

Bihar State Policy on Disability



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Bihar State Comprehensive Policy for Persons with Disabilities

1 Preamble

People with disabilities in Bihar, according to a Census 2001, are as many as 18,87,611 (this is the most conservative estimate and needs further study), live in circumstances of poverty, isolation and stigma. Their experiences have been exacerbated by the lack of services & facilities and vehement attitudinal barriers in all walks of their life. A very low percentage of PwDs in Bihar have been receiving marginal amount of services in a few urban centers through the efforts of Non-Governmental organizations (NGOs).

Guided by the significant changes in international thinking towards a human rights approach to disability, Nitish Kumar, the present Chief Minister of Bihar is determined to realize the protection of rights, full participation and equal opportunities of people with disabilities in the society. The process occurs within the context of the current developmental initiatives and establishment of strong institutions of local self-government through the 73rd & 74th constitutional amendments and concomitant policy development processes in Bihar.

The state Govt. of Bihar has sent its expression of interest to the Government of India specifying its intent to augment the status of PwDs through appropriate policy formulation, programming and adequate budgeting. Accordingly, on the request of the State Government, World Bank agreed to provide technical support in the endeavor of preparing the policy and related supportive activities.

The government appointed a task force on Disability in January 2008 with the primary task of developing a ***Comprehensive Disability Policy*** for Bihar, in line with Biwako Millennium Framework and UN Standard Rules on the Equalization of Opportunities for PwDs. The disability strategy will amplify the human rights approach to disability intended in the Constitutional Framework.

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

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2 State Profile

2.1 History

The history of the land mass currently known as Bihar is very ancient. In fact, it extends to the very dawn of human civilization. Earliest myths and legends of Hinduism the Sanatana (Eternal) Dharma - are associated with Bihar. Sita, the consort of Lord Rama, was a princess of Bihar. It was here that Prince Gautam attained enlightenment, became the Buddha- at the present Bodh Gaya- a town in central Bihar; and the great religion of Buddhism was born. It is here also that Lord Mahavira, the founder of another great religion, Jainism, was born and attained nirvana (death). The tenth and last Guru of the Sikhs, Guru Gobind Singh was born and attained the sainthood of Sikhism, that is became a Guru.

Bihar, the ancient land of Buddha, has witnessed golden period of Indian history. It is the same land where the seeds of the first republic were sown and which cultivated the first crop of democracy. Such fertile is the soil that has given birth to innumerable intellectuals, which spread the light of knowledge and wisdom not only in the country but also in the whole world. The state has its capital at Patna, which is situated on the bank of the holy river Ganga. The state as it is today has been shaped from its partition from the province of Bengal and most recently after the separation of the tribal southern region now called Jharkhand.

Bihar is located in the eastern part of the country (between 83°-30' to 88°-00' longitude). It is an entirely land-locked state, although the outlet to the sea through the port of Kolkata is not far away. Bihar lies mid-way between the humid West Bengal in the east and the sub humid Uttar Pradesh in the west which provides it with a transitional position in respect of climate, economy and culture. It is bounded by Nepal in the north and by Jharkhand in the south. The Bihar plain is divided into two unequal halves by the river Ganga that flows through the middle from west to east.

2.2 Demography

In the last decade (1991-2001), the growth of population in Bihar has increased roughly by 5 percentage points, being 28.43 percent as against 21.34 percent in

India. The state of Bihar now contains 8.07 percent of the country's population according to the provisional population results.



Indicators	Total	Rural
Population	82998509	74316709

There has been an increase of 14 points in the sex ratio of Bihar at 2001 Census (921) vis-à-vis 1991 Census (907). The sex ratio in Bihar since 1901 had always remained higher than that for the country as a whole till 1981 Census.

Sex Ratio	Total	Rural	Urban
Sex ratio	919	926	868
Sex ratio (0-6 years)	942	944	924
Sex ratio (7+ years)	914	921	857

Level of urbanization Urban	10.5
Number of households Total	13982590
Number of sub-districts Total	533
Number of towns Total	130

Number of villages Total	45098
Population density Total	881

Indicator	Total			Rural			Urban		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Child Population (5-14 yrs)	23868079	11192615	12675464	21542192	10099626	11442566	2325887	1092989	1232898
Population (0-6 yrs)	16806063	8153358	8652705	15398489	7477400	7921089	1407574	675958	731616

2.3 Health

The RCH II study done in between 2002-2004 suggests that neonatal death is 63.2 per thousand. Within that the early neonatal death is 43%.

Neonatal deaths	Total	Rural	Urban
Neonatal deaths as percentage of infant deaths	63.2	62.7	69.8
Early neonatal deaths as percentage of infant deaths	43	41.9	57.3
Neonatal mortality rate	39	39	37
Early neonatal mortality rate	27	26	30
Still birth rate	3	3	2

Both neonatal mortality as well as early neonatal mortality shows 39 and 27 respectively, which perhaps could be a resultant of poor availability of infrastructure.

PHC adequately equipped with	
Infrastructure	8.9
Staff	17.4
Supply	11.4
Equipments	6.2
Training	15.5

As against the country average of 31.8, Bihar has 8.9 with staff being only 17.4, supply as 11.4 and equipments as 6.2 with this grim picture it is inevitable that the

maternal and child health in the State is in jeopardy. However the present government is working very hard to change the situation by bringing in new and favorable health policies.

The other health indicators such as Complete Immunization coverage show only 24.4 though it is almost double the figure from 2002. However it is still very far from the national average of 47.6 with Tamil Nadu having 92.1

Immunization	2001	2002	2004
Complete immunization Total 12-23 months	10	12.8	24.4
Received ORS			14.2

Infant Mortality Rate	Total			Rural			Urban		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Infant mortality rate (2001)	62	68	57	63	69	57	52	56	49

The average infant mortality rate as per 2001 record shows as 62 with rural being 63 and urban as 52. The gender gap in IMR in rural is 12% as against 7% in the urban areas.

Mean age at marriage	Total			Rural			Urban		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Mean age at marriage		17.4	21.9		17.1	20.4		18.1	22.5
Girls marriage below 18 yrs	51.4								

Delivery at Government Institution	5.4
Delivery at Home	76.8
Delivery by Skilled Persons	29.5
Birth order 3+	54.4

The mean age at marriage of female show 17.4% with 51.4% of the girls getting married below 18yrs. The institutional delivery record show 5.4% only at government hospital with as high as 76.8% home delivery of which only 29.5% of the deliveries are by skilled persons according to the RCH II survey.

