indian constitution, which includes areas where the centre and the states share responsibility.

⁴⁹ The mental health care bill, 2013 Bill No. LIV of 2013

⁵⁰ Tamil Nadu State Government (1994).

⁵¹ Tamil Nadu State Government (2002a).

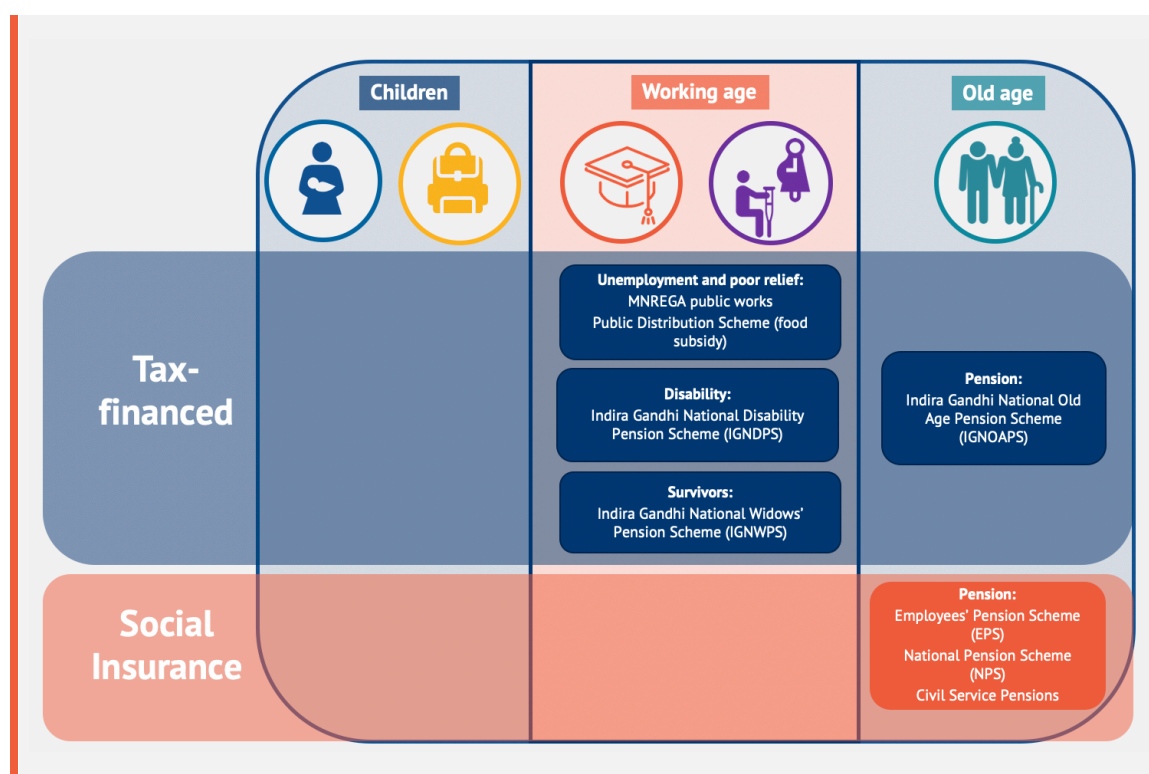
⁵² Tamil Nadu State Government (2002b).

7 National social protection system

The Indian social protection system contains thousands of different programmes, at both the national and state level. The 2016-17 budget indicated that there were 950 schemes and programmes at the national level alone.⁵³ Together, these programmes make up around five per cent of GDP.

However, despite a large number of schemes, these are largely fragmented and unconsolidated. There are few large schemes that can make up a lifecycle social protection system, with the most notable gaps in the system being the absence of social protection for children and families and the absence of unemployment benefits. The country's main national schemes are set out in Figure 7-1, mapped across the lifecycle.

Figure 7-1: India's main social protection schemes, mapped across the lifecycle



Source: Development Pathways

⁵³ Economic Survey, 2016-17.

In terms of spending, the three largest programmes are the food subsidy programme – the Public Distribution System (PDS) – followed by fertiliser subsidy and then the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

This section will provide an overview of the main contributory and tax-financed programmes available in India at the national level, before briefly detailing the state-level tax-financed programmes available in Andhra Pradesh and Tamil Nadu.

7.1 Contributory programmes

The two main national contributory programmes are: the mandatory schemes for the private sector operated under the Employees' Provident Fund Organisation (EPFO) and the New Pension Scheme (NPS), which is applicable to all employees of Central Government's service, except for the Armed Forces. These provide a retirement pension, health insurance, maternity benefits, gratuity and disability benefits.

India also has a long history of social insurance legislation, with laws in place since 1923, some of which were still applicable at the time of writing in 2016.⁵⁴ For example, the Employees' State Insurance Act, 1948 provides medical care and coverage in the case of maternity, illness, disability and death for companies in a range of sectors. It is complemented by the Employees' Provident Funds and Miscellaneous Provisions Act, 1948 which provides retirement coverage. In 2010, the Act covered around 47 million workers.⁵⁵

The Workmen's Compensation Act 1923 and Workmen's Compensation Rules 1924 covers permanently or temporarily disabled employees for workplace injuries and provides compensation to their families in the case of death. In the case of a temporary disability, a worker should receive 50 per cent of their wages, while a maximum lump sum of around USD 10,000 (in 2010) is payable for death of the employee. However, the Act only applies to a limited range of occupations and, in reality, only employers in the formal sector who have a very large number of employees actually pay this compensation.⁵⁶

There are several other pieces of legislation that apply but, in general, the Indian social insurance legislation is a patchwork of legislation, with no single comprehensive coverage for all employees in all sectors.⁵⁷

⁵⁴ ISSA (2013).

⁵⁵ ISSA (2013).

⁵⁶ ISSA (2013).

⁵⁷ ISSA (2013).

Overall, as noted, the vast majority of the labour force in India is employed in the informal sector, and this situation shows no sign of changing. This means that contributory programmes have limited coverage. There has been some success in expanding social insurance coverage to the informal sector through various forms of micro-insurance, including through the Government Life Insurance Corporation (LIC) and cooperatives such as the Self-Employed Women's Association (SEWA). ISSA (2013) estimated that in 2010 more than 164 million low-income people had some form of insurance. However, this still represents significant under-coverage of informal workers.

7.1.1 The Employees' Provident Fund Organisation (EPFO)

Most people in the formal sector contribute to the Employee's Provident Fund (EPF) and the Employees' Pension Scheme (EPS). Both have been operating since 1995 and are administered by the Employees' Provident Fund Organisation (EPFO), a central agency under the Ministry of Labour and Employment. Contributions are mandatory for all private-sector companies with more than 20 employees that belong to one of the nearly 200 scheduled industries. Contributions are mainly paid for by employers and employees, with about 12 per cent of an employee's wage rate paid by each. There is also a small contribution from the government for the EPS. The EPF is a defined contribution scheme, which provides a lump-sum payment at retirement, while the EPS is a defined benefit scheme that pays a pension proportional to earnings at the time of retirement. The EPS pays 50 per cent of an employee's final wage for members who have contributed for at least ten years. For Central Government employees, the EPS is non-contributory for those employed before 1 January 2004 and contributory for those employed after that date.

The EPF benefit is paid upon reaching the age of 55 and retiring from covered employment. The EPS pension is paid from age 58 with at least ten years of coverage, although early pension at age 50 with ten years coverage is also possible. In the case of disability, the EPF requires that the applicant is assessed with a permanent and total incapacity for normal work. The EPS requires that the applicant is assessed with a permanent and total disability as the result of an occupational injury and has paid contributions for at least one month. The survivor's benefit is paid to a widow(er) and up to two children younger than 25 years of age (with no age limit for children with total and permanent disability).⁵⁸

⁵⁸ ISSA (2014).

The EFPO had about 47 million members in 2013. This represents less than ten per cent of the total labour force of almost 500 million.⁵⁹ According to the EFPO's annual report, there were only roughly five million people receiving EFPO pensions in 2014-15.

7.1.2 The National Pension Scheme (NPS)

The National Pension Scheme (NPS) was initiated in 2004 as a defined contribution pension scheme, replacing the EPS for all government employees (except the armed forces) who joined the civil service after 1 January 2004. In 2009, the scheme was re-named the New Pension Scheme and was opened to all citizens aged 18-55. However, the government does not pay a matching contribution for voluntary members. The minimum contribution is INR 500 per month and INR 6,000 per year.⁶⁰

7.1.3 Government and public enterprise schemes

There are separate schemes for state and central government and public enterprises, including coverage in cases of sickness and disability. These are nominally contributory but mainly tax financed. Benefits under these schemes are generous.⁶¹

7.1.4 Other social insurance programmes

A number of other social insurance programmes have been initiated since 2000, targeted at low-income groups. They include:

- *Janashree Bima Yojana*, which provides life insurance to people living below and marginally above the poverty line. The premium is INR 200 per year, with INR 100 paid by the Life Insurance Corporation's Social Security Fund, INR 60 by the Government and INR 40 by the participant. The benefit pays INR 30,000 for natural death and INR 75,000 for accidental death or permanent disability. It also pays INR 1,200 per year for up to two children.⁶²
- *Aam Admi Bima Yojana (AABY)* covers rural landless households with insurance against death and disability. The benefit level is similar to the *Janashree Bima Yojana*, with INR 30,000 paid in the case of natural death and INR 75,000 for accidental death or total disability. There is no premium. In 2010 the scheme covered six million people.⁶³

⁵⁹ ISSA (2014).

⁶⁰ ISSA (2013).

⁶¹ ISSA (2013).

⁶² ISSA (2013).

⁶³ ISSA (2013).

In 2013, the two programmes were merged. They provide social insurance to landless rural families and people working in 46 other trades, including: beedi workers, carpenters, cobblers, fishermen, weavers, sweepers, drivers, *anganwadi* teachers, persons with disabilities employed in different sectors and members of self-help groups.

7.2 Tax-financed programmes

This sub-section examines the three main national tax-financed programmes: the National Social Assistance Programme (NSAP), which include pensions for older people, widows and persons with disabilities; the large public works programme, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA); and, the Public Distribution System providing subsidised food. In addition, the section briefly outlines the schemes available in the two states of Tamil Nadu and Andhra Pradesh.

7.2.1 National Social Assistance Programme (NSAP)

India implements national tax-financed pensions as a part of the National Social Assistance Programme (NSAP). The programme currently includes five different schemes:

- The Indira Gandhi National Old Age Pension Scheme;
- The Indira Gandhi National Widow Pension Scheme;
- The Indira Gandhi National Disability Pension Scheme;
- The National Family Benefit Scheme (NFBS);
- The Annapurna Scheme.

The schemes are Centrally Sponsored Schemes (CSS) under the Ministry of Rural Development (although they are open to those living in both urban and rural areas). Funds are dispersed by the Ministry to all states and Union Territories based on the annual fund allocation for each of the schemes.⁶⁴

All the NSAP schemes are poverty targeted, using the Below Poverty Line (BPL) targeting mechanism.⁶⁵ The last BPL census in 2002 contained 13 questions used to score households and included questions on food, housing, work, land ownership, assets and education. For each question, a household would be scored on a scale from 0-4. Households would receive a total score between 0 and 52. The BPL cut-off score would

⁶⁴ NSAP (2014).

⁶⁵ According to the latest NSAP guidelines from 2014, the only exception to the BPL rule is with respect to widows living with AIDS, unless they have a government job, own five acres of land or more or own a four-wheeled vehicle for their own use.

be determined for each state, based on the number of households calculated as poor by the Planning Commission.⁶⁶

The BPL methodology has been widely criticised for decades for generating high levels of exclusion and inclusion errors. Therefore, starting in 2017, the Ministry of Rural Development is planning to start using data from the Socio-Economic Caste Census (SECC) 2011 to identify beneficiaries for the NSAP schemes. The Government is likely to issue a directive to states to use the SECC data instead of the BPL measure to target beneficiaries.⁶⁷ With the SECC, households are ranked in three stages: firstly, through exclusion criteria (for example, a person is excluded if they own a motorised vehicle); secondly, through inclusion criteria (e.g. a person is included if they practice manual scavenging); and, thirdly, the remaining households are scored using a seven-item binary scoring criteria, using indicators of deprivation (e.g. households with only one room, female-headed households).⁶⁸

The amount of funds allocated to each state every year is based on the estimated number of eligible beneficiaries for each scheme in each state, using the population figures from the SECC and the poverty ratio determined by the Planning Commission. It also takes into account the reports of the previous year submitted by the state governments. If there are more eligible beneficiaries than can be accommodated with the funds provided, they are covered from the state government's own funds.

The Central Government acknowledges that the benefit levels provided are insufficient and explain that “states are strongly urged to provide an additional amount, and at least an equivalent amount, to the assistance provided by the Central Government” so that the beneficiaries can get “a decent level of assistance.”⁶⁹

The Indira Gandhi National Old Age Pension Scheme (IGNOAPS)

The National Old Age Pension is a tax-financed pension for people aged 60 years and above and living in households below the poverty line. The national government contribution is INR 300 per month for persons aged 60-79 years, rising to INR 500 per month for those aged 80 years and over. Each state is free to top up this amount, and many do. In both Tamil Nadu and Andhra Pradesh, the current total payments are INR 1,000 per month. In the financial year 2014-15, IGNOAPS had roughly 23 million beneficiaries.

⁶⁶ For a description of the methodology, see SocialCops (2016).

⁶⁷ Chitravanshi (2017).

⁶⁸ SocialCops (2016).

⁶⁹ NSAP (2014).

Indira Gandhi National Disability Pension Scheme (IGNDPS)

The National Disability Pension Scheme is for people assessed with an assessed degree of disability of 80 per cent or above, aged between 18-59 years and living in households identified as below the poverty line. The national government contribution is INR 300 per month and this increases to INR 500 per month after the age of 80. The official guidelines state specifically that “dwarfs are an eligible category for this pension” but do not mention other specific groups or disability categories. The guidelines also specify that state governments have to organise disability assessment camps in convenient localities and provide transport free of cost for prospective beneficiaries to attend the camps, and that Disability Certificates should be issued on the spot. In the financial year 2014-15, the IGNDPS had roughly one million beneficiaries.

