

University of Leeds

SCHOOL OF SOCIOLOGY AND SOCIAL POLICY

**Online Submission of Dissertation**

Student ID number	200648647
Degree programme	MA in Disability and Global Development
Supervisor	Nick Emmel
Module code	SLSP5147M
Module title	Dissertation (Disability and Development of Studies)
Dissertation Title	Opportunities and Challenges in the Livelihoods of Disabled People in Haraspada Village in Puri district, Odisha, India
Word count	12597

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I have been assessed as having:

Dyslexia	<input type="checkbox"/>	
Dyspraxia	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

## **Acknowledgement**

I express my profound gratitude to Ford Foundation International Fellowship programme for the wonderful scholarships they have awarded me to successfully pursue the MA in Disability and Global Development at University of Leeds. It is needless to say that without this fellowship I would not have dreamt of getting this opportunity to gain in depth of academic knowledge and skill on disability and development from a world class university. I would like to convey my warm regards to disabled people of Haraspada village, their family members, staff of SOLAR and Handicap International, the Sarapanch and others who spared their valuable time to participate in the research. I am very much thankful to my supervisor Nick Emmel who has not only inspired me for the empirical study but also provided intensive guidance for the research. I am indebted to Professor Collin Barnes and Dr. Alison Sheldon whose commitment to disability sector, professionalism and academic competence will inspire me for rest of my life. I also convey thanks to my wife Snigdha, son Amritam and friends Pravakar, Nandini, Pradumna, Rohitashwa, Neeraj, Manmeet and Subhadarsee for their inspiration and support in entire research process.

Bikrama Keshari Mohapatra

MA in Disability and Global Development

## Table of Conetnt

<b>Abbreviations</b> .....	<b>6</b>
<b>Abstract</b> .....	<b>7</b>
<b>Chapter 1: Introduction</b> .....	<b>10</b>
<b>Background</b> .....	<b>10</b>
<b>Study rationale</b> .....	<b>12</b>
<b>Organisation of the essay</b> .....	<b>13</b>
<b>Chapter 2: Frameworks and Approaches to Disability, Poverty and Livelihoods: Opportunities and Challenges for Disabled People. ..</b>	<b>15</b>
<b>Introduction</b> .....	<b>15</b>
<b>Models of disability and livelihoods of disabled people</b> .....	<b>16</b>
<b>Poverty and disabled people</b> .....	<b>18</b>
<b>Sustainable livelihoods and disabled people</b> .....	<b>21</b>
Sustainable rural livelihoods approach .....	21
International framework and approaches to disabled people’s livelihoods .....	22
<b>Opportunities and challenges in livelihoods of disabled people in Puri district in Odisha</b> .....	<b>24</b>
Disability and poverty in Odisha and India .....	24
Provisions and facilities for disabled people’s livelihoods.....	25
Status of employment, education, self-employment and social security .....	27
Gaps in realisation of disabled people’s livelihoods .....	30
<b>Conclusion</b> .....	<b>322</b>
<b>Chapter 3: Methodology</b> .....	<b>33</b>
<b>Introduction</b> .....	<b>33</b>
<b>The research perspective</b> .....	<b>33</b>
<b>Methods</b> .....	<b>35</b>
<b>Participant selection</b> .....	<b>36</b>
<b>Tools for data collection</b> .....	<b>37</b>
Focus group discussion.....	37
Semi-structured interview.....	38
<b>Facilitation and recordings</b> .....	<b>39</b>
<b>Ethics</b> .....	<b>40</b>
<b>Data transcribing and analysis</b> .....	<b>40</b>

Dissemination .....	41
<b>Chapter 4: Opportunities and Challenges in the Realisation of Livelihoods of Disabled People: Infrastructure, Facilities and Access to Resources .....</b>	<b>42</b>
Introduction .....	42
Overview of disabled people in research area .....	42
<b>Infrastructure and facilities .....</b>	<b>44</b>
Limited employment opportunities .....	45
Lack of education, training and self–employment facilities.....	46
Limited social protection.....	51
<b>Access to existing resources .....</b>	<b>51</b>
Political hindrance .....	52
Corruption and negative attitude of stake-holders .....	53
Administrative complications .....	55
<b>Conclusion .....</b>	<b>56</b>
<b>Chapter 5: Opportunities and Challenges in realisation of livelihoods of Disabled People: Family Support and the Self-stand of Disabled People.....</b>	<b>58</b>
Introduction .....	58
<b>Family support .....</b>	<b>58</b>
Family members’ negative attitude and vested interest.....	59
Social stigma and family lack of awareness .....	61
<b>Self-stand of disabled people .....</b>	<b>63</b>
Disabled people’s lack of awareness .....	64
Powerlessness of disabled people .....	65
<b>Conclusion .....</b>	<b>66</b>
<b>Chapter 6: The Research Findings and Recommendations .....</b>	<b>67</b>
Limited infrastructure, facilities and lack of access to resources.....	69
Lack of family support and the powerlessness of disabled people .....	70
Disadvantages of disabled women .....	71
Way forward .....	72
<b>References .....</b>	<b>74</b>