2.4 Education

Modern Bihar has a grossly inadequate educational infrastructure creating a huge mismatch between demand and supply. This problem is further compounded by increases in population. The craving for higher education among the general population of Bihar has led to a massive migration of the student community from the state. This has led to a "flooding" of students to seek educational opportunities in other states, such as New Delhi, Karnataka and Maharashtra even for graduation level college education.

In spite of the meager investment on education in Bihar, compared to other poorer Indian states, owing to class based reservation (of which Bihar's Pupils have been the main beneficiaries) the students have as a result done very well. Famed national institutes of learning such as IIT, IIM, NITs, AIIMS and JNU have always had a good representation from Bihar. There is also thought to be growing discontentment among students of other classes who claim however that pure merit has taken a back seat in the nation's education system as a result of giving reservation to people of backward classes. Other institutions of higher learning, and coveted positions in the government also show a greater share than the percentage of their population. A recent survey by Pratham rated the absorption of their teaching by the Bihar children better than those in other states.

Indicators	Total	Rural	Urban
Gender gap in literacy rate (Male-Female)	26.7	27.7	17.5
Indicators	Total	Female	Male
Dropout rate (Grade I-V)	61.6	63.1	60.7
Dropout rate (Grade I-VIII)	74.8	76.6	73.8
'Gross enrolment ratio (Grade I-V)	79.87	60.49	98.24
'Gross enrolment ratio (Grade I-VIII)	31.29	20.72	40.71

Literacy rate	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Literacy rate (age 7+)	47	59.7	33.1	43.9	57.1	29.6	71.9	79.9	62.6
Literacy rate		59.7	33.1						

2.5 Water Supply & Sanitation

Bihar is richly endowed with water resources, both the ground water resource and the surface water resource. Not only by rainfall but it has considerable water supply from the rivers, which flow within the territory of the State. Ganga is the main river, which is joined by tributaries with their sources in the Himalayas. Some of them are Saryu (Ghaghra), Gandak, Budhi Gandak, Bagmati, Kamla-Balan and Mahananda.

There are some other rivers that start from the plateau area and meet in Ganges or its associate rivers after flowing towards north. Some of them are Sone, Uttari Koyal, Punpun, Panchane and Karmnasha. However in spite of its best of water resources, there is a severe shortage of potable water with water borne diseases being rampant in the State. Poor environmental sanitation as well as open defecation continues to be major challenge as a public health issue.

Proportion of households by source of drinking water (Any other) Total	0.5
Proportion of households by type of toilet - No latrine Rural	86.1
Proportion of households by type of toilet - No latrine Total	80.8
Proportion of households by type of toilet - No latrine Urban	30.3
Proportion of households by type of toilet - Water closet Rural	4.2
Proportion of households by type of toilet - Water closet Total	7.9
Proportion of households by type of toilet - Water closet Urban	43.4
Proportion of location of drinking water source - within the premises Total	39.6

2.6 Economy

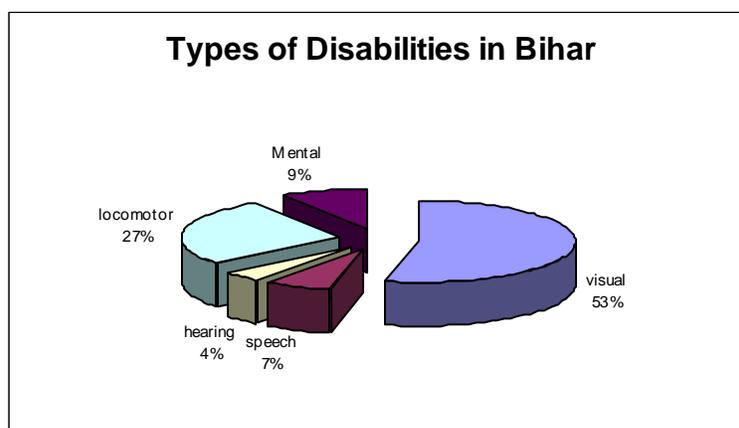
The State of Bihar is now part of the economically emerging states of the Hindi speaking northern India. Despite recent economic gains it still has a per capita income of \$148 a year against India's average of \$997 and 30.6% of the population live below the poverty line against India's average of 22.15%. The blame for this stems from many factors: the freight equalisation scheme, poor political vision, under-investments in the key sectors of agriculture, infrastructure and education.

Cultural and political factors have also been blamed for the economic decline in the

1980s and 1990's. Many observers believe that a lethal combination of poor governance, caste based politics, caste based society, and rampant corruption by politicians & bureaucrats (and also, an conducive atmosphere of social tolerance and acceptance for corruption) were the main causes for the lack of development. However, Saibal Gupta of Asian Development Research Institute, has also blamed the complete absence of a sub-national identity which allowed the Union Government to ignore the state's interests. This has changed since the attacks on Bihari migrant workers.

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3 Current Status of Disability



Disability	Total	Male	Female	Rural	Male	Female	Urban	Male	Female
Total	1887611	1131526	756085	1692454	1013699	678755	195157	117827	77330
Visual	1005605	556688	448917	903016	498654	404362	102589	58034	44555
Speech	130471	77193	53278	117605	69488	48117	12866	7705	5161
Hearing	73970	43441	30529	67619	39693	27926	6351	3748	2603
Locomotors	512246	346763	165483	459061	311536	147525	53185	35227	17958
Mental	165319	107441	57878	145153	94328	50825	20166	13113	7053

As per WHO estimate it is approximately 10% of the total population who suffer from some or other kind of disabilities. However as per the Census 2001 the total disabled population in the State of Bihar is 18,87,611, which ranks as the number one in the country and approximately 3.2% of the total population. Within this the rural total is 16,92,454, which is approximately 90% of the population. The total disabled male population is 11,31,526 as against the female population of 7,56,085. Category wise the percentage of visual handicapped is 53% followed by locomotors disability, which is 27%. The speech and hearing together accounts to 11% of the disabled population whereas the intellectual handicapped accounts to 9% of the population.