Indira Gandhi National Widow Pension Scheme (IGNWPS)

The IGNWPS provides INR 300 per month to widows aged 40 years and above and INR 500 per month for those aged 80 years and above. In the financial year 2014-15, the IGNWPS had roughly 6.3 million beneficiaries.

National Family Benefit Scheme (NFBS)

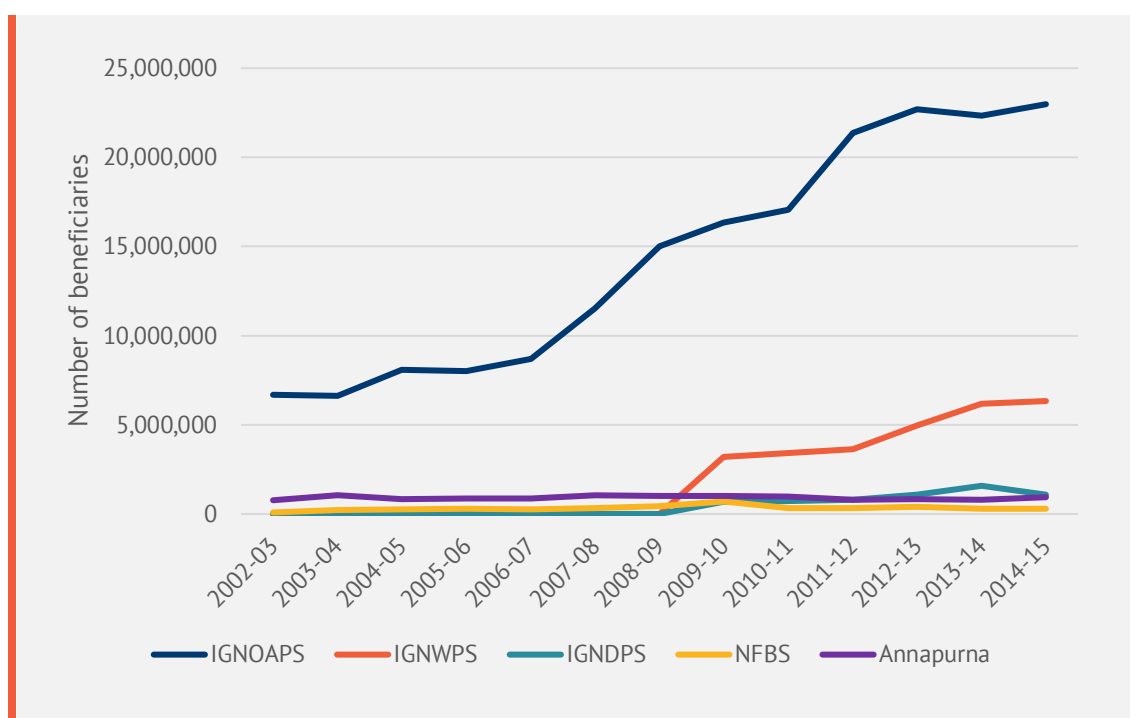
The NFBS provides INR 20,000 as a lump sum per eligible household in the event of the death of the breadwinner. It stipulates that “a woman who is a home maker may also be considered a breadwinner for this purpose.” Households include the bread-winner’s spouse, minor children, unmarried daughters and dependent parents. In the financial year 2014-15, the NFBS had roughly 300,000 beneficiaries.

Annapurna Scheme

The Annapurna Scheme aims to provide food security for older people who are not receiving support from an old age pension. It provides ten kilograms of wheat or rice per month per beneficiary. In the financial year 2014-15, the Annapurna Scheme had roughly 900,000 beneficiaries.

As Figure 7-2 shows, the IGNOAPS is by far the largest of the five NSAP schemes, with roughly 23 million beneficiaries in total as of 2014-15. However, while both total expenditure and numbers of beneficiaries have been increasing over the years, the total number of beneficiaries is still very low compared to the population (see Chapter 9 for more detail).

Figure 7-2: Number of beneficiaries enrolled on NSAP schemes, 2002/3–2014-15



Source: Open Government Data Platform India

7.2.2 Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

The MGNREGA provides the right to at least 100 days of guaranteed wage employment per year to any rural household with a member who puts her/himself forward for unskilled manual work.⁷⁰ The programme was created as a social protection programme to provide access to employment and income for the most vulnerable rural households. The programme is the largest of its kind in the world, providing temporary work to millions of households across India.

Since the programme is demand driven, it largely avoids the problem of targeting errors. Access to the scheme is achieved via possession of a Job Card which records the worker's entitlements and legally empowers the household to apply for work. These Job Cards are issued by the Panchayat President and every household is eligible to receive one card, regardless of the number of occupants. Work under the Job Card can be carried out by anyone in the household aged 18 years or older.

MGNREGA also provides a right to unemployment benefits if the work demanded is not provided within 15 days (although these benefits are rarely provided in practice). In case of injury as a result of the work, workers or their families are provided with free medical treatment or hospitalisation as well as half of the wages foregone as a result of the injury. In the case of permanent disability, a one-off amount of INR 25,000 is paid.

According to the administrative data, in the financial year 2015/16 there were roughly 110 million active workers enrolled on the MGNREGA.⁷¹ Out of these, only 0.4 per cent were registered as persons with disabilities.⁷² In Tamil Nadu in 2015, 0.7 per cent of those working on the MGNREGA were persons with disabilities. In Andhra Pradesh in the same year, this was 1.0 per cent.⁷³

7.2.3 Public Distribution System

The Indian Public Distribution System (PDS) provides subsidised food grains and essential commodities to a large number of low-income households through an extensive network of 400,000 "Fair Price Shops" across the country. With about 160 million households benefitting, the programme is the largest of its kind in the world. The PDS was previously targeted to low-income households using the Below Poverty Line methodology. However, the National Food Security Act of 2013 changed the targeting approach and widened the target group. Under the Act, the PDS is essentially targeted using a type of affluence

⁷⁰ MGNREGA (2013).

⁷¹ Official administrative data, 2015/16.

⁷² Official administrative data, 2015/16.

⁷³ Official administrative data, 2015/16.

testing, which excludes only the wealthiest part of the population. The Act provides for coverage of the PDS of up to 75 per cent of the rural population and 50 per cent of the urban population, covering about two thirds of the population.

Under the Act, eligible persons are entitled to receive five kilograms of food grains per person per month at the subsidised prices of INR 3/2/1 per kilogram for rice/wheat/coarse grains. The poorest households eligible for the *Antyodaya Anna Yojana* (AAY) scheme continue to receive 35 Kgs of food grains per household per month. As with much legislation in India, there is a gap between the provisions made in the Act and the extent to which these are implemented on the ground. The Act is still in the process of being rolled out and, while 32 states are ostensibly implementing it, there is limited information about successful implementation has been in reality.⁷⁴

Box 7-1: Direct Benefit Transfer (DBT) reforms

In 2013, the Government of India launched the Direct Benefit Transfer (DBT) programme. Under the DBT, payments from a number of schemes — including the NSAP schemes, MGNREGA and various subsidies — are paid directly into the beneficiary's bank account. The programme is implemented in conjunction with the ambitious *Jan Dhan-Aadhaar-Mobile* ("JAM") reforms. These reforms include the opening of "Jan Dhan" bank accounts; the roll out of unique "*Aadhaar*" identification numbers for all citizens; and, the expansion of access to mobile banking. DBT is applicable to beneficiaries from a total of 536 different schemes, across 65 ministries and departments. However, as of December 2016, only 84 schemes across 17 departments and ministries were using the DBT. Of these, the NSAP pensions, MGNREGA and Liquefied Petroleum Gas (LPG) subsidies made up 99 per cent of the total beneficiaries and 90 per cent of funds transferred (with scholarship programmes accounting for an additional eight per cent of total funds).⁷⁵ A large portion of the budgets of both NSAP and MGNREGA are now transferred through DBT: 92 per cent for NSAP and 70 per cent for MGNREGA. The scale of the "JAM" programmes is remarkable: Between 2014 and 2017, nearly 270 million bank accounts have been opened as part of the "*Pradhan Mantri Jan Dhan Yojana* (PMJDY)" financial inclusion programme (107 per cent of households according to the 2011 census). As of 2 January 2017, 88 per cent of the Indian population (as per the 2011 census) held *Aadhaar* numbers; and, mobile transactions had increased more than six-fold since August 2014, with their value quadrupling.⁷⁶

7.3 State-level tax-financed programmes in Tamil Nadu and Andhra Pradesh

Individual states interpret the national schemes in various ways. Further, states typically have additional social protection schemes in place at the state level.

⁷⁴ Administrative data from the Department of Food and Public Distribution.

⁷⁵ Srinivas and Kapur (2017).

⁷⁶ Srinivas and Kapur (2017).

7.3.1 Tamil Nadu

In Tamil Nadu, the state government implements the national programmes, including the NSAP, MGNREGA and the PDS. However, the state government uses its own resources to top up the national NSAP programmes. As of 2016, the state government provided an extra INR 700 per month per beneficiary of the national disability benefit (IGNDPS), making the total benefit INR 1,000 per month. Based on interviews conducted for this study, it appears that Tamil Nadu is still only providing the disability benefit for persons with disabilities up to the age of 60, after which people are expected to migrate to the Old Age Pension. However, it is possible that this will change in the near future to comply with the national guidelines. The total number of beneficiaries of the IGNDPS in Tamil Nadu has remained more or less stable in recent years, reaching roughly 59,000 as of the end of March 2016.⁷⁷ Similarly, the state government tops up the benefit of the national old age pension and widow's pension so that the total benefit is INR 1,000 per month for each of these two programmes. As of March 2016, roughly 1.4 million persons were receiving the old age pension and 600,000 were receiving the widow's pension.⁷⁸

In addition, the state government is implementing a wide range of different social protection cash and in-kind transfers to various target groups, the majority targeted to individuals or households below the poverty line. The Social Welfare and Nutritious Meal Programme Department alone implements nine different pension schemes – the three national pensions already mentioned, and six state-specific programmes. In total, these programmes reached roughly three million people in 2016, with almost half of these accounted for by the national old age pension.

The Differently Abled Person Pension (DAPP).

One of these programmes is a state-specific disability benefit, the Differently Abled Person Pension (DAPP). It has evolved from a heavily means-tested programme targeted at destitute persons with disabilities. As of April 2015, the eligibility requirements have been revised by removing the requirement for the beneficiary to be “destitute” (meaning having no assets and no support from family), although it is still only available to people living below the poverty line. At the same time, the threshold for the assessed degree of disability was lowered from 60 to 40 per cent. This is a significant step as the disability

⁷⁷ Information about the schemes is available from the Tamil Nadu Government website in three documents published by each Department: the Policy Note, the Performance Budget and the Citizens Charter. For the DAPP and the National Pensions, see the “Social Welfare and Nutritious Meal Programme Department.”

⁷⁸ Government of Tamil Nadu (2016).

benefit is the only one of the pension schemes that does not require the applicant to be “destitute”.

However, it was not clear from the interviews conducted for this study how the eligibility criteria are being implemented in practice. According to the official guidelines, applicants are still required to be assessed as “below poverty line”. However, some key informants seemed to believe that in order to receive the benefit a person cannot be employed, although it was not well defined what is meant by “employed”: whether this refers to any kind of income or only formal-sector employment. The benefit provides INR 1,000 to everyone assessed with a minimum of 40 per cent degree of disability, regardless of the type of impairment. There is no age limit as such, but people cannot receive two government benefits at the same time, and older persons with disabilities would have to choose between receiving either the old age pension or the DAPP. The total number of beneficiaries was roughly 210,000 as of March 2016.

Maintenance Grant

Beside these programmes that are implemented by the Social Welfare and Nutritious Meal Programme Department, other departments in the Tamil Nadu State Government run their own programmes. One of these programmes is a third disability benefit called the Maintenance Grant, managed by the Tamil Nadu State Department for the Welfare of the Differently Abled.⁷⁹ This is a state-financed scheme managed by the Government of Tamil Nadu. This was originally a carers’ allowance intended for parents of children with disabilities but it has now been extended to a wider group of persons with disabilities.⁸⁰ There was significant confusion among interviewees about the target group of this grant. However, according to the official Tamil Nadu State budget for 2016/17, the programme is now targeted at the following groups:

- I. Persons with severe disabilities – meaning those who have been assessed to have at least a 75 per cent degree of disability and no possibility of rehabilitation – and persons with psychological disabilities (minimum 45 per cent assessed degree of disability). The benefit level for these groups is INR 1,500 per month. These two groups make up the vast majority of beneficiaries, with a total of 126,000 beneficiaries in the financial year 2015/16.

⁷⁹ Information about the schemes is available from the Tamil Nadu Government website in three documents published by each Department: the Policy Note, the Performance Budget and the Citizens Charter. For the Maintenance Grant, see the Department for the Welfare of the Differently Abled.

⁸⁰ KII Tiruvallur District Disability Officer, Oct. 17 2016

- II. People with muscular dystrophy (minimum of 40 per cent assessed degree of disability). The benefit level is INR 1,500 per month. The number of beneficiaries was only 2,000 in 2015/16.
- III. People who have been affected by leprosy (minimum of 40 per cent assessed degree of disability). The benefit level is INR 1,000 per month. The number of beneficiaries was 5,600 in 2015/16.

The total number of beneficiaries receiving the Maintenance Grant in 2015/16 was roughly 135,000. All beneficiaries of this scheme are assumed to be dependent on others and unable to work, although there is no means test. It is provided to people up to the age of 59 years (after which they migrate to the Old Age Pension) and living in a household categorised as Below Poverty Line (BPL) in accordance with the national targeted classification scheme. This means that many beneficiaries experience a drop in their benefit level from INR 1,500 to INR 1,000 upon reaching the age of 60.

Nominally, access to these programmes is provided based on the defined eligibility criteria. In practice, however, there seems to be a limited budget available for each scheme in each district, meaning that access is rationed.⁸¹ In Tiruvallur District, though, the District Officer for the Welfare of the Differently Abled (who is responsible for managing the Maintenance Grant) told us that they had so far managed to include all of those who have applied for the various schemes because of the regular attrition of beneficiaries (i.e. through movement into the Old Age Pension scheme, moving out of the District, mortality or increased household income).⁸²

7.3.2 Andhra Pradesh

Similarly, Andhra Pradesh is also implementing a range of cash and in-kind social protection transfers from both national and state-specific programmes. However, the national disability pension is the only disability-specific benefit in the state. The Indira Gandhi National Disability Pension provides INR 1,000 per month to persons with disabilities (classified in Andhra Pradesh as having a 40-79 per cent degree of disability) aged up to 59 years and living in a BPL household. This rises to INR 1,500 for those classified as having an assessed degree of disability of 80 per cent or more. In 2015/16, roughly 93,000 people received the disability pension. There are no restrictions on the number of pensions a household can receive as long as the household is classified as BPL;

⁸¹ Key informant interview, Secretary, Department for the Welfare of Differently Abled, 21st October 2016.

⁸² Key informant interview, District Differently Abled Welfare Officer, Tiruvallur District, TN, 17th October 2016.

pensions are not included in the means testing.⁸³ The IGNDP is administered through the State Rural Development Department.

⁸³ Key informant interview, LCDDP, Ongole, AP, 24th October 2016.

7 National social protection system

The following table outlines details of the tax-financed social protection programmes available in India nationally and in Tamil Nadu and Andhra Pradesh.

Table 7-1: Tax-financed social protection programmes in India⁸⁴

Name of scheme	Type	Eligibility criteria	Number of recipients	Benefit level	Cost (% of 2016 GDP)	Administration
National						
Indira Gandhi National Disability Pension Scheme (IGNDPS)	Disability Allowance	Assessed with degree of disability of at least 80%, aged 18-59 years and living in a BPL household.	1,087,361	INR 300/month	0.06% ⁸⁵	Ministry of Rural Development and state governments.
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Old Age Pension	Aged 60 years or above and living in BPL household	22,981,127	INR 300 (60-79) INR 500 (80+)		Ministry of Rural Development and state governments.
Indira Gandhi National Widow Pension Scheme (IGNWPS)	Widow Allowance	Widows aged 40 or above	6,333,059	INR 300 (40-79) INR 500 (80+)		Ministry of Rural Development and state Governments.
MGNREGA	Public Works	Willingness to work	109,152,000 (active workers)	Varies by state	0.25% ⁸⁶	Ministry of Rural Development and state governments

⁸⁴ This data was correct at the time of research.

⁸⁵ Allocation for the financial year 2015/16 according to the Ministry of Rural Development. This figure includes the Annapurna Scheme and the NFBS (the Ministry does not publish the figures for the individual schemes in its annual reports).

⁸⁶ 2016/17 budget according to the Ministry of Rural Development.

7 National social protection system

Public Distribution Scheme	Food subsidy		160,000,000 households	Depending on household status. ⁸⁷		
Tamil Nadu						
Indira Gandhi National Disability Pension Scheme (IGNDPS)	Disability Allowance	Belonging to BPL household, 18 years and above. Assessed with a degree of disability of at least 80%.	58,355	INR 1,000	*	TN Social Welfare and Nutritious Meal Programme Department /State Revenue Department
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Old Age Pension	Destitute, belonging to BPL household and aged 60 years or above.	1,359,010	INR 1,000	*	TN Social Welfare and Nutritious Meal Programme Department /State Revenue Department
Indira Gandhi National Widow Pension Scheme (IGNWPS)	Widows Allowance	Destitute, belonging to BPL household, aged 40 years or above and a widow.	558,073	INR 1,000	*	TN Social Welfare and Nutritious Meal Programme Department /State Revenue Department
Maintenance Grant	Disability Allowance	Younger than age 59 years, in BPL household and assessed with a degree of disability of at least 75% (45% for persons with mental disabilities and 40% for people with muscular dystrophy or affected by leprosy)	134,200	INR 1,000/1,500	*	TN State Department for the Welfare of the Differently Abled
Differently Abled Persons Pension (DAPP)	Disability Allowance	18 years or above, assessed with a degree of disability of at least 40%, fixed assets not exceeding INR 50,000.	207,422	INR 1,000	*	TN Social Welfare and Nutritious Meal Programme Department /State Revenue Department

⁸⁷ See a description of allocations for categories of households here: <http://dfpd.nic.in/public-distribution.htm>

* Information not available at the time of drafting.

7 National social protection system

MGNREGA	Public works	Residing in rural areas and capable of working	64,856	Depending on work carried out	*	TN State Rural Development and Panchayat Raj Department
Andhra Pradesh						
Indira Gandhi National Disability Pension Scheme (IGNDPS)	Disability Allowance	Younger than age 59, assessed with a degree of disability of at least 40% and living in a BPL household.	92,956	INR 1,000 (40-79% disability) INR 1,500 (80%+)	*	Rural Development Department.
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Old Age Pension	Aged 60 years or above and living in a BPL household	*	INR 300 (60-79) INR 500 (80+)	*	Rural Development Department.
Indira Gandhi National Widow Pension Scheme (IGNWPS)	Widows Allowance	Destitute, a member of BPL household, aged 40 years or above and a widow.	*		*	Rural Development Department.
MGNREGA	Public Works	Residing in rural areas and capable of working	140,626	Depending on work carried out	*	Rural Development Department.

8 Disability assessment mechanisms

At the time of research, India employed a medical disability assessment mechanism to grant the disability ID certificates required to claim all disability entitlements at both the national and state level. The medical approach to disability assessment comes with a number of challenges, as outlined in Box 8-1.

Box 8-1: What is the difference between the social model and medical model of disability?

Kidd et al (2019) explain that there are number of different models of disability, including the following:

“The medical (or biomedical) model of disability considers ‘disability a problem of the individual that is directly caused by a disease, an injury, or some other health condition and requires medical care in the form of treatment and rehabilitation.’⁸⁸ This model is widely criticised on various grounds, including for not considering the important roles of environmental and social barriers.⁸⁹

The social model of disability developed as a reaction to the individualistic approaches of the charitable and medical models.⁹⁰ It is human rights driven and socially constructed.⁹¹ It sees disability as created by the social environment, which excludes people with impairments from full participation in society as a result of attitudinal, environmental and institutional barriers.⁹² It places emphasis on society adapting to include persons with disabilities by changing attitudes, practices and policies to remove barriers to participation, but also acknowledges the role of medical professionals.⁹³ The social model has been criticised for ignoring the personal impact of disability and for its emphasis on individual empowerment, which may be contrary to more collective social customs and practices in many developing countries.”⁹⁴

Although the exact process for gaining disability ID certificates varies slightly across states (particularly with regard to which department is responsible), Tamil Nadu serves as an indicative example of the general process involved and is described in detail in this section.

Initially, an individual has to approach the District Differently Abled Welfare office and collect an application form. This can be done at any time. The completed form is then taken to a district-level hospital where a medical assessment is carried out with a relevant specialist. Each district has a mandated list of approved medical officers who

⁸⁸ Mitra (2006).

⁸⁹ Mitra (2006); Rimmerman (2013).

⁹⁰ Al Ju'beh (2015), Rimmerman (2013).

⁹¹ Woodburn (2013).

⁹² Mitra (2006).

⁹³ DfID (2000); Al Ju'beh (2015).

⁹⁴ Al Ju'beh (2015), Rimmerman (2013).

work in different specialisations and can assess the impairments that are listed for registration in the Disability Guidelines (current version dated 2001 but with updates attached from 2009).⁹⁵ It is the responsibility of the applicant to ensure they see a qualified medical officer who can assess their specific impairment. The assessment is vital for persons with disabilities because once an ID certificate has been issued specifying the impairment, a range of other services may then be accessed.

Medical officers are guided in their assessment of an individual's impairment by the Disability Guidelines which provide detailed information on how to assess a range of proscribed impairments for the purpose of certification. At the time of research, the proscribed list of eligible impairments for certification were:

- i. Mental retardation
- ii. Visual impairment
- iii. Speech and hearing disability
- iv. Locomotor / Orthopaedic disability
- v. Multiple Disabilities
- vi. Mental illness⁹⁶

This guidance was put together by the Director General of Health Services on recommendations from four committees made up of experts from these areas of medical specialisation. In order to qualify for any disability related concession or benefit the applicant has to have a minimum assessed level of impairment at 40 per cent. Below that level, an ID certificate will not be issued (although that does not mean a person has no disability).

The guidelines provide comprehensive information for medical officers on how to allocate scores to the range of impairments specified. So, for example, if an applicant presents with a hearing impairment, they need to be tested to determine their decibels of hearing loss (dBHL) and speech discrimination levels in the better ear. Those with 41 to 60 dBHL and 50-80 per cent speech discrimination will score 40-50 per cent impairment. The assessment is entirely medical based – there is no point at which the applicant is questioned on the extent to which their impairment impacts on their ability to carry out daily living activities, nor is the medical officer required to comment on the applicant's capacity to work.

If applicant's score high enough in the assessment, the applicant must then return the signed approval papers to the District Differently Abled Welfare office where the

⁹⁵ Office of the Chief Commissioner (2002).

⁹⁶ Office of the Chief Commissioner (2002).

certificate will be authorised and issued. The percentage level of impairment is recorded on the ID certificate (as determined during the medical assessment) because different concessions and benefits require varying percentage levels for qualification. Until recently, the applicant was required to provide a photograph showing the disability, but this is no longer enforced.

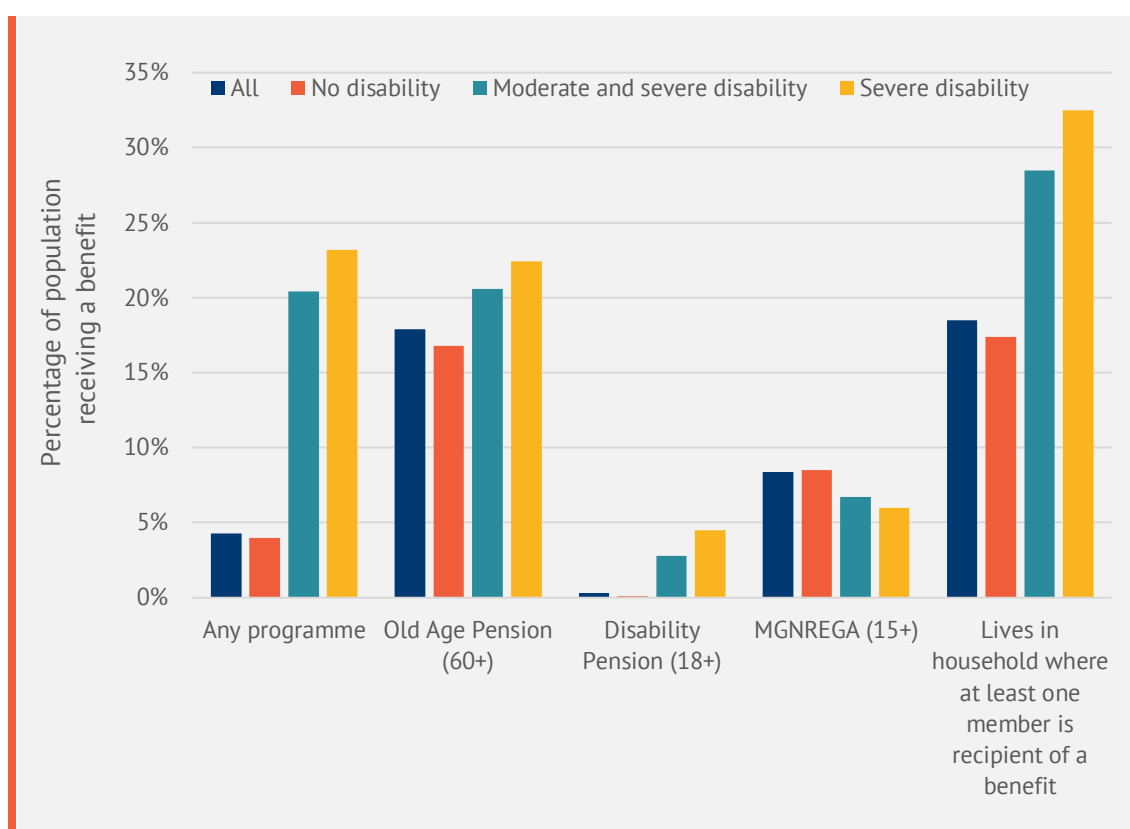
Generally, for people over age 18 years there is no requirement for re-testing once the certificate has been issued (unless they consider that their condition has changed). Children with disabilities, however, are required to be reviewed every five years. Anyone identified as having “mental illness” is required to return for review roughly every two years. Review dates are entered onto the certificate by the medical office.

9 Access of persons with disabilities to social protection schemes

Persons with disabilities are roughly five times more likely than those without disabilities to be receiving a social protection benefit in India. As Figure 9-1 shows, in 2011/12, 23 per cent of people with severe functional limitations were direct recipients of social protection transfers, while 33 per cent were living in households benefiting from one or more programmes. This is significantly higher than for people with no disability, among whom only four per cent were direct beneficiaries of a programme, while 17 per cent were living in a household where at least one member was receiving a benefit.

Across different schemes, persons with disabilities are more likely to access a benefit than people without a disability, except for the MGNREGA public works programme from which slightly more persons without a disability (nine per cent) access a benefit than persons with a moderate (seven per cent) or severe (six per cent) disability.