Literacy	Total	Male	Female
Total disabled population	37.3	46.2	23.9
Visual	36.4	46.1	24.4
Speech	24.9	30.9	16.3
Hearing	35.6	47.8	18.4
Locomotors	44.0	51.8	27.7
Mental (attending special schools)	32.3	38.9	20.1

The literacy rate shows average of 37.3%, which is 10.2% lower than the State average. The gender gap in disabled literacy is 23.7% as against the State gender gap being 26.6%. The literacy amongst locomotors disability shows the highest percentage of 44% followed by visual handicapped, which is 36%, the lowest being in the category of speech impairment. According to the CAG report on technical education the observation of the committee is as follow:

“In **Bihar**, to integrate PWD into the mainstream of technical and vocational education, 8814 PWD were identified within the geographical periphery of the polytechnics of the districts of Gopalganj, Patna and Saharsa. However, formal training courses were not started in any of these polytechnics as of March 2003 despite permission (December 2002) of the All India Council of Technical Education (AICTE). Besides, non-formal training was to be provided to 100 inmates during a year in each polytechnic. Against this, in Patna, Saharsa and Gopalganj polytechnics, only 107 out of 300 handicapped persons were imparted training during 2002-03. Eight residential schools for blind, deaf and dumb children in the State had a combined capacity of 376 inmates. The total number of disabled children as on date in the State was not available but according to the records of Bihar Education Project, the number of disabled children in the age group of six to fourteen years in 78 blocks of the State was 55368. Only a negligible number of disabled children resided in schools.”

The districts covered under the NPRPD programme are: Dharbbhanga, Samastipur, Gaya, Jehanabad, Muzaffarpur, Nawadah, Banka, Kishanganj, Muzaffarpur and Chapra. However the status of district in terms of implementation structure for the programme is hopelessly inadequate which was gathered from the visit to 7 districts as well as from the district level workshop where government officers from 20 districts were present. The inadequacy of the State in terms of human resource, facilities for

training and capacity building, service delivery structure coupled with attitudinal barrier and a caste ridden society calls for the special attention of the government towards this severely marginalized and excluded group.

A study conducted by NCPEDP under the PACS programme regarding employment of PwDs in Bihar suggests that 56% of the respondents were unemployed and only 14% had some kind of employment. The remaining was in the category of students and housewives. It also recorded 3% of the respondents who were beggars.

As far as the compliance towards poverty alleviation programme is concerned, the official figure from Ministry of Rural Development GoB, show only 0.85 % of PwDs have benefited from the SGSY programme as against 3% available reservation. The benefit from Indira Awas Yojana (IAY) has gone to only 0.44 % of PwDs from its 3% available quota. District wise the best performing district in SGSY program is Samastipur with 347 members followed by Saharsa with 77 and Rohtas with 70 swarojgaries. The best performing district in IAY is Purnea with 448, Samastipur with 308 and Saharsa with 296 beneficiaries.

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

4 Policy Statements

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

concept of the evolving capacities of the PwDs will be the central theme. The policy document carries three key implications:

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

4.2 Objectives

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

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

4.3 Guiding Principles

Principles upon which the Strategy is based include:

a) Self-Representation

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

b) Inclusion

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

affected disabled people, will be eradicated in a sustainable process of reconstruction.

c) Sustainability

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

4.4 Policy Purpose

1. The purpose of the *State Comprehensive Disability Policy* should be to effectively ensure to persons with disabilities in Bihar the equal opportunity to fully and meaningfully participate in all aspects of life in Bihar based on their individual merit, by removing existing barriers confronting them and by preventing the creation of new barriers. It should seek to achieve a barrier-free Bihar for persons with disabilities within as short a time as is reasonably possible, with implementation to begin immediately upon proclamation.
2. The *State Comprehensive Disability Policy's* requirements supersedes all other provisions, regulations or policies which either conflict with it, or which provide lesser protections and entitlements to persons with disabilities.
3. The *State Comprehensive Disability Policy* should require government entities, public premises, companies and organizations to be made fully accessible to all persons with disabilities through the removal of existing barriers and the prevention of the creation of new barriers, within strict time frames to be prescribed in the legislation or regulations.
4. The *State Comprehensive Disability Policy* should require the providers of goods, services and facilities to the public to ensure that their goods, services and facilities are fully usable by persons with disabilities, and that they are designed to reasonably accommodate the needs of persons with disabilities. Included among services, goods and facilities, among other things, are all aspects of education including primary, secondary and post-secondary education, as well as providers of transportation and communication facilities (to the extent that it can regulated) and public sector providers of information to the public e.g. governments. Providers of these goods, services and facilities should be required to devise and implement detailed plans to remove existing barriers within legislated timetables.

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

4.5 POLICY GUIDELINES – THE WAY FORWARD

4.5.1 **Public Education and Awareness Raising**

One of the greatest hurdles disabled people face when trying to access mainstream programs and create new approaches are uninformed experience and negative attitudes. It is these “fears, myths and stereotypes” that lead to the social exclusion and marginalisation of people with disabilities. The changing of attitudes is not something that happens automatically or spontaneously, rather it is a complex process.

4.5.1.1 Policy Statement for Public Awareness:

The Government will implement public awareness programmes that create a positive and accommodating environment for PwDs in which diversity is respected and valued.

Strategies for public education and awareness rising include:

- The development of a multi-sectoral integrated disability awareness strategy, which would send this message to the different communities through a variety of media.
- Inclusion of appropriate curriculum on disability in primary & secondary school syllabus
- Implementation of disability awareness projects for journalists and the public broadcaster including the disability rights message as opposed to the “pity” and “heroic” images and the positive use of role models from all groups;
- Disability awareness programs within every line function in government;
- Increased visibility of people with disabilities in the media and in society.

5 Sector wise Policy

5.1 Prevention

One of the cornerstones of disability policy is prevention which integrates a human rights approach that all life has value, that all people have choices with regard to reproductive rights, and that many impairments can be prevented or mitigated with appropriate detection and planning.