Figure 9-1: Percentage of population receiving a benefit, by programme and disability status



Source: Analysis by Development Pathways of the IHDS-II

9.1 Access to tax-financed pensions

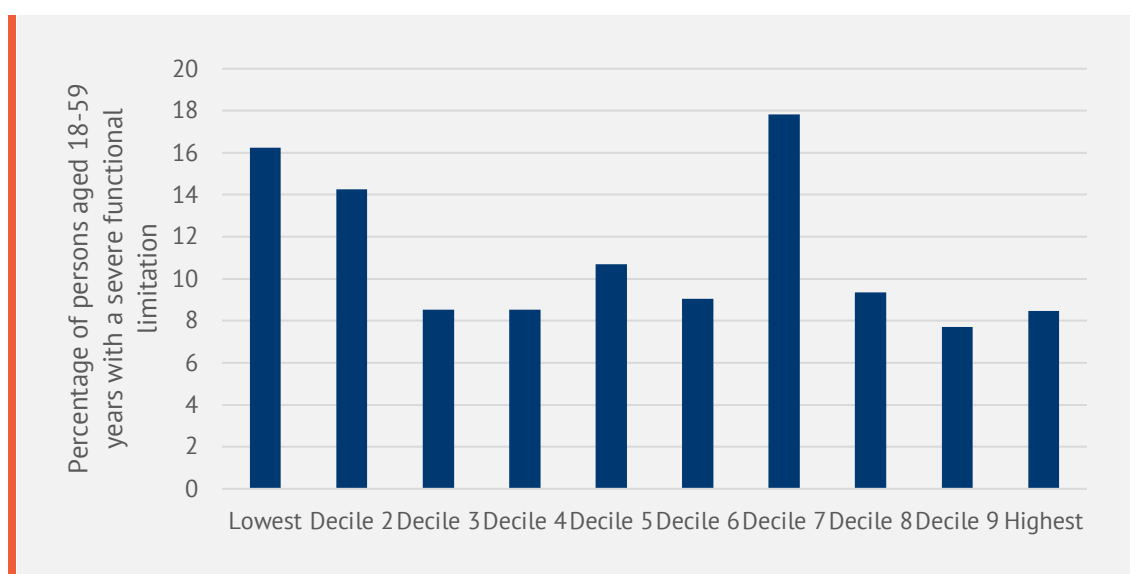
The higher coverage of persons with disabilities relative to people without disabilities can largely be explained by the high coverage of the old age pension, since disability is more prevalent among older people in India. The number of beneficiaries of the old age pension has increased significantly over the last decade and now reaches 18-20 per cent of the population aged 60 and above.

The disability benefit achieves significantly lower coverage than the old age pension, as only 4.5 per cent of adults above 18 with a severe disability are receiving it. As such, in practice, the old age pension is the largest tax-financed social protection programme for persons with disabilities in India.

However, despite its higher rate of coverage, the old age pension suffers significant exclusion errors. Even among the 20 per cent poorest older persons with severe disabilities, 63 per cent are not receiving the old age pension.

Similarly, despite being targeted to the poorest, there is no clear trend in the coverage of the disability benefit across the consumption distribution of persons with disabilities. As Figure 9-2 shows, coverage of the disability benefit is higher than average among the poorest two deciles, but the highest coverage rate is among people in the seventh decile. Among people with severe functional limitations in the poorest decile, only 16 per cent received the disability benefit, corroborating the well-documented inefficiency of the BPL targeting methodology in reaching low-income individuals.

Figure 9-2: Percentage of persons with severe functional limitations receiving India's tax-financed disability pension, across consumption deciles



Source: Analysis by Development Pathways of the IHDS-II

At the state level, data on the national disability pension in Andhra Pradesh shows that roughly 93,000 pensions were issued in 2015/16. Cross referencing this with data from the AP SADAREM website suggests that 35 per cent of persons with disabilities issued with a disability ID certificate (i.e. have at least 40 per cent impairment) received the pension. However, it is not possible to know how many of those with disability ID certificates also qualify under the BPL targeting.

Further, given the restrictive medical disability ID certificate assessment process (see Section 8) it is likely that there remain many persons with disabilities who cannot access these schemes because they have not been able to secure an ID. Coverage information for the ID certificates is problematic, mostly because states (including Tamil Nadu and Andhra Pradesh) rely on the 2011 census data when they produce their coverage statistics. Tamil Nadu, for example, claims a near 100 per cent coverage. In essence, the problem is that there is no reliable figure available for how many people could qualify for the ID certificates.

9.2 Access to the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

While the MGNREGA is not a disability-specific programme, it has made adaptations to encourage the inclusion of persons with disabilities in recent years.

In 2013, a section on “strategies for vulnerable groups” was added to the MGNREGA guidelines. Each state was given a mandate to develop its own plans for how vulnerable groups (including persons with disabilities) would be included. The detailed guidance provided in the guidelines was developed from an in-depth feasibility study initiated by the NGO *The Banyan* in Tamil Nadu (and subsequently involving a whole range of disability focused organisations) who had become increasingly concerned that people with psychosocial impairments were being excluded from the programme. Their initial concern revealed that, in fact, persons with disabilities in general were not taking part.⁹⁷ Discussions with DPO representatives and current disabled MGNREGA beneficiaries concurred that, until 2013, persons with disabilities had not considered that the programme was available to them.

The study identified that there are many manual labour tasks which persons with disabilities can carry out, especially if the programme considers accommodations such as more flexible working times, work sites close to villages or the provision of adapted tools for example. As a result, the 2013 Guidelines produced a list of “...specific works which

⁹⁷ Key informant interview, The Banyan, Chennai, TN, 20th October 2016.

can be done by the disabled...”. In fact, it goes much further, identifying what type of work could be carried out by people with specific impairments. For example, the tasks listed in the box below, are intended suggestions for “work which could be done by orthopedically handicapped people. Possible work for a person with one weak hand.”

Box 9-1: Suggestions for work which could be done by orthopedically handicapped people from 2013 MGNREGA Guidelines



Source: 2013 MGNREGA Guidelines

Both Tamil Nadu and Andhra Pradesh have developed fairly comprehensive systems to ensure that persons with disabilities are included in MGNREGA. At all levels – from the level of Panchayat President, to block, district and state – there is awareness and some level of commitment towards inclusion. However, the practical implementation of the guidelines is largely dependent on interpretation and individual implementers’ commitment to inclusion. As such, persons with disabilities living in different states and different districts have varying experiences in accessing MGNREGA.

For example, in Andhra Pradesh, persons with disabilities can obtain their own Job Card, giving them access to the full number of working days on an individual basis that is normally for an entire household. Focus group discussions revealed that some households therefore can have two or more Job Cards. Further, in Andhra Pradesh persons with disabilities are allocated 150 days of work per year, rather than the usual 100 days.

In Tamil Nadu, on the other hand, persons with disabilities are entitled only to the 100 days and are not able to hold a Job Card as an individual. These differences can be significant when daily wage rates are anything between INR 160-200.

There are persons with disabilities who are unable to carry out the work under MGNREGA and are therefore not able to participate. Unlike some other public works programmes in other countries, MGNREGA does not include a component of unconditional cash transfers to persons with disabilities who cannot meet the work requirements.

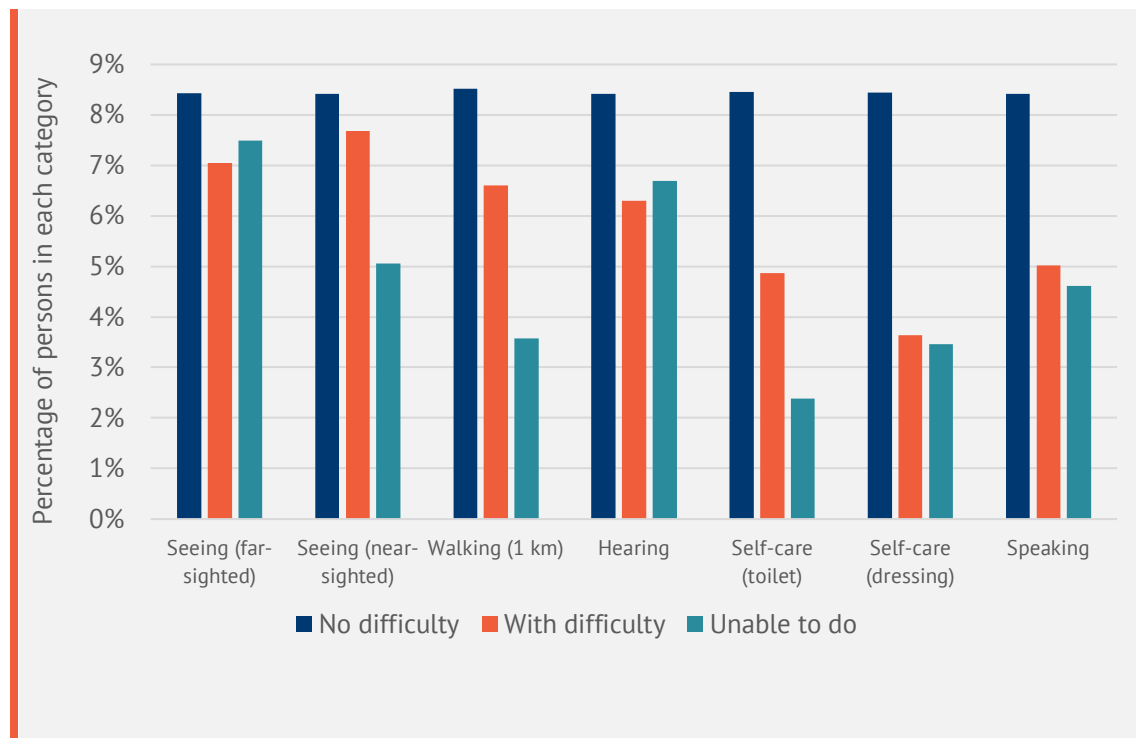
Overall, persons with disabilities are less likely to participate in MGNREGA. This is unsurprising, since the MGNREGA is a public works programme which was not expected to include persons with disabilities until recently. However, the difference at the household level is marginal. Twenty-nine per cent of households in rural areas without a disabled member participate in MGNREGA, compared to 28 per cent of households with a member with a severe functional limitation.

The inequality in accessing the MGNREGA is more notable, however, when considering individuals directly employed by the MGNREGA programme. According to the IDHS-II, 13 per cent of individuals aged 15 years and above in rural areas without a disability are employed compared with only eight per cent of those in rural areas with a severe functional limitation.

As Figure 9-3 shows, among persons categorised as having a functional limitation that leaves them “unable to do”, those with seeing (far sighted) and hearing impairments are the most likely to be employed in the MGNREGA programme. Access to employment is lower among those with seeing (near sighted), self-care (toilet and dressing), walking and speaking impairments. However, the level of employment among all categories of the population is low, especially for those with severe disabilities who are “unable to do”.⁹⁸ Overall, only two per cent of MGNREGA workers has a severe disability.

⁹⁸ Analysis by Development Pathways of the IDHS-II.

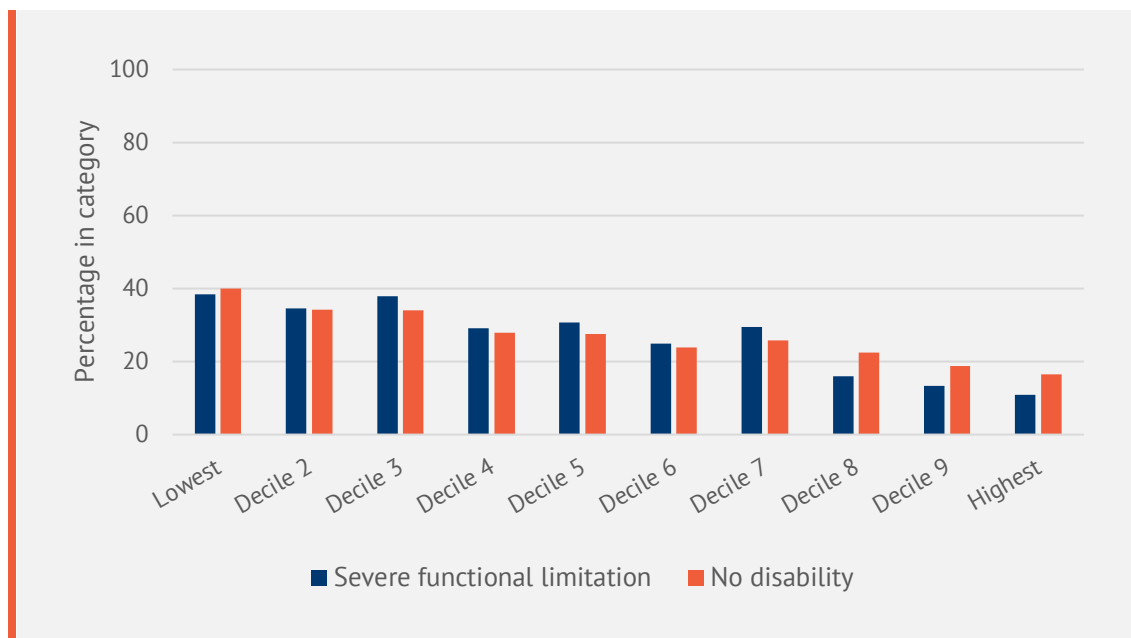
Figure 9-3: Employment in India's MGNREGA programme, by type of impairment and degree of severity



Source: Analysis of IDHS-II by Development Pathways

The percentage of rural households participating in the MGNREGA is fairly even across the consumption distribution. As Figure 9-4 shows, while more households in poorer consumption deciles are participating, many households in richer deciles also participate. Other research has shown that this is partly because the poorest states implement MGNREGA less effectively and therefore reach fewer people overall.

Figure 9-4: Percentage of rural households participating in MGNREGA across rural consumption deciles



Source: Analysis of IDHS-II by Development Pathways

9.2.1 Access to MGNREGA in Tamil Nadu (Tiruvallur District)

This sub-section evaluates the accessibility of MGNREGA for persons with disabilities in Tamil Nadu, based on key informant interviews and focus group discussions conducted in Tiruvallur District in 2016.

In Tamil Nadu, to qualify for the disability concessions under MGNREGA, an applicant must possess both a Disability ID certificate and a Job Card. Jobs are allocated in strict accordance with the MGNREGA Disability Guidelines, meaning that if a disabled person comes forward for work they will be allocated tasks from the list in the disability guidelines – for example, water distribution, childcare or plantation work.

However, there are limitations. Only those deemed “capable of working” by programme facilitators will be accepted. Further, people who are unable to get to the work site will not be allocated work.⁹⁹ However, no disabled person who makes it to the work site will be penalised for not working the full eight hours. In fact, in Tamil Nadu, persons with disabilities will be paid a full day’s wage if they are present for a minimum of four hours.

Focus group meetings confirmed that when MGNREGA first started, very few persons with disabilities participated. Many had been unaware they could apply, but there were high

⁹⁹ Key informant interview, District Collectors Office, NREGA program, Tiruvallur, TN, 17th October 2016.

levels of discrimination, with persons with disabilities being denied Job Cards by Panchayat-level MGNREGA facilitators.¹⁰⁰ It took the efforts of grassroots organisations of persons with disabilities (DPOs and Federations of DPOs) to lobby for inclusion and to raise awareness at the Panchayat level around the capacity of persons with disabilities to participate. Since the 2013 Guidelines were produced, the situation has progressed with persons with disabilities becoming key beneficiaries of the programme.

According to the informants interviewed for this study, persons with disabilities now are rarely turned down for jobs. In cases where they are turned down, this tends to be a result of a lack of awareness of the Panchayat President. In Panchayats that have participated in disability awareness training (run by the DPOs) attitudes were reportedly very positive. However, some areas were yet to be sensitised at the time of research and lack of training and sensitisation of officials remained a barrier to persons with disabilities' access to MGNREGA employment.¹⁰¹ Generally, persons with disabilities who were employed described having jobs such as childcare, water distribution, filling pans and grass cutting. In principle, applicants who register demand for work but are not provided with work are entitled to unemployment benefits under MGNREGA. However, across India, this has only very rarely been paid.

Overall, the persons with disabilities employed with MGNREGA interviewed for this study in both Tamil Nadu and Andhra Pradesh reported positive experiences with the programme since it offered the opportunity to generate an income beyond the disability pension. Beyond providing additional temporary income, employees also reported improvements in self-respect and standing within the community and their families.¹⁰² Having the opportunity to contribute an income to the household was also reported to help reduce overall stigma and discrimination. As one beneficiary with cognitive impairments described: "The best part about the work is that I get to go out of the house every day, do interesting things, meet people and make friends."

However, there were some general common concerns. Interviewees reported that there was a dearth of affordable and accessible transport options available to them, preventing some persons with disabilities from reaching the job sites where they were allocated work. The requirement that employees arrive on site by 9 am was also reported as discriminating against persons with disabilities in some cases, where employees with disabilities experience difficulties with mobility. The consensus among interviewees was that more work sites should be made available close to the villages (within five

¹⁰⁰ Focus group discussions: Punnapakkam village, TN, 17th October 2016; Tiruvallur District, TN, 18th October 2016.

¹⁰¹ Equals (2017).

¹⁰² Key informant interview, The Banyan, Chennai, TN, 20th October 2016.

kilometres). This claim is supported by findings from qualitative research conducted by Equals (2017).

Interviewees in Tiruvallur District also reported dissatisfaction about the lack of choice available to them regarding work placements. Employees were not always happy about being allocated work by the MGNREGA facilitators simply on the basis of their impairment. While most people overall were satisfied with the jobs they were doing, they felt disempowered by the facilitators assuming the limitations of their capabilities without consultation.

Interviewees from focus group discussions also commonly reported that they were not allocated a sufficient number of work days to provide income security for their household. Each group consulted in Tamil Nadu noted that 100 days of work was insufficient and advocated for a minimum of 150 days. While the income received was noted as important, its unpredictable nature and limited amount meant that the money was used for basic daily living expenses as opposed to generating savings or investments that could guarantee longer-term income security. As one MGNREGA employee from Tiruvallur District explained: “MGNREGA money doesn’t help us to improve our quality of life, but it does help us meet our immediate family needs.”

This is also partly due to the opportunity costs of participating in the programme. Employment in MGNREGA requires time which could otherwise have been spent on other income generating activities. Focus group discussions carried out by Equals (2017) demonstrated a high demand for providing persons with disabilities with their own job cards in Tamil Nadu to guarantee individuals 100 days of work rather than having to access employment through one household Job Card. This would enable households with a person with a disability to generate supplementary income.

Yet, despite the provision of 100 days of work per household being reported as insufficient, many persons with disabilities in Tamil Nadu do not even receive this full guarantee, with persons with disabilities on MGNREGA accessing an average of just 56 days of employment in 2015/16. Further, according to administrative data for Tamil Nadu, only 50 per cent of persons with disabilities who were registered for work were actually working on the programme in 2015/16. However, it is not known whether this is because persons with disabilities are denied the work they are entitled, or because applicants register for work as a form of insurance without registering demand for work.

Those who did access employment noted instances of discrimination at the work sites during focus group discussions. Some reported being paid less than the full day’s wage because the MGNREGA facilitators consider their work output to have been less valuable

than the others.¹⁰³ This concern was raised as being a particular problem for disabled women, who also reported being systematically left to last when jobs were allocated.¹⁰⁴ Other persons described remaining separate from the main work groups.¹⁰⁵

Box 9-2: The payments system for MGNREGA in Tamil Nadu

At the time of research, payments for the MGNREGA were made into bank accounts which were either accessed directly via ATM cards or through the use of “bank correspondents.” Bank correspondents operated at village level, utilising a system of smart cards with biometric finger printing. While the biometric fingerprinting can be difficult for a small number of persons with disabilities, on the whole this system has greatly improved their access to cash, since they do not need to make difficult and costly journeys to visit banks.¹⁰⁶

9.2.2 Access to MGNREGA in Andhra Pradesh (Prakasam District)

This sub-section evaluates the accessibility of MGNREGA for persons with disabilities in Andhra Pradesh, based on key informant interviews and focus group discussions conducted in Prakasam District in 2016.

Overall, focus group discussions with persons with disabilities employed by the MGNREGA in Andhra Pradesh raised broadly similar themes to those described for Tamil Nadu. However, there were some notable differences in the way that the MGNREGA was implemented in Andhra Pradesh that were reported to have improved persons with disabilities’ experience of the programme.

Two of these differences have already been noted: that persons with disabilities are treated as “households” and can have their own personal Job Card; and that each disabled person can work up to 150 days a year. Holding a Job Card individually and accessing a higher entitlement of days is beneficial in that it goes some way to offsetting the increased costs to households of having persons with disabilities. However, since the MGNREGA programme only guarantees temporary employment and a low wage, this will not cover ongoing additional costs often incurred by living with a disability.

The way in which jobs are allocated to persons with disabilities on the programme also differs in Andhra Pradesh. Most commonly, persons with disabilities organise themselves into work groups of between five and ten members and request for work as a team rather than as individuals. In fact, the block-level development offices who oversee MGNREGA

¹⁰³ Focus group discussions: Tamil Nadu Differently Abled Federation, Chennai, TN, 21st October 2016; Tamil Nadu Association of Disabled Women, 22nd October 2016.

¹⁰⁴ Focus group discussion, Tamil Nadu Association of Disabled Women, 22nd October 2016.

¹⁰⁵ Focus group discussion, RK Pet Block, disabled MGNREGA employees, Tiruvallur District, TN, 18th October 2016.

¹⁰⁶ Focus group discussions: Punnapakkam village, TN, 17th October 2016; Tiruvallur District, TN, 18th October 2016.

encourage this practice since it means they can better accommodate the specific needs of persons with disabilities. Work groups of persons with disabilities request tasks (such as clearing and maintaining water channels or plantation work) from the Panchayat and, once allocated, divide up responsibilities between them, making best use of each individual's strengths. For persons with disabilities, it means they can decide what time they start and finish and gives them scope to include people with more severe impairments.¹⁰⁷ It was reported that MGNREGA facilitators prefer this system since it enables them to provide adapted tools on a group-basis and reduce their need to supervise as actively.¹⁰⁸

Work group members all described this way of organising as a preferred alternative to trying to join in with non-disabled workers. In fact, no concessions were available to persons with disabilities if they join with non-disabled workers, in which case they had to carry out the assigned tasks with no reductions in output expectations.¹⁰⁹ As one member of the focus group in Chinnaganjam village described: "It's much better for us to work as a group. That way we ensure we get the concessions we need and we don't have to try and 'compete' with non-disabled people over job tasks. If we join with non-disabled people we don't get any concessions and we can face discrimination for not contributing to the tasks."

Another benefit of encouraging persons with disabilities to organise into groups is that, together, persons with disabilities have a more powerful collective voice. The persons participating in group work interviewed for this study could, and did, raise concerns with the MGNREGA officials if they felt they had not benefitted as they should. Indeed, one reason why persons with disabilities were granted a 150-day work allocation was because persons with disabilities on the programme actively lobbied for it. On the other hand, this system can encourage the segregation of persons with disabilities from others which could reinforce their marginalisation in the longer-term.

9.2.3 Access to MGNREGA in Tamil Nadu and Andhra Pradesh

Overall, despite an increase in the absolute number of persons with disabilities participating in MGNREGA since the guidelines were updated in 2013, the number of persons with disabilities as a proportion of total MGNREGA employees in Tamil Nadu and Andhra Pradesh has remained relatively unchanged. As Figure 9-5 shows, in both Tamil Nadu and Andhra Pradesh, the percentage of employees with disabilities has not

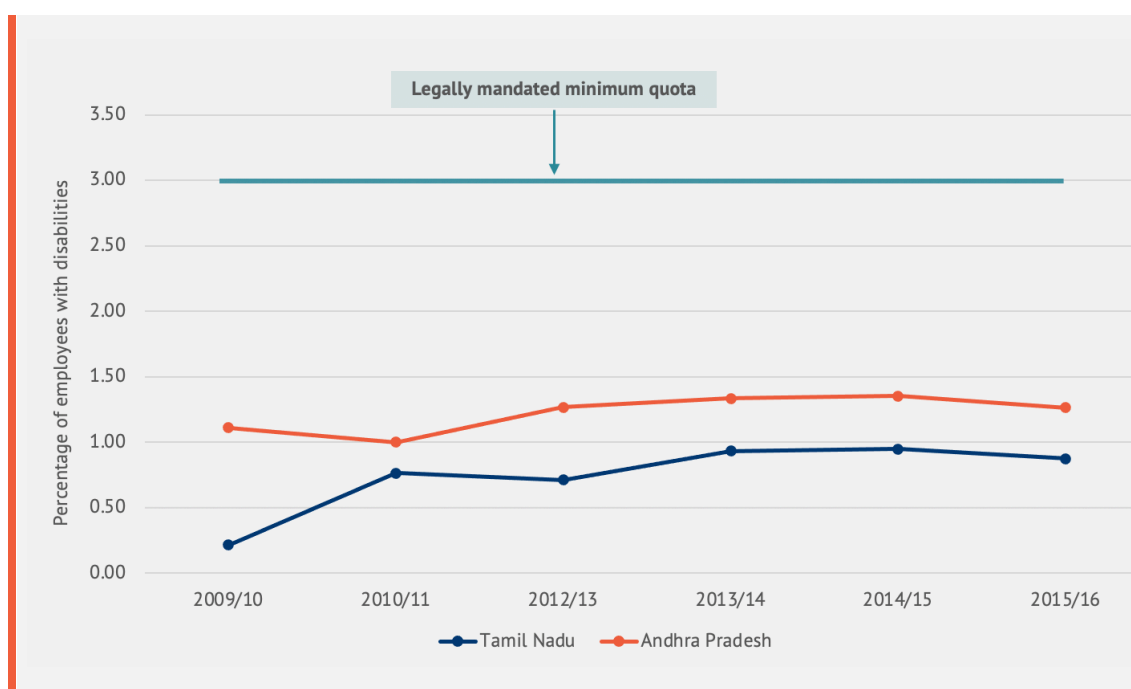
¹⁰⁷ Focus group discussions: Chinnaganjam village, 24th October 2016; Enicapadu Village, AP, 25th October 2016.

¹⁰⁸ Focus group discussions: Chinnaganjam village, 24th October 2016; Enicapadu Village, AP, 25th October 2016.

¹⁰⁹ Key informant interview, District NREGA Project Director, Prakasam, AP, 25th October 2016; focus group discussions: Chinnaganjam village, 24th October 2016.

increased much since 2013 and is still much lower than the three per cent legally mandated quota (0.9 per cent in Tamil Nadu and 1.3 per cent in Andhra Pradesh). In fact, the proportion of employees with disabilities has marginally reduced since 2013/14 in both states. The only notable increase between 2009-16 occurred in Tamil Nadu in 2010/11 when the proportion of employees with disabilities rose from 0.2 to 0.8 per cent. Yet, this growth rate was modest and not sustained.

Figure 9-5: Percentage of MGNREGA workers with disabilities 2009/10 – 2015/16



Source: MGNREGA National MIS

Further, the increase in the absolute number of persons with disabilities participating in the programme as it has grown in size is largely because persons with disabilities have adapted to different working conditions. In Tamil Nadu, persons with disabilities are being allocated jobs on the basis of their impairments and, in Andhra Pradesh, persons with disabilities are forming their own work groups. Neither of these solutions is tackling the barriers to access that exist within the scheme itself.

Doing so would require a broadening out of the concepts around what constitutes work under MGNREGA to encompass less physically demanding labour (which could also benefit women, older people and those with chronic health conditions) and paying more attention to the accessibility of work sites, tasks and information and communications technology (ICT) systems. Nonetheless, the MGNREGA serves as an interesting example of how persons with disabilities can be included in public works programmes.