5.1.1 Policy Statement for Prevention

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

Strategies for prevention include:

- Healthy lifestyle promotion in the home, at school, in the workplace and on the sports field
- Protective measures such as immunization, protection against accidents, and protection against occupational hazards.
- Avoidance of conflict, war and violence
- Decrease in poverty through targeted intervention in the educational, social and economic status through various national & state poverty alleviation programs.
- Improved health services including early identification and interventions, genetic counseling informed by international human rights norms and best practices, and effective emergency medical intervention.
- A reduction in occupational and environmental hazards through the adaptation of the environment.

5.2 Health Care

Appropriate, accessible and affordable health services at primary, secondary and tertiary level are essential to the equalization of opportunities for people with disabilities. Such services should include family medicine and community home care, in-patient, physical and rehabilitation services and should be offered in co-operation

with NGOs and DPOs. Special forms of assistance, offered on an outpatient basis or at home, are preferred to hospital care. It is believed that such an approach will increase access to comprehensive, extensive medical and mental health services.

Services developed need to be consistent with other documents/policies such as the Health Policy for Bihar, the Mental Health Policy for Bihar and the Proposal for Physical Medicine and Rehabilitative Policy and Strategy in Bihar.

5.2.1 Policy Statement for Health

The Government will develop a comprehensive and universal health care system, at all levels of care, that is sensitive to the general and specific health care needs of people with disabilities and aligned with the existing National Health policies in state specific policy of Bihar.

Strategies include:

- Measures to identify and reduce discrimination on the basis of disability in the health sector.
- Comprehensive free health care for all economically weak people with disabilities, including free access to assistive devices and rehabilitation services.
- Initiating and formulation of special package for disabled people living in tribal belt.
- To develop norms and minimum standards for the building of health facilities and rehabilitation centers to ensure barrier-free access.
- Appropriate communication strategies at service-delivery points must ensure equal access for people with communication, visual or hearing and multiple disabilities.
- Training programs for medical and allied health personnel must be developed to facilitate an understanding of the implications of the delivery of health services within the Social and Human Rights Model.
- Collaboration with the education sector in provision of assistive devices and services for inclusive education

5.3 Community Based Rehabilitation

The Social and Human Rights Model of Disability proposes a more central role for

disabled people in the planning, development, implementation and monitoring of rehabilitation services. There will, in other words, be a shift in power away from professionals towards people with disabilities. This implies service delivery that meets the expressed needs of people with disabilities in a holistic manner. Community-based rehabilitation (CBR) should, therefore, form the basis of the rehabilitation strategy.

5.3.1 Policy Statement for Community Based Rehabilitation

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

Strategies for rehabilitation include:

- The appropriate training of people (including physiotherapy, occupational therapy and medical technicians) involved in rehabilitation services. Further the provision of services through Auxiliary Nurse & Midwife (ANMs), Anganwadi workers (AWW) and community workers (ASHA workers).
- Development of a decentralized service delivery system through support of the Gram Panchayat and Gram Sabha, Community Centre and Community Based Active Group's service system.
- Inter-sectoral collaboration in developing services at district and block level.
- Provision of appropriate and affordable assistive devices.
- Partnerships between people with disabilities and professionals that address the real needs of people with disabilities.

5.4 Barrier Free Access

The way in which the environment is developed and organized contributes to a large extent, to the level of independence and equality that people with disability can enjoy.

In society there are a number of barriers, which prevent disabled people from enjoying equal opportunities with non-disabled people. For example: structural

barriers in the built environment; inaccessible service points; inaccessible entrances; poor town planning; and poor interior design etc.

It must be emphasized that barriers also include communication barriers i.e. oral language is a barrier for sign & touch tell language users.

Key access concerns in Bihar are:

- Most public as well as private buildings are inaccessible for PwDs (people with disabilities)
- Planning professionals need to recognize and act upon the specific details, which are needed in providing a barrier free environment.
- Building and accessibility Standards are required
- Lack of specialists/expertise in the field of barrier free access.

Costs are often cited as the reason for the failure to provide a barrier free environment. However, when accessibility is incorporated in the original design, the additional cost does not generally exceed 0.2% of the overall cost of development.

5.4.1 Policy Statement for Barrier free Access

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

Strategies include:

- Intersectoral collaboration to ensure that accessibility cuts across departments and pillars.
- Appropriate Human Resource training
All relevant staff in the central departments and in the local government should attend and complete a course on barrier free access to provide the exposure towards the needs of PwDs. Professionals involved in the construction industry should complete the course as well.
- Intersectional collaboration for the development of communication systems

accessible to people with visual, hearing and communication disabilities

- Self Representation

To plan an accessible environment it is essential to be aware of the different types of disabilities. It is therefore, important to involve PwDs and their representatives in the planning process as early as possible. PwDs know best what problems are arising from the lack of a barrier free access.

In order to achieve the policy objective, the following is recommended:

- Barrier free access design of all buildings leased by all departments, including the development of a barrier-free clause for all lease agreements
- Development of a wide spectrum of barrier-free design expertise at central, regional and local level
- To develop an appropriate and effective implementing, administrative and monitoring mechanism, of the set standard especially at municipality block and Panchayat level
- Appropriate curriculum and handbooks which focus on norms and standards for accessibility as a part of the professional training of architects, engineers and town planners
- Training for professionals and non-professionals working in all walks of life.
- To develop norms and standards as well as monitoring mechanisms to ensure accessibility in the tourism industry.

5.5 **Transport**

There is a need for rapid progress in developing a public transport system that is flexible and accessible for all people of Bihar and, as this is done, access for PwDs needs to be systematically and creatively implemented. Without this, PwDs will continue to remain largely 'invisible' and unable to contribute to, or benefit from, the services and commercial activities available to most of their fellow citizens.

5.5.1 **Policy Statement for Transport:**

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

Strategies include:

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

5.6 Education

A human rights and development approach to disability has significant implications for the way in which education is provided. Educators tend to classify people with disabilities according to disability. Disabled learners are then either placed in special schools or classes, or totally excluded from any educational opportunity on the grounds that they are "too severely disabled". This naturally results in illiteracy and low skills especially amongst adults with disabilities, contributing significantly to high levels of unemployment and poverty.

The international movement for "*inclusive education*" draws on The Salamanca Statement and Framework for Action adopted at the World Conference on Special Needs Education 1994, which states that:

“Those with special educational needs must have access to regular schools which should accommodate them within a child-centered pedagogy capable of meeting their needs.

Regular schools within this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system”

It is within this inclusive orientation that provision of education to children with disabilities should take place in Bihar. However, inclusive education is not only about provision for education for children with disabilities but rather about a fundamental change in the way we view diversity in the classroom and in the broader society. Inclusive education focuses on identifying and removing barriers to learning and participation. Instead of trying to make the individual more "normal", there is an emphasis on making the environment more "normal" for the individual. Barriers for learners with disabilities could include inaccessible buildings. However, barriers go further than this to extend to an inaccessible curriculum, language barriers, low expectations, negative attitudes and stereotypes around disability and other forms of differences. Barriers to learning can also arise from socio-economic factors such as poverty or caste. An inclusive education system should focus on moving or removing these barriers in an ongoing attempt to establish education for all.

The term special need in education is also one, which is broader than relating just to disability. It describes any educational provision that needs to be made in addition to the normal provision in order to meet specific individual or "special needs". Thus, in some cases, it is possible that a child with a disability may not require special provision at all (for example, a child who has a mild physical disability). A child with no disability might, however, require special provision (for example, children who have been psychologically traumatized by an unpleasant event).

It is also important to distinguish between mainstreaming and inclusive education. Mainstreaming occurs when a child with a disability is placed in a mainstream classroom with little or no change to the classroom or the curriculum. The child will only be able to cope up in this environment, if he or she has achieved a high enough level despite his or her disability. The child must fit the system. Inclusion of children with disabilities or special needs is mostly concerned with the basic human right of the child to be educated amongst his or her peers. In order to achieve this right for all children, schools and the education system must change to be more accommodating. The system must fit the child. For example, it would be very difficult to mainstream a child with a severe mental disability because he/she would not be able to function at the same level as the rest of the class and would not cope with the regular curriculum. But it would be possible to include this child where learning outcomes are fitted to the child's needs. This would require a flexible curriculum and individualized goals. We would need to change our expectations

from making the child more normal to ensuring their maximum participation throughout life.

Disabled children and their parents have very little or no choice in accessing quality education. Experience internationally has shown that the barriers for children with disabilities accessing education in the regular education system can only be addressed through specific policy measures and active lobbying.

Education has traditionally concentrated on years spent at school and, to a lesser degree, on tertiary education. Links with the world of work and training have been weak. Changes in educational policy are of particular importance to the future economic empowerment of PwDs.

Early childhood development and learning provides children with disabilities with access to early intervention and socialization opportunities from an early age.

5.6.1 Policy Statement for Education

While the emphasis will be to facilitate equal access to education and the development of a single education system that will cater for the needs of all learners (disabled and/or disabled) within an inclusive environment, the state shall meet all the requirements of educational needs of all categories of PwDs in a targeted timeframe by method of inclusion and or through special schools.

Strategies include:

- The development of a clear inclusive policy that includes all stakeholders and which is understood and accepted at school as well as other levels and by the wider community.
- Curriculum development in regular schools to ensure flexibility, addition and adaptation according to the needs of individual learners, regardless of the category to which they seem to belong.
- Home based education for severely disabled persons.
- Training for on-going pre-service and in-service teachers and other school staff.
- Standardization of salaries of all special educators with the mainstream school teachers in accordance with central Govt. scale and pattern of TGT

and PGT.

- Parent empowerment programs to encourage parent involvement in assessment and decision-making concerning their children. These programs need to occur in conjunction with the sensitization of professionals to this need.
- Appropriate technology development in education and training.
- Adequate and appropriate education support services to all learners.
- Earlier access to education for all learners, but in particular for learners with special education needs.
- Links between education and the world of work need to be strengthened
- Effective and relevant research.
- Measures towards 100% enrolment of all children with disabilities in inclusive/special schools in a time bound manner. This will require opening of more special schools to accommodate the backlog.
- Appropriate methods to assess and identify children with disabilities.
- Transport systems to ensure that children with disabilities reach educational institutions.
- All the existing regular schools should be suitably adapted for inclusive education.

5.7 **Employment and Economic Empowerment**

Unemployment and the lack of economic activities are fundamental problems affecting the majority of PwDs and their families. At the same time, unemployment at levels, which have been as high as 53.5%¹ is affecting the entire Bihar society at this time during its rejuvenated development efforts. PwDs as always experience higher levels of unemployment. The overall thrust of this section is to ensure integration of disabled people into the economic development of Bihar and not to create a separate or segregated approach.

First of all, disabled people need to be visibly participating in what employment and enterprises are developing (both rural and urban) – just as the same way government currently seeks to secure the greater participation of the underprivileged section - to convey the image and experience that it is possible for disabled people to be

¹ As per Shishu info, GOI-UNICEF, 2002

economically productive. Experiences in India as well as other countries have shown that it is necessary to enact legislation exclusively designed to remove barriers, which lead to discrimination against disabled people in the workplace and in economic development. These include for example, affirmative action programs and processes to support diversity in employment and procurement.

The skills and organizational capabilities to create effective placement, enterprise development, and income/wealth creation structures, require economic development skills among government, NGOs and private sector partners.

5.7.1 Policy Statement for Employment and Economic Rehabilitation:

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

Strategies include:

- Providing PwDs with a range of employment, income generation and economic empowerment opportunities aimed at meeting differing needs and offering real possibilities for economic choices.
- Raising awareness amongst PwDs of their potential and their opportunities
- Inter-sectoral collaboration between Government Departments, DPOs/NGOs and the private sector focusing on disability employment and entrepreneurship.
- Specific programs for personnel working in placement/personnel/recruitment and all employers to ensure that they understand the options available in the placement and promotion of disabled job seekers and workers.
- The establishment of support programs for disabled entrepreneurs through developing specialized personnel within the mainstream support services, which understand and are sensitive to the needs of disabled entrepreneurs.
- Representation of PwDs on the employment related state government bodies and councils
- Appropriate reservation for PwDs in all categories of state Government jobs.

- Assuring that the existing vocational education initiatives in Bihar are accessible to people with disabilities, again through assuring minimum levels of participation by disabled students, such as 10%.
- Given the primary role of agricultural development, exploration of how agricultural Work including processing, watershed management and watershed plus can accommodate PwDs, should be included in the overall agricultural development support in Bihar.
- Development of a database capturing the work and skill status of people with disabilities and creation of a skill inventory as a central register with the labour & employment ministry.