10 Barriers to accessing social protection for persons with disabilities

There are significant barriers that prevent persons with disabilities from accessing the schemes under the NSAP and the MGNREGA. This section details a number of these barriers.

10.1 Barriers to accessing disability ID certificates

One major barrier that prevents persons with disabilities accessing the disability pension under the NSAP is difficulty in accessing disability ID certificates.

At the national level, the national Department of Empowerment of Persons with Disabilities estimates using the 2011 census data that only 46 per cent of persons with disabilities have been issued with disability ID certificates, which is low.¹¹⁰ Further, as noted, the prevalence rates found by the census are likely to be heavily underestimated. In reality, many more persons with disabilities are likely to be without disability ID certificates.

There are two main areas of difficulty in terms of accessing the disability ID certificates. The first relates to the medical assessment process and the assigning of an impairment percentage and the second relates to the accessibility of the process itself.

Most of the controversy around the disability ID certificates arises from the medical assessment process, which is entirely based on physiological functioning and makes no reference at all to the International Classification of Functioning, Disability and Health (ICF) framework.¹¹¹ Further, only those people with impairments that are outlined by the Disability Act (1995) and specified in the Disability Guidelines can apply, which excludes many persons with disabilities. For example, people with Albinism are not classified as being disabled, and people with chronic health conditions such as heart or renal failure are not eligible for registering.¹¹² Further, conditions which cause impairments (for example, Multiple Sclerosis) are not recognised as single disorders, meaning the assessment process has to focus on one aspect of the condition (such as vision or mobility, for example). It is also a one-off assessment which tests the individual's

¹¹⁰ Department of Empowerment of Persons with Disabilities Annual Report 2015-16.

¹¹¹ Disability Guidelines 2001, Version 4 (updated in 2002) Office of the Chief Commissioner for Persons with Disabilities. The ICF is a scientific tool for consistent, internationally comparable information about the experience of health and disability.

¹¹² Key informant interview, Disability Commissioners Office, Chennai, TN, 26th October 2016.

functional abilities on the day of the interview taking no account of how a condition fluctuates.¹¹³

The Disability Guidelines themselves are complex, specifying in detail how a limitation in each physiological function translates into a percentage of impairment. For medical officers unfamiliar with this system the process can be challenging. For persons with disabilities, it can mean having to endure undignified testing to “prove” their lack of functionality.¹¹⁴ Although in Tamil Nadu the process for being assessed was simplified so that all medical officers working in hospitals below district-level are permitted to do disability assessments, most are unfamiliar or unaware of the guidelines and have difficulty in assigning a percentage to impairments.¹¹⁵ Overall, there is also a sense that the assessment process lacks transparency, with many people suggesting that percentages are assigned on a subjective basis.¹¹⁶

Interviews conducted for this study found that there was general agreement across most civil society stakeholders that assessments for those with cognitive and psychosocial impairments were particularly poor quality. Some informants gave examples of people with cognitive impairments being “coached” to stay silent during the medical officers questioning because the ID certificate would be denied if the person was able to provide basic personal information (name, address, age etc.).¹¹⁷

Poor access to disability assessments also acts as a barrier which prevents persons with disabilities accessing social protection. The process makes no provision for assessments to be done at home, requiring even the most severely impaired individuals to visit district hospitals or assessment camps for assessment. Some villages are located 80 kilometres or more from district centres making it logistically difficult, time consuming and expensive to reach assessments. None of the travel costs associated with the assessment process is reimbursed by the Government. Some initiatives introduced to overcome the travel difficulties include opening up the assessment process to medical officers at the local level (in Tamil Nadu) and hosting assessment camps (Andhra Pradesh and, to a lesser extent, Tamil Nadu).¹¹⁸

¹¹³ Key informant interview, Multiple Sclerosis Society of India, Chennai, TN, 27th October 2016.

¹¹⁴ Focus group discussion, DPO Federation, Trivuvallur District, TN, 18th October 2016.

¹¹⁵ Key informant interview, TN Association for the rights of all persons with disabilities and caregivers, Chennai, TN, 22nd October 2016.

¹¹⁶ Key informant interview, TN Association for the rights of all persons with disabilities and caregivers, Chennai, TN, 22nd October 2016; focus group discussion, DPO Federation, Trivuvallur District, TN, 18th October 2016; focus group discussion, Tamil Nadu Differently Abled Federation, Chennai, TN, 21st October 2016; focus group discussion, Vidya Sagar, Chennai, TN, 22nd October 2016.

¹¹⁷ Focus group discussions: Tamil Nadu Differently Abled Federation, Chennai, TN, 21st October 2016; Chinnaganjam village, AP, 24th October 2016.

¹¹⁸ Focus group discussions: Tamil Nadu Differently Abled Federation, Chennai, TN, 21st October 2016.

The assessment camps are usually held at block level making travel less of an issue (although not eradicating it entirely) but experiences in Andhra Pradesh suggest these camps can be difficult places for persons with disabilities to navigate. At the camps, a team of medical professionals conducts the disability assessments. However, the experience of attending a camp can raise difficulties to such an extent that NGOs (such as the Leonard Cheshire Disability Development Programme) are tasked with assisting people through the process. A key challenge is that, on any given day, there may be several hundred people trying to be assessed. Theoretically, on arrival an individual is registered and then directed to sit and wait in the area that “best fits” the impairment they want assessed. However, without support, people can find themselves waiting a full day in the wrong area. This system is especially difficult for people with multiple impairments. With so many clients to see, there are fears that medical officers are simply not able to spend enough time with people to make accurate assessments.¹¹⁹

Another difficulty pertaining to access is a dearth of medical specialists required to conduct assessments of particular conditions or types of functionality. For example, there are few psychiatrists or audiologists available at the district level making the process especially lengthy for those who require assessment by these specialists.¹²⁰

Theoretically, district hospitals have assessment teams in place on regular days each week. However, since assessments are done on a first-come-first-serve basis the individual may end up spending a day waiting and still not be seen.¹²¹ This would necessitate a return visit the following week where there is still no guarantee of being seen. The appointment itself tends to last between 30-60 minutes although this largely depends on the impairment.

Discussions with DPO members suggested that reviews for people with more visible physical impairments can be very short with medical officers simply looking at the person. For others, the process can be more complex with some having to undergo diagnostic imaging or other tests before approval is granted.¹²² Those with hearing impairments may be subject to a more complex assessment process because they are required to be reviewed by both an ENT specialist and an audiologist. Audiology testing is not always available at District hospitals, as is the case in Tiruvallur District where hearing tests have to be carried out at the Welfare Office. Since the District has only one audiologist, there

¹¹⁹ Focus group discussions: DPO Federation, Tiruvallur District, TN, 18th October 2016; Chinnaganjam village, AP, 24th October 2016; key informant interview, LCDDP, Ongole, AP, 24th October 2016.

¹²⁰ Focus group discussions: DPO Federation, Tiruvallur District, TN, 18th October 2016; Chinnaganjam village, AP, 24th October 2016; key informant interview, The Banyan, Chennai, TN, 20th October 2016.

¹²¹ Key informant interview, District Differently Abled Welfare officer, Tiruvallur District, TN, 17th October 2016.

¹²² Focus group discussion, DPO Federation, Tiruvallur District, TN, 18th October 2016.

are a maximum of ten appointments available per week which can mean Deaf applicants experience particularly long delays in waiting for their assessment.¹²³

States such as Andhra Pradesh have made efforts to simplify and accelerate the disability assessment process. In Andhra Pradesh, the state government has introduced a computer-based assessment process (SADAREM) which automatically generates a percentage for the impairment based on the data entered by the medical officer. While this may assist the medical officers, it has done nothing to change the overall experience for persons with disabilities and remains inconsistent with the principles of the Convention on Rights of Persons with Disabilities. Further, the data on the total number of persons with disabilities in this database is significantly lower than those shown in the 2011 census.

10.2 Lack of information and awareness

Another barrier that prevents persons with disabilities from accessing social protection in India is a general lack of information and awareness about the programmes and processes that exist. There are limitations regarding both public awareness raising to ensure that beneficiaries are aware of their entitlements and a lack of training and sensitisation on disability for Government officials implementing social protection programmes. Equals (2017) found that, in Tamil Nadu, none of the Government officials interviewed had received any training on the rights of persons with disabilities. Further, the training for MGNREGA officials does not currently include anything mandatory on the rights of persons with disabilities and how to ensure their access to work under MGNREGA.¹²⁴

10.3 Barriers related to targeting or rationing mechanisms

As noted, the BPL targeting mechanism has long been recognised as generating high levels of targeting errors. This is also the case for persons with disabilities, with 84 per cent of persons with severe disabilities in the lowest income decile excluded from the national disability pension. Although the old age pension has better overall coverage, 63 per cent of persons with disabilities in the poorest quintile are excluded. The use of the BPL targeting mechanism in the schemes under the NSAP present one of the most important barriers for persons with disabilities to access social protection in India.

In principle, the MGNREGA is demand based and therefore not targeted using the BPL mechanism. In practice, however, work is provided based on supply rather than demand

¹²³ Focus group discussions: DPO Federation, Tiruvallur District, TN, 18th October 2016; Chinnaganjam village, AP, 24th October 2016.

¹²⁴ Equals (2017).

and the majority of households do not receive the number of workdays they desire.¹²⁵ Rationing of work occurs at different stages of the process, including in the process of getting a Job Card and, for those who are able to secure a Job Card, in the process of subsequently getting work.

For those who do manage to get work, there is further rationing of the amount of work they are provided.¹²⁶ Across India, 19 per cent of households that did not participate in the programme would have liked to participate and 60 per cent of those that did participate would have liked to work more days.¹²⁷ This rationing restricts access to the programme for both persons with disabilities and those without disabilities.¹²⁸ It is expected that persons with disabilities to be even more affected by rationing than the general population owing to existing inequities, although there is insufficient data to verify this.

10.4 Barriers related to registration

Discrimination is a barrier that can prevent persons with disabilities from registering for social protection programmes, especially for certain groups of persons with disabilities that face increased levels discrimination. For example, Equals (2017) found that the majority of MGNREGA workers with disabilities in Tamil Nadu are people with locomotor disability, visual impairment and hearing and speech impairment, while much fewer persons with psychosocial disabilities are accessing the programme. Some people involved in the implementation of MGNREGA admitted that they found it difficult to reach out to persons with psychosocial disabilities or that they felt that “persons with psychosocial disabilities may harm others or self,” and that they therefore did not work proactively to include them.¹²⁹ As such, pre-existing assumptions or prejudices against certain types of impairment deemed “difficult” can foster the exclusion of certain groups of persons with disabilities from social protection programmes by discouraging their registration.

10.5 Barriers related to work requirements

The work requirement under MGNREGA also constitutes a major barrier to access for many persons with disabilities. As noted, one of the primary barriers to accessing MGNREGA established during the research conducted for this study is the difficulties

¹²⁵ Dutta et al. (2014); Desai (2015).

¹²⁶ Desai (2015).

¹²⁷ Desai (2015).

¹²⁸ The rationing of employment under MGNREGA has been documented by numerous researchers, including Awasthi (2011); Dutta et al. (2014). Aiyar and Mehta (2013), Chopra (2015), Ehmke (2015) and Das (2013).

¹²⁹ Equals (2017).

persons with disabilities face in travelling to the work site. Work sites may also be practically inaccessible to people for other reasons; for example, it has been reported that there is a lack of sanitation and safety mechanisms in place for women with disabilities at work sites.¹³⁰

Equals (2017) also found that some persons with disabilities depend on assistants to travel to the workplace and assist them with their participation in the work. However, there is currently no government support for these assistants. Equals (2017) therefore suggests that work as a personal assistant of a person with a disability should be recognised as work under MGNREGA. The position of personal assistant could also be made available for persons with disabilities who are not working on the programme.

Overall, because of the stigma facing many persons with disabilities and the general assumption that persons with disabilities are unable to work, it is likely that many are presently being turned away from work sites.

10.6 Barriers to accessing social accountability mechanisms

MGNREGA legally requires that states carry out regular social audits. Social audits are social accountability mechanisms, whereby workers participate in the auditing of the implementation of MGNREGA. The extent to which these are implemented in practice, however, varies widely between states, with Andhra Pradesh demonstrating the most commitment to implementing social audits. However, there is no evidence that there has been any effort to ensure the inclusion of persons with disabilities in the audits in any states at the time of research. This should include both efforts to ensure that persons with disabilities can participate in the audits themselves on an equal basis with other citizens but, also, that the social audits assess whether efforts have been made to include persons with disabilities in MGNREGA.¹³¹

¹³⁰ Equals (2017).

¹³¹ Equals (2017).

11 Adequacy of schemes

Overall, there is no single standard for assessing whether a transfer provided by a social protection programme is “adequate” or not. Different programmes have different purposes and therefore should be assessed according to different standards; some programmes are intended to provide income replacement, while others are meant to provide a minor supplement to wage income. For example, old age pensions should be expected to provide a level of income that enables people to meet their basic needs, as they are intended for older persons who may have a reducing capacity to work. In contrast, child benefits and conditional cash transfer (CCT) programmes are generally targeted at people who are expected to get most of their income from work and should therefore only be expected to provide a supplement to other income to cover the additional costs required to raise a child in the case of child benefits or to provide income top-ups for a variety of purposes in the case of CCTs.¹³² Public works programmes, on the other hand, should provide wages that comply with minimum wage legislation and are commensurate with a fair wage for the amount and type of work carried out.

Similarly, the transfers provided by disability benefits can have various intended uses. Some disability benefits compensate persons with disabilities for the additional costs they face because of their disability. Other disability benefits for those of working age are intended to provide income replacement for individuals with reduced capacity to work. Disability benefits for children are generally intended to enable families to receive support for the additional costs they face in caring for their children.