5.8 Access to Goods, Facilities and Services

There are substantial inequities in the levels of access to goods, facilities and services offered to PwDs in comparison to those offered to persons without disabilities. The majority of PwDs experience discrimination when they attempt to access goods, facilities and services. Service providers may simply refuse to provide a service, may offer a lower standard of service or a less favourable service to PwDs. The foregoing is forms of discrimination and excludes PwDs from participating fully in the economy and market as a whole and also benefiting from such goods, services and facilities.

5.8.1 Policy Statement for Access to Services

The Govt. shall ensure that the PwDs have equitable access to goods, services and facilities and to place the onus on service providers to ensure that all reasonable steps are taken to ensure PwDs can access the required goods, services and facilities.

Strategies include: -

- The adoption and implementation of legislation and regulations to enshrine the principle that it is unlawful for people who provide goods, facilities or services to the public to discriminate against PwDs and to provide a legal framework to ensure that service providers treat people with disabilities the same way they treat other people, when offering or providing a service or facility.

- The publication of a Code of Practice containing practical advice for service providers to enable them to provide acceptable access and services to disabled people.
- Ensuring that PwDs have recourse to the law when they have complaints about such discrimination by providing required information via all available means, including community based contacts and organizations.
- All personnel within the Public Sector, who are engaged in any form of service delivery, provision of facilities or goods to the public, to undertake appropriate training to ensure equitable access for PwDs.
- All service providers within the Private Sector to undertake compulsory certification training to facilitate equitable access to such goods, facilities and services to PwDs.”

5.9 Participation in Public Life

It is the fundamental human right of all persons to participate in public life. This right is enshrined in terms of Article 25 of the International Covenant on Civil and Political Rights of 1994. However, in practice, PwDs often experience barriers in exercising their rights to participate in the election process or otherwise have a voice in the political realm.

At the most basic level, voter registration sites and polling centers can be inaccessible to PwDs. At another level, society may consider that the vote of a person with disabilities is not of a particular importance or that their participation as an election candidate is not valid. This is a matter of removing not only the physical barriers but also negative perceptions.

5.9.1 Policy Statement for Participation in Public Life:

The Government shall ensure that the PwDs have equitable access and opportunity to full participation in political life at all levels (National, State, Municipal, Zillah Panchayat and Panchayat) in the electoral process of the nation.

Strategies include: -

- The adoption and strict implementation of PwDs act 1995 and regulations to

enshrine the principle that PwDs have equitable access and opportunity to play a full part in the electoral process and political life.

- The adoption and implementation of mandatory national standards regulating and ensuring equitable access to electoral services be that within existing Voter Registration Sites and Polling Stations or by virtue of offering other election services at home or a different suitable venue.
- The issuance of guidelines to electoral administrators on all aspects of access to electoral services to support the mandatory national standards.
- Provision of posters and equipment in voter registration sites and polling stations to allow large print posters of the ballot paper to be displayed and for simple ballot paper or polling aids to be provided in polling stations, thereby benefiting persons with partial sight and voters with multiple disabilities.
- Arrangement for voting through Brail medium.

5.10 Human Resource and Skills Development

A basic prerequisite for development is the capacity of society to use its own resources to sustain itself. Yet the majority of PwDs find themselves in a state of underdevelopment due to past and present discrimination in accessing opportunities. Human resource development (HRD) is one of the key elements that can be used to break the cycle of poverty and underdevelopment.

5.10.1 Policy Statement for HRD

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

Strategies include:

- The transformation of mainstream vocational training services to provide more accessible and inclusive training for people with disabilities.
- Skills development of people with disabilities by deepening their specialized capabilities so that they are able to access incomes through formal sector

jobs, through small businesses or community projects.

- Provision of Adult Basic Education program so that the current adult education program includes PwDs with appropriate curriculum, access & other facilities.
- Providing people with disabilities with 'apprenticeships' (opportunities to gain employment experience in actual work situations). This may require adjustments to the built environment and the acquisition of specialized equipments and technology for training and assessment.
- Development of appropriate training standards in line with the market requirement by ensuring the accommodation of the specific training needs of disabled trainees
- Through positive action, disabled employees should be given the right to take part in upgrading courses, training programs on new technologies, and training on paid educational leave on an equitable basis.
- Pre- and in-service programs need to be developed for the orientation and training of vocational instructors in disability-related matters.

5.11 Social Security

The structure of and the existing social security schemes and systems needs to be analyzed with regard to how not to create unnecessary dependence and how to promote social integration and economic independence for the PwDs.

5.11.1 Policy Statement for Social Security:

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

Strategies include:

- Analysis of the existing system and if required evolving of a social welfare and pension system by the Department of Panchayat & Social Welfare, with particular attention to its incentives/disincentives for empowerment, integration and employment.
- Development of pilot projects that demonstrate alternative approaches to

social security, for example, promoting access to small business opportunities, which balance the safety net requirements with incentives for economic initiative.

- System wide implementation of an alternative social security system that has a purpose and dignity whereby an individual live with respect and feel wanted by the society.

5.12 Housing

The majority of PwDs have very little hope of accessing independent housing. Existing dwellings/housing and environments are often inaccessible as the design, infrastructure is not disabled friendly. Overcrowding and living in the conditions of poverty adds further to problems of PwDs.

None of the housing schemes (Including Indira Awas Yojna) make any provisions for barrier-free design, thereby excluding people with disabilities from obtaining housing or visiting relatives and friends.

As de-institutionalization is in the process and CBR is being promoted (step in the right direction) there will be specific requirements of PwDs who are severely disabled, in terms of the designing of the accommodation.

5.12.1 Policy Statement for Housing

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

Strategies include:

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

5.13 Cultural and Creative Activities, Sport and Youth

PwDs have the same need for cultural and creative activities, sport, and recreation as their non-disabled peers and right to the same by PwDs act, 1995. Sport and creative activities are generally regarded as vital components in the integration of PwDs into society. Sport is often a crucial component in the successful rehabilitation and inclusion of PwDs. Cultural and creative activities provide an opportunity for self-expression as well as provide normalizing and stabilizing experiences, offering entertainment and stimulation, alleviating monotony in life and in many cases providing support to cope with trauma.