11.1 Transfer values of tax-financed pensions

As in most countries, benefit levels for the tax-financed social protection schemes in India are set as a result of a political process rather than based on an assessment of the actual needs of recipients. As such, the benefit levels do not take into account the additional costs of disability. Both Tamil Nadu and Andhra Pradesh are among the states that provide the largest transfers when compared to other Indian states, not all of which top up the meagre base amount provided by the Central Government. This is largely a result of pressure from civil society organisations in Tamil Nadu and Andhra Pradesh, which has resulted in a gradual increase in the amount that each state provides to top up the Central Government benefit. However, it should be noted that in India none of the benefit

¹³² Gelders and Kidd (2016).

levels is adjusted according to inflation. As a consequence, each hard-won increase in the size of the transfer is, in part, simply catching up with rising prices.

Overall, given that most of India's pension benefits are intended to provide income replacement to compensate for lack of work capacity and not as merely a supplement to work income, they must be characterised as inadequate. The amounts would only be adequate if they were used as a supplement to existing work income to compensate for the additional cost of disability.

The inadequacy of the pensions in providing income replacement was supported by interviews. In interviews, persons in rural areas who were benefitting from both MGNREGA and one of the disability pensions generally expressed satisfaction with the benefit level provided. However, people in urban areas, who generally had much higher expenses and little or no access to wage income, expressed that the amounts were inadequate. As one of the informants explained: "The problem is that you are only eligible for the INR 1,000 from the pension if you don't work. But INR 1,000 is not enough if that is the only income you have. Even if you are working you need more than that. The benefit should be available even for people who work."¹³³

The real value of the pension does, of course, vary between urban and rural areas. Interviewees stated that the benefit is practically meaningless in Chennai (the capital city of Tamil Nadu State) but may be more meaningful in rural areas.¹³⁴ In Andhra Pradesh, which is generally poorer and less urbanised than Tamil Nadu, key informants in a rural District said that the increase in benefit level from INR 500 to INR 1,500 had been very important for people, even enabling some recipients to generate savings.¹³⁵

In practice, the value of transfers of pensions in India as a percentage of GDP per capita varies a lot, but they are generally in line with the value of old age pensions in other low- and middle-income countries.¹³⁶ As a rough rule of thumb for assessing the adequacy of benefit levels, Whitehouse (2014) argues that programmes such as disability and old age pensions should provide at least 20-33 per cent of the general living standard.

All of the tax-financed pensions considered in this report provide monthly transfers of either INR 1,000 or INR 1,500. In Tamil Nadu, a monthly transfer of INR 1,000 is equivalent to nine per cent of GDP per capita and a monthly transfer of INR 1,500 is equivalent to 14 per cent of GDP per capita in 2014/15.¹³⁷ Since Andhra Pradesh has a

¹³³ FGD Focus group discussion with members of Ektha – organisation of people with mental disabilities, Chennai, Oct. 22. 2016.

¹³⁴ KII Jayakumar Vaishnavi, founder of the Banyan, Chennai, Oct. 22. 2016

¹³⁵ KII Raj Kumar, Oct. 24. 2016

¹³⁶ GDP per capita is often used to enable international comparisons, as a rough measure of the average living standard.

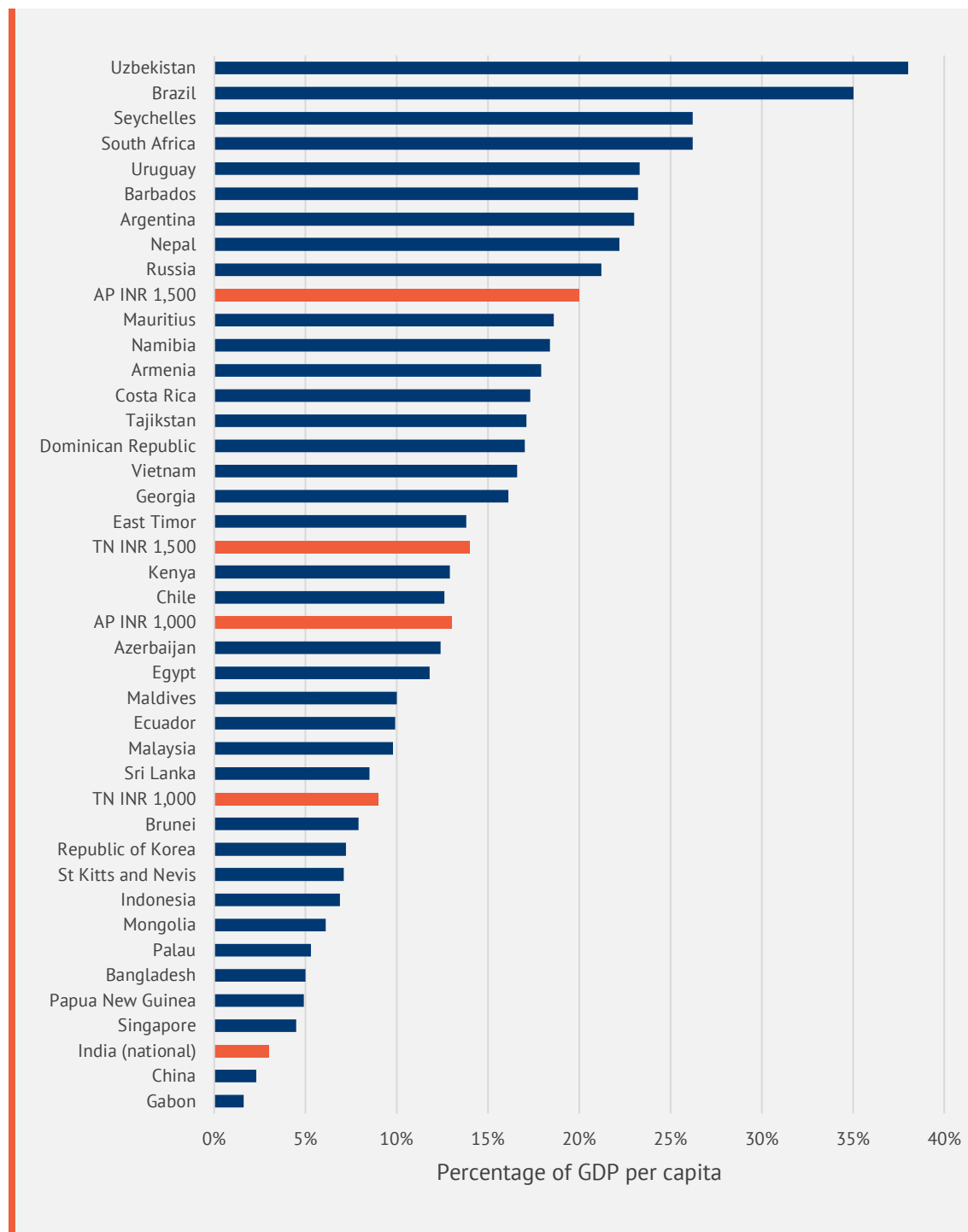
¹³⁷ Calculated using GDP per capita of INR 128,366 for Tamil Nadu in 2014/15.

lower GDP per capita in 2014/15, a monthly transfer of INR 1,000 in Andhra Pradesh is equivalent to 13 per cent of GDP per capita while a monthly transfer of INR 1,500 is equivalent to 20 per cent of GDP per capita in 2014/15.¹³⁸

Figure 11-1 shows how the values of these transfers at the time of research compare to the value of other disability benefits in other low- and middle-income countries globally. Even though Tamil Nadu and Andhra Pradesh provide relatively high benefit levels compared to most other states in India, they are still relatively low in international comparison. It is only the benefit of INR 1,500 in Andhra Pradesh that reaches the 20 per cent benchmark considered a minimum for income-replacement benefits.

¹³⁸ Calculated using GDP per capita of INR 90,517 for Andhra Pradesh in 2014/15.

Figure 11-1: Value of tax-financed disability benefits in a range of low- and middle-income countries as a percentage of GDP per capita¹³⁹



Source: Development Pathways

¹³⁹ The data in the graph is the most-recent information on transfer values for countries as of 2019, apart from for Indian disability benefits which uses values that were applicable at the time of research.

Civil society organisations have taken an active role in lobbying for increases in the transfer value of disability benefits in India. For example, a DPO in Chennai called the Tamil Nadu Association for the Rights of all Types of Differently Abled and Caregivers lobbied for the state to raise the benefit level of the Maintenance Grant from INR 500 to INR 2,000 in 2007. This led to both of the main political parties promising to raise the amount to INR 1,000.

At the time of research, the Tamil Nadu Association for the Rights of all Types of Differently Abled and Caregivers was advocating for the transfer value to be raised to INR 3,000 for everybody with minimum 40 per cent disability and INR 5,000 for persons with severe disabilities.¹⁴⁰ Providing 28 per cent and 47 per cent of GDP per capita respectively, the DPO was advocating for larger transfer values that would be in line with the rule of thumb for the minimum level for an adequate income replacement of 20-33 per cent.

11.2 Transfer values under MGNREGA

MGNREGA wage rates are fixed for each state by the national Rural Development Ministry every year, as per the provisions in Section 6(1) of the MGNREG Act. Wages are revised for each state every year by indexing them to the CPI.

In contrast to the pensions, income under MGNREGA should be viewed as wages paid in exchange for work. This type of programme should therefore be expected to provide individuals with the minimum level of income that they may expect to receive if they were employed in the local labour market. Indeed, there are strong arguments for ensuring that benefits of cash for work programmes are linked to minimum wages in countries where such mechanisms exist.¹⁴¹ In fact, wages under MGNREGA were initially tied to local minimum wages but are now significantly lower than minimum wage in several states.¹⁴² In part, this is a result of MGNREGA wages being fixed by the Central Government and minimum wages by the state governments, although there are also political motivations for the Central Government to keep MGNREGA wages low to make it less attractive for workers.

11.2.1 Transfer values under MGNREGA in Tamil Nadu

Assessing the level of wages under MGNREGA needs to take into account the opportunity cost involved in participating in the work, as participants may forego other income-generating activities when they undertake MGNREGA work. Since in Tamil Nadu and most

¹⁴⁰ KII with Tamil Nadu Association for the rights of all types of differently abled and caregivers, Chennai Oct. 22. 2016

¹⁴¹ Gelders and Kidd (2016).

¹⁴² Indian Express (2013).

other states a household can only hold one Job Card, the benefit level per capita in the household is much higher for smaller households than for large ones. The daily wage of work under MGNREGA in Tamil Nadu was INR 203 at the time of research. This is much lower than the local standard wage for unskilled labour according to interviewees which, according to interviewees in Tiruvallur District, is INR 400 for women (In Tamil Nadu it is mainly women working on MGNREGA, while the men take other types of work).¹⁴³ The minimum wage in Tamil Nadu depends on the sector, but the lowest rate was INR 156 per day at the time of research.

Since the Job Card only provides 100 days in total for an entire household, the wages for non-disabled household members are not in line with the local standard once they have been divided between household members. One of the main requests from the persons with disabilities interviewed for this study in Tamil Nadu was to be provided with 100 days of work separate from the household entitlement, as persons with disabilities are entitled to in Andhra Pradesh. When asked about the adequacy of the wages, the DPO Federation members in Tiruvallur District stated that an adequate level of compensation would be provided if each person got work for 150 days at INR 400 per day (expenditure on food was estimated to require at least INR 100 per day per person in a family, so this would be roughly INR 400 for a family with four members. The view that INR 100 per day is the minimum necessary for survival was also voiced by DPOs).¹⁴⁴ There is also a need to compensate caregivers who should be able to provide care work as part of the MGNREGA.¹⁴⁵

11.2.2 Transfer values under MGNREGA in Andhra Pradesh

In Andhra Pradesh, the wage rate under the MGNREGA was INR 194 per day at the time of research. However, the allowance in Andhra Pradesh for persons with disabilities to have their own Job Cards makes a big difference to their earnings and enables some persons with disabilities to earn higher incomes than non-disabled family members.

Since the work is task based rather than time based, the actual wages paid vary according to the amount of work completed. Interviewees in Andhra Pradesh relayed that they would usually be paid around INR 1,000 for six days of work. People were generally satisfied with the wage level. Since, in practice, interviewees often worked for only two to three hours per day, the income of INR 1,000 *per week* compared favourably with income from the disability pension of INR 1,000 *per month*. The income earned under MGNREGA by one person in Andhra Pradesh is estimated to be roughly INR 4-5,000 per month. This

¹⁴³ FGD DPO Federation Members, Punnapakkam Village, Ellapuram Block, Tiruvallur District, Oct. 17. 2016.

¹⁴⁴ KII Tamil Nadu Association for the rights of all types of differently abled and caregivers, Chennai Oct. 22. 2016.

¹⁴⁵ FGD DPO Federation Executive Committee, Tiruvallur District, Oct. 18. 2016

represents roughly 50-80 per cent of the average consumption of a typical household, which is estimated to be around INR 6-8,000. In the rural area of Andhra Pradesh visited for this study, interviewees stated that agricultural labour would usually provide around INR 150 per day while income from salt pans would typically provide around INR 170-190. This is roughly the same as the lowest official minimum wage in Andhra Pradesh which was INR 169 at the time of research.¹⁴⁶

¹⁴⁶ Administrative data from the Ministry of Labour and Employment.

12 Impact of social protection schemes on persons with disabilities

While numerous studies have evaluated the general impact of India's social pensions and MGNREGA, there is limited evidence available about the impact specifically on persons with disabilities. Most studies examining the impact of social protection do not specifically consider persons with disabilities and studies focusing on persons with disabilities generally do not consider the impacts of social protection programmes. There are, however, a few studies available that provide some idea about the possible impact of India's social protection programmes on persons with disabilities.

12.1 Impact of disability benefits and the old age pension

Given that both transfer values and the level of coverage provided by social protection programmes are very low, they are unlikely to have much impact on general levels of poverty and inequality. This is the case for both the general population and for persons with disabilities.