Sports and cultural activities at school level are critical for the development of physical qualities, as well as for the development of self-esteem, self-expression, courage and endurance. It is therefore vital that sport at school as well as other levels receives urgent attention so as to offer the opportunity for participation for children with disabilities.

5.13.1 Policy Statement for Sports & Culture

The Government will develop and extend sporting and cultural activities for people with disabilities so that they can participate in sport for recreational, competitive and therapeutic purposes.

Strategies include:

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

5.14 Statistics

It is important that all data gathering, research and information dissemination reflects the fact that disability - its classification, definition and measurement - necessarily encompasses biomedical aspects as well as social, economic and political ones. For this reason, the PwDs should form an integral part of the research and data gathering process.

Government, NGOs/DPOs and the private sector need different types of information on disability to enable them to plan and target their resources where they are most needed.

PwDs should have access to full information on personal health, education, socio-political and economic aspects affecting their lives. All strategies and mechanisms developed to make information accessible to citizens should be available in a format, which is accessible and flexible – be it an agency for PwDs and /or PwDs themselves.

5.14.1 Policy Statement for maintenance of PwD Database

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

Strategies include:

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

6 Special Focus

In addition to the above that cut across all disabilities, the state shall ensure that special attention is given to the following categories that are subjected to added vulnerability due to extreme neglect.

6.1 Mental Illness

Mental illness, as per the World Health Report, 2001 (WHO, Geneva) accounts for 12.3% of the global burden of disease. 450 million people suffer from mental & behavioral disorders, which are among the leading causes of ill health and disability worldwide. Mental illness is common to all countries and cause immense suffering. People with these disorders are often subjected to social isolation, stigma, poor quality of life and increased mortality. These disorders are the cause of staggering economic and social costs.

Despite the enormous impact on individual and social life, the response to the problem is woefully inadequate. There is a lack of trained personnel, easy access to treatment facilities, affordability and availability of required drugs, awareness and education regarding the causation, treatment and recovery of the diseases so on and so forth.

In developing countries like India, the problems are even greater. The proportion of health budget to GDP is 5.2%(WHO, 2000) and out of that, 0.83% is allocated for mental health. There are only about 3500 psychiatrists for one billion Indian populations. The total psychiatric beds per 10,000 populations are minimal 0.25. There is a National Therapeutic Drug Policy present, however, hardly any essential drugs are available at PHC level except some designated districts where mental health programs are operational. There is a Mental Health Policy (1982) and Mental Health Program (1987) in place but the implementation is negligible. Though, the legislations offer disability benefits, they are in a limited way. Very few NGOs are involved in advocacy, treatment and rehabilitation of people with mental illness and they too are in initial stages. In addition to all these problems, there is a debate as to whether the care of mentally ill belongs to Health Ministry or to the Ministry of Social Justice and Empowerment.

A report prepared for the National Human Rights Commission (NHRC,1999), after an empirical study of mental health hospitals in the country, made a damning indictment of the state of mental health institutions. The findings reveal that there are predominantly two types of hospitals," the report said. "The first type does not deserve to be called 'hospitals' or mental health centers. They are '*dumping grounds*' for families to abandon their mentally ill member, for their economic reasons or lack of understanding and awareness of mental illness. The living conditions in many of these settings are deplorable and *violate an individual's right to be treated humanely and live a life of dignity*. Despite all advances in treatment, the mentally ill people in these hospitals are forced to live a life of incarceration". "The second type of 'hospitals', the NHRC report continues, are those that provide basic living amenities. Their role is predominantly custodial and they provide adequate food and to keep patients manageable and very little effort is made to preserve or enhance shelter." (NHRC (India) Report, 1999)"⁴. On the contrary, the families hesitate to take their kin back because, "according to the Dr. C. Ramasubramanian, a psychiatrist and member of the District Mental Home Regulatory Committee, many of them consider the homes a convenient place to abandon their mentally ill wards in order to escape the stigma attached to mental illness. As a result, such institutions have proliferated."⁵ The conditions of persons with mental illness in institutions have been cause for human right concern.

The picture in Bihar, on the above backdrop, is even grimmer. The recent survey of Persons with Disabilities being carried out by the Bihar govt's Social Welfare department, does not even have any column on mental illness hence ascertaining the total number of mentally ill people was not possible. However extrapolating with WHO estimate it is approximately 93,335, which is 5% of the disabled population. The figure needs to be further ascertained with proper study.

However, as per the govt. document of Health and Family Welfare Ministry, there is no mention of any psychiatric services available in the state of Bihar, nor is any information available on trained manpower or training centers. The number of NGOs in the field of mental health is also not available.

It becomes pertinent therefore, that the disability policy focuses special attention on this otherwise neglected field where needs are enormous and facilities are negligible.

6.1.1 Policy Statement for Mental Health

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

The strategies include:

- Proper budget allocation for mental health services
- Initiating implementation of District Mental Health Programs & national Mental Health policy in the state.
- Certification of mentally ill with IDEAS scale & ensuring appropriate benefits under PwD act for them
- Encouraging community based programs for mentally ill or inclusion of mentally ill in other community based programs
- Ensuring quality rehabilitative services in already existing mental health institutions in the state.
- Strengthening of psychiatry departments in medical colleges & teaching hospitals
- Encouraging manpower development in the field of mental health at all levels
- (Psychiatrists, psychologists, social workers, nurses, neuro surgeons etc.)
- Orientation and training of existing PHC / appropriate govt. staff in mental health
- Establishment and proper running of appropriate Mental Health Services through PHCs/ District hospitals and such other existing govt. infrastructures.
- Encouraging formulation of NGOs working in the field of Mental Health
- Encouraging private sector partnership for development of mental health services.
- Ensuring funding for research in the field of mental health.
- Proper linkage and collaboration between the two departments – Health

and Family Welfare and Dept. of Social Welfare and Panchayati Raj in connection with the services for mentally ill.

6.2 Prevention and Early Detection of Sensory & Multiple Disabilities

No specific data on multiple disabilities was available but an estimate suggests that multiple disabilities consist of 10% of the disabled population. Individuals with multiple disabilities include persons who have more than one disability. The combinations of disabilities are usually too complex to be managed by Institutes of single disabilities. For instance children with deaf-blindness need intervention to which is totally different from those provided for deaf alone or blind alone, as these persons have both the 'far senses' affected. Similarly management of mental retardation with sensory or motor disability requires specific methods, which are not adequately being provided to them.

Combination of the various disabilities in each affected persons makes the problem more complex requiring varied professional involvement. Among persons with disabilities, those with combination of disabilities are small in number and each one's problem differs from that of the other demanding specific attention. An Institute/Agency working for single disability cannot address these problems.

It is acknowledged that there is serious lack of trained professional who can work with this target group or get involved in research and development. There is no infrastructure or equipment available, which enables one to access, needs based education and there is complete lack of awareness as far as multiple disabilities are concern.

Since prevention & early detection go a long way in controlling the occurrence and elimination of disabilities, it should be the primary function of the appropriate Government Departments to co-ordinate and make concerted efforts to survey, investigate and research the causes of disability. The Health Department shall monitor corrective surgeries and encourage orthopedic surgeons to undertake the same at the District hospitals.

6.2.1 Policy Statement for PwDs with Multiple disability

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

The strategies include:

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

6.3 Women & Girls with Disabilities

Being a woman in a male-dominated society is a challenge. Being a woman with a disability can be double challenge. World Program of Action concerning Disabled Persons paragraph 45 mentions

"The consequences of deficiencies and disablement are particularly serious for

women. There are a great many countries where women are subjected to social, cultural and economic disadvantages, which impede their access to, for example, health care, education, vocational training and employment. If, in addition, they are physically or mentally disabled, their chances of overcoming them are diminished, which makes it all the more difficult for them to take part in community life. In families, the responsibility for caring for a disabled parent often lies with women, which considerably limits their freedom and their possibilities of taking part in other activities".

The World Program of Action concerning Disabled Persons seeks to achieve equality for all disabled persons including equal opportunity and full integration of disabled women. While the United Nations and other international, regional and national governmental and non-governmental bodies have adopted policies and legislation to ensure the civil and human rights of disabled persons, they have failed in practice to ensure effectively that those rights are granted to disabled girls and women.

Disabled girls and women can make important contributions to the world's societies and economies. However, the extreme subordination and discrimination suffered by them throughout the world is intolerable. Hence it is of vital importance that women & girls with disabilities are given special focus in the disability policy.

It is important even statistically. As per the recent census figures, there are 93,01,134 females with disabilities out of the total 2,19,06,769 persons with disabilities in India. That is about 42% of the disabled population, which is the most marginalized of the marginalized lot. In the state of Bihar the total number of women with disabilities is 7,56,085 out of the total 18,87,611 persons with disabilities counting about 40%, which is nearing about half of the population. Bihar, being a predominantly caste ridden society, the status of women is much lower as compared to their male counterpart.

6.3.1 Policy Statement for Women with Disabilities

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

The strategies include

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

The rights movement of disabled women will require a lot of nurturing, support, positive discrimination, equal opportunities and then empowerment and leadership! It is a long way ahead. This policy may pave way for achieving that!

7 IMPLEMENTATION

In regards to the coordination and implementation of the Comprehensive Disability Policy Framework, it is recommended that the State Commissioner for Disability should have the prime responsibility of ensuring the compliance of various sections and spirit of the policy. The State Disability Commissioner should preferably be of the rank of **Secretary to the Government**. There is currently no specific structure in the state to carry forward the policy and further the programme. There is a serious and urgent requirement to enhance adequate human resources at district level. Every district need to be equipped with senior level officer to provide leadership who also should have adequate support staff. The staff should be adequately trained in Rehabilitation Management from competent organization.

Furthermore, it is proposed that a separate structure viz, *State Integrated Disability & Rehabilitation Program* be established as a registered society that should function as a permanent implementation as well as consultative structure to the government, supported by, and working closely with the State Disability Commissioner. The existing State Resource Center should be amalgamated as part of the *State Integrated Disability & Rehabilitation Program*. While a basic idea is being given below, a separate participatory exercise on conceptualizing, formulation and planning should be done once the State Policy is approved.

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

1. To facilitate, co-ordinate and monitor the implementation of the Comprehensive Disability Policy Framework in conjunction with the State Commissioner for disability;
2. To provide a link between Government and civil society
3. To develop a management system for the co-ordination of disability planning, implementation and mentoring various departments to bring in greater convergence
4. Facilitate establishing of District level implementation structure; provide programming support and monitoring & reporting compliance to Commissioner Disability.

5. To provide advice to the Government of Bihar on disability matters;
6. To ensure wide public education, as well as capacity building for the disability movement and government departments to implement the Comprehensive Disability Policy Framework;
7. To facilitate budget analysis to identify whether sufficient resources are targeted towards disability, and particularly towards the integration and empowerment of disabled people;
8. To undertake appropriate empirical and action research and maintain the database on disability including generating appropriate MIS.
9. To facilitate pooling of financial resources from various departments in support of the implementation of the Comprehensive Disability Policy Framework.

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8 MONITORING

Monitoring is an essential element in the upholding of human rights of PwDs. Monitoring can be used as a corrective tool against the violated rights of PwDs. It can also be used to measure trends patterns, and effectiveness of implementation of Policy framework.

While all monitoring structures in Bihar should include the monitoring of the rights of PwDs in their mandates, the Commissioner for Disability should have a special responsibility for this task.

The *State Integrated Disability & Rehabilitation Program*, having participation by civil society stakeholders as well as key Government departments, should also have an essential monitoring role.

9 Budget Projection

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

Sl. No	Component	Yearly (Rs. crores)	Budget for 5 years	Sectoral Percentage of Share (Rs. In crores)
1.	Accessibility & barrier free environment	56	279	14
2.	Computerization, database and MIS	17	85	4
3.	Education	44	219	11
4.	Health	27	134	7
5.	Human resource development	97	484	24
6.	Media, Public awareness	34	170	9
7.	Rehabilitation services	73	364	18
8.	Vocational Training & Employment	51	255	13
	Total	398	1990	100

Projected Resource Mobilization Plan

Source	% of share	Actual amount (Rs. In crores)	Requirement per year
Government of India (Leverage from National Programme)	60	1194	238.8
Government of Bihar	15	298.5	59.7
External agencies (World bank & Bilateral funding)	15	298.5	59.7
Corporate Sector and others local agencies	10	199	39.8
Total	100	1990	398

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