Based on analysis of the IDHS-II data, the impact of the pensions on the poverty rate is very limited for both the general population and the population of persons with disabilities. This is largely a result of the limited coverage of the programmes. Overall, the disability pension reduced poverty among all households with a working age member with severe disabilities by just one per cent.¹⁴⁷

Owing to higher levels of coverage, the old age pension is estimated to have a larger impact on poverty, reducing the poverty rate among households with older people by around two per cent, which is still limited. However, it has a larger impact on poverty among households with persons with severe disabilities, reducing the poverty rate among these households by around five per cent on average.

Among recipient households, the impacts are far greater. For example, the national disability pension is estimated to reduce the poverty rate by 12 per cent among those households receiving it.¹⁴⁸

¹⁴⁷ The poverty lines vary by state and whether the household are in urban or rural areas. The lines are based on the Tendulkar poverty line and constructed by IHDS based on 2012 prices.

¹⁴⁸ The poverty lines considered are Tendulkar poverty lines in 2012 prices.

12.2 Impact of MGNREGA

MGNREGA provides a much larger income to a larger number of households across India and the general impact has been well documented.¹⁴⁹ Research conducted by the University of Sussex, carried out in the Tiruppur District of Tamil Nadu, found that MGNREGA in Tamil Nadu had particularly benefitted rural women and others who depend on low paid agricultural work.

According to the research findings, the benefits of MGNREGA included its local availability throughout the year, relatively “easy” work with fixed and regularly paid wages, equal pay for men and women and the opportunity to work free from caste-based relations of subordination and discrimination. The programme was found to produce transformative outcomes for the rural poor: It had a significant indirect effect on agricultural wages, creating a positive impact that reaches far beyond those it employs. It was also found to improve the bargaining power of agricultural workers, most of whom were women. However, the study also found that the programme had failed to lead to sustainable assets which were generally of poor quality and did not contribute to the development of the rural economy, something for which MGNREGA has often been criticised.¹⁵⁰

Two studies carried out by local NGOs have looked in particular at the impact of participation in MGNREGA on persons with disabilities: one study conducted by the Banyan in 2012 and another by Equals in 2017. In Tamil Nadu, the Banyan – an NGO working on mental health issues – was commissioned by the state government in 2012 to carry out a time and motion study to explore possibilities for the inclusion of people with mental illness and persons with disabilities in MGNREGA. After a month of trialling work for persons with disabilities, participants reported that they were happy about the work and that the manual labour made them more physically active. The wages helped the persons with disabilities who participated in the study feel more empowered and had enabled them to generate savings. Based on limited qualitative research over a short timeframe, the study showed a positive effect on the sense of self-worth of persons with disabilities. With regards to young people with mental disabilities especially, the opportunity to get out and participate in MGNREGA proved extremely beneficial. According to the researchers, parents of the young people with mental disabilities involved in the study often expressed amazement at the abilities of their children, which they only discovered through their participation in MGNREGA work.¹⁵¹

¹⁴⁹ See Ministry of Rural Development (2012). UNDP India (2015), Desai et al. (2015), Dutta et al. (2014).

¹⁵⁰ Carswell and De Neve (2014).

¹⁵¹ KII with the Banyan.

With support from the Tamil Nadu Ministry of Rural Development and Panchayat Raj, the Chennai-based NGO Equals Centre for Promotion of Social Justice carried out a large survey in 2017 covering 2,200 persons with disabilities working on MGNREGA. The study clearly demonstrated the importance of MGNREGA for persons with disabilities, with the majority of people surveyed indicating that they had not had any gainful employment prior to joining the programme. Roughly 96 per cent of those surveyed stated that working on MGNREGA was their primary occupation.¹⁵²

The survey showed almost no impact of the programme on housing, but about half of respondents said that their savings had increased after they started working on MGNREGA. Roughly one third of respondents reported that the quality of their food consumption had improved as a result of the programme.

Participation in the MGNREGA was also found to improve the community inclusion of participants. About 40 per cent said that their participation in the public *Gram Sabha* meetings had increased after they started working on MGNREGA, with even more people stating that they were more active in other community functions. This was also the perception of most of the Panchayat Officials interviewed for the study.

¹⁵² Equals (2017).

13 Linkages with other social services

The main linkage between the various social protection programmes and other services for persons with disabilities is the disability ID certificate, which provides access to both. From research conducted for this study, there does not seem to have been much effort to link beneficiaries of social protection programmes to other social services.

The only example the study encountered was a vocational skills training scheme in Andhra Pradesh linked to MGNREGA. Any individual who had completed 100 days of work was eligible to go on a short vocational skills training course under a scheme called the Livelihood Full Employment Program (LIFE). In Ongole in the Prakasam District of Andhra Pradesh, the training centre (which had been established with financial support from the private sector) offered courses such as mobile phone repair, food processing, tailoring and computer training. They also offered a short course on dairy and sheep farming at the Panchayat level. While persons with disabilities were eligible to attend these courses, no accommodation had been made to enable their participation at the time of research, and the participation rate of persons with disabilities is not known.¹⁵³ In Tamil Nadu, the survey by Equals (2017) found that 95 per cent of respondents said that they had not participated in any skills development training after working on MGNREGA.

¹⁵³ Key informant interview, head of LIFE training centre, Ongole, AP, 25th October 2016.

14 Conclusion

Overall, India performs poorly in terms of both social protection and its approach to disability issues. The national social protection system is unconsolidated and fragmented, with low transfer values and low rates of coverage.

Most persons with disabilities in India are still left without access to social protection. Nationally, the old age pension achieves higher coverage of persons with disabilities than the disability pension. Yet, coverage of the old age pension remains low; even among the 20 per cent poorest older persons with severe disabilities, 63 per cent are excluded from the old age pension.

While India has a strong civil society, with Disabled People's Organisations that have successfully lobbied for increases in the value of disability benefits, the awareness of disability issues among government officials and the capacity of states is generally low. Further, the disability assessment process is purely medical, inaccessible for many people and does not uphold the rights of persons with disabilities. There has been little debate about reforming it to be more in line with the CRPD.

However, there have been interesting developments with regard to the inclusion of persons with disabilities in MGNREGA. These developments had not been well documented at the time of research, but there are potentially important lessons to be learned for other countries and organisations implementing public works or cash-for-work programmes. The approach in most cash-for-work programmes has traditionally been to set aside money that is not tied to the fulfilment of work obligations for "labour constrained households", including households consisting of children, older people or persons with disabilities. While it is true that some people are not able to work, many persons with disabilities are fully capable of working and wish to access public works programmes to the same extent as people without disabilities. As MGNREGA is demand based, there is no specific amount of funds set aside for people who cannot work. Instead, after pressure by DPOs, the programme adopted guidelines in 2013 with detailed instructions for identifying tasks that are suitable for people with different types of disability.

One key area of contestation that remains is whether persons with disabilities should be encouraged to work in separate groups or be included in the main work site together with persons without disabilities. Most of the persons with disabilities interviewed for this study stated a clear preference for working in a group with other persons with disabilities. This is largely because there are a number of perceived advantages for people to work in a group. Work can be provided to the group closer to people's homes than the main work site, making accessibility easier for persons with disabilities. Further, interviewees also

expressed that there is more solidarity in the disability work groups, with physically stronger members making up for the work of those facing more challenges. On the contrary, in mainstream groups, there is a perception that persons without disabilities become frustrated with persons with disabilities, feeling that they are slowing the work of the group down. This risk is exacerbated by the fact that payments in most public work programmes are task based, rather than time based.

However, the principles of the CRPD clearly recommends that persons with disabilities should be included in the mainstream workplace. Grouping persons with disabilities into separate groups risks increasing discrimination and exclusion from the rest of society. It is important to note that the main reason that people feel that it is preferable to work separately is because of the stigma attached to disability and the fact that mainstream work sites are not accessible. The best option would be, therefore, to ensure that the main work sites are fully accessible for persons with disabilities who can then make their own decision about whether they stick to a disabled-only work team or if they join with others.

When the safety and appropriateness of the work is ensured, inclusion in employment can have many beneficial effects for persons with disabilities, in addition to the income earned. It can, for example, mean that people with cognitive disabilities are able to socialise with other people in a way that they would otherwise not be able to. Several studies have demonstrated the importance of inclusion and how participation in the MGNREGA has contributed to the empowerment of persons with disabilities. However, the inclusion of persons with disabilities remains uneven across different states of India and discrimination persists.

Another potential avenue for empowering persons with disabilities through employment in public works programmes that has yet to be explored is to expand the scope of these programmes from physical agricultural labour to the social sector. Several persons with disabilities in Tamil Nadu and Andhra Pradesh suggested during research for this study that it would be beneficial to recognise people working as personal assistants for persons with disabilities as a part of MGNREGA. This type of work would open up new avenues of participation for many persons with disabilities. Another possibility could be to allow caregivers to count their general care work as part of the programme, which could compensate for the lack of a carer's allowances.

It is also important to note the power inequity that exists in many communities between government officials and citizens living on low incomes. As persons with disabilities are more likely to be living on low-incomes and, in addition, are often subjected to discrimination and stigma, this power inequity is arguably greater for them. This means that grievance and complaints mechanisms are unlikely to be accessible in practice, even if they are physically accessible. Often, the formation of strong Disabled People's

Organisations can help make it possible for people to lodge complaints. As one person mentioned, it is “very difficult for people to convince officials on their own but, with the Federation [the local DPO Federation in the district], it can be done.” It is recommended that Governments or programmes provide funds for DPOs and other civil society organisations carrying out essential tasks such as raising public awareness of programmes and the facilitation of grievance redressal.

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Annex 1 List of interviews

Interview	Participants
Interview 1 – KII, District Collector's Office, Tiruvallur District, Tamil Nadu, Oct. 17 2016	Mr. Ramanathan, Assistant Project Officer for MGNREGA, District Collector's Office, Tiruvallur District, Tamil Nadu
Interview 2 – KII, District Differently Abled Welfare Office, Tiruvallur District, Tamil Nadu, Oct. 17 2016	District Differently Abled Welfare Officer
Interview 3 – FGD, Tiruvallur DPO Federation, Punnapakkam Village, Ellapuram Block, Tiruvallur District, Tamil Nadu, Oct. 17 2016	4 female members of Tiruvallur DPO Federation
Interview 4 – FGD, Tiruvallur DPO Federation Executive Committee, Tiruvallur District, Tamil Nadu, Oct. 18 2016	19 Members of the DPO Federation Executive Committee
Interview 5 – FGD, NREGA workers with disabilities, Rama Krishna Pet, Tiruvallur District, Tamil Nadu, Oct. 18 2016	6 NREGA workers with disabilities
Interview 6 – KII, husband of the Panchayat President, Amaranyakuppam Panchayat, Rama Krishna Pet Block, Tiruvallur District, Tamil Nadu, Oct. 18 2016	Husband of the Panchayat President (de facto Panchayat President)
Interview 7 – KII, Chief Ministers Office, Chennai, Tamil Nadu, Oct. 19 2016	Vijay Kumar, 3 rd Secretary to the Chief Minister of Tamil Nadu
Interview 8 – KII, The Banyan, Chennai, Tamil Nadu, Oct. 20 2016	2 female Programme Officers
Interview 9 – KII, Equals, Chennai, Tamil Nadu, Oct. 20 2016	2 female Programme Officers
Interview 10 – KII, Tamil Nadu State Department for the Welfare of the Differently Abled, Chennai, Tamil Nadu, Oct. 21 2016	Tamil Nadu State Secretary for the Welfare of the Differently Abled
Interview 11 – KII, Tamil Nadu State Federation of Associations of Differently Abled Persons, Chennai, Tamil Nadu, Oct. 22 2016	P. Simmachandran, President, Tamil Nadu State Federation of Associations of Differently Abled Persons
Interview 12 – KII, Tamil Nadu Association for the rights of all types of differently abled and caregivers, Chennai, Tamil Nadu, Oct. 22 2016	Programme Director
Interview 13 – KII, Society for the rights of all women with disabilities, Chennai, Tamil Nadu, Oct. 22 2016	Secretary and a volunteer
Interview 14 – FGD, Ektha – Organisation of people with mental disabilities, Chennai, Tamil Nadu, Oct. 22 2016	9 members
Interview 15 – KII, Jayakumar Vaishnavi, Chennai, Tamil Nadu, Oct. 22 2016	Jayakumar Vaishnavi, disability activist, founder of the Banyan
Interview 16 – KII, LCDDP, Ongole, Prakasam District, Andhra Pradesh, Oct. 24 2016	Raj Kumar, Coordinator, LCDDP Ongole
Interview 17 – FGD, Chimaganjam Village, Prakasam District, Andhra Pradesh, Oct. 24 2016	Persons with disabilities working on NREGA (4 women, 11 men)
Interview 18 – KII, Block/Mandal Development Office, Prakasam District, Andhra Pradesh, Oct. 24 2016	Sankar Rao, Super-intendant
Interview 19 – KII, District Disability Welfare Corporation, Ongole, Prakasam District, Andhra Pradesh, Oct. 25 2016	D. Srinivas, District Community Mobilisation Officer
Interview 20 – KII, District Rural Development Officer, Ongole, Prakasam District, Andhra Pradesh, Oct. 25 2016	District MGNREGA Project Director
Interview 21 – KII, Vocational Training Center, Ongole, Prakasam District, Andhra Pradesh, Oct. 25 2016	
Interview 22 – FGD, Persons with disabilities working on NREGA, Enikapadu Village, Prakasam District, Andhra Pradesh, Oct. 25 2016	22 NREGA workers with disabilities (10 men and 12 women)
Interview 23 – KII, Tamil Nadu State Disability Commissioner, Chennai, Tamil Nadu, Oct. 26 2016	Tamil Nadu State Disability Commissioner

Development Pathways is committed to bold and innovative thinking on social policy. Our aim is to provide creative, evidence-based and context-specific solutions to the social and economic challenges facing low- and middle-income countries.

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