<b>Appendices .....</b>	<b>86</b>
<b>Appendix-1. Background of study area .....</b>	<b>86</b>
<b>Appendix-2. Findings of Survey Report of Handicap International,     Bhubaneswar and SOLAR Konark, Odisha .....</b>	<b>89</b>
<b>Appendix-3. Questionnaire guidelines for focus group discussion.....</b>	<b>92</b>
<b>Appendix-4. Questionnaire guidelines for semi structured interview with     disabled people.....</b>	<b>94</b>
<b>Appendix-5. Questionnaire guidelines for semi structured interview with     family members.....</b>	<b>96</b>
<b>Appendix-6. Questionnaire guidelines for semi structured interview with     Stake holders .....</b>	<b>97</b>
<b>Appendix-7. Consent form .....</b>	<b>98</b>
<b>Appendix. 8. Permission Letter from Handicap International .....</b>	<b>100</b>
<b>Appendix-9. Permission letter from SOLAR, Konark.....</b>	<b>100</b>

## **Abbreviations**

CBR- Community Based Rehabilitation

DFID- Department for International Development

GOI- Government of India

GOO- Government of Odisha

HDA- Human Development Approach

ILO- International Labour Organisation

MDGs- Millennium Development Goals

MFG- Disabled Men's Focus Group

MGNREGA -Mahatma Gandhi National Employment Guarantee Act - 1995

NCPEDP- National Centre for Promotion of Employment for Disabled People

NGO- Non Government Organisation

NHFDC- National Handicap Financial Development Corporation

SGRY - Sampurna Grameen Rozgar Yojana

SHGs- Self Help Groups

SMRC- Shanta Memorial Rehabilitation Centre

SRLs- Sustainable Rural Livelihoods

SVNIRTAR- Swami Vivekananda National Institute for Rehabilitation Training and Research

UN- United Nations

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

UNDP- United Nations Development Programme

VTC- Vocational Training Centre

WFG- Disabled Women's Focus Group

WHO- World Health Organisation

## **Abstract**

The dissertation seeks to ascertain the opportunities and challenges for disabled people in Haraspada, a rural village in Puri district of Odisha, India from the perspectives of the social model of disability and sustainable rural livelihoods. Using the combination of qualitative interviews and quantitative data from secondary sources this small-scale research examines key aspects of livelihoods, such as employment, education and training, self-employment and social security. It also explores the impact of the lack of treatment facilities on the livelihoods of disabled people. The research provides a deep insight into the various social, attitudinal and environmental barriers faced by diversified groups of disabled rural people. Furthermore, it looks at the gender dimensions of the challenges faced by the disabled people in accessing their livelihoods. Extracts of the interview were used in an attempt to obtain the disabled people's views and their experiences in accessing any opportunities. Their life experiences suggest that, apart from discriminations and barriers, the lack of available opportunities is a major challenge for them.

Firstly, the research examines different international frameworks and guidelines on disabled people's rights and livelihoods. It further explores the initiatives of government to address these livelihoods. The research reveals that, following international framework guidelines, the

Government of India and Odisha have enacted laws and extended specific provisions for disabled people.

Secondly, the research explores disabled people's challenges in securing livelihoods in rural areas. The findings suggest that agriculture is an unsuitable occupation for the disabled in their village. Furthermore, they have little access to other employment, self-employment, social security schemes or treatment facilities. It is evident that due to a lack of specific plans for disabled people in rural areas there is no facility available in the village. In addition, bad road conditions, transport and accessibility have limited their opportunities, and village politics, dominated by a powerful group of people, corruption, the indifferent or negative attitudes of stake-holders and administrative complications have deprived disabled people from procuring the benefits of available entitlements. Disabled women are more marginalised than their male counterparts due to their disability as well as gender-specific challenges.

The study finds that disabled people mostly depend upon family members' compassion and charity to sustain their livelihoods. However, a lack of awareness, self-interest and family members' negative attitudes prevent disabled people from being independent in their livelihoods and also make them powerless. In addition the lack of awareness of disabled people of disabled people regarding existing entitlements, and their lack



of physical, financial and political power, further reduces their self-esteem and confidence. Therefore, disabled people access their livelihoods thanks to support from the family but often feel bored and helpless.

Based on the feedback of participants, the research suggests that availability of work, access to training, credit, raw materials, marketing facilities, treatment and an increased awareness by stakeholders can enhance the livelihood options for disabled people in the village. Therefore, rural-specific policies should be supported by the allocation of funds and rigorous monitoring.

## **Chapter 1: Introduction**

### **Background**

Disability has gained recognition as a development issue at international level (Voluntary Service Overseas, 2006). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (UN, 2006) provides vast opportunities to increase awareness of disability around the world. The convention was based on the social model of disability, which focuses upon equal access; social opportunities; health; education; employment; political, economic and social development; and elimination of legal and social barriers (McClain-Nhlapo, 2010). Mohapatra (2012b) states that following the UNCRPD coming into force, development institutions and professionals have recognised disability as a key issue inevitably linked to poverty, in the recognition of human rights and citizenship.

In spite of the emphasis on the right-based approach to disability, about 82% of disabled people worldwide live below the poverty line (Cramm and Finkenflugel, 2008:16). An estimated 65-80% of 60 million disabled people in rural areas of India do not have access to basic minimum facilities (Ghai, 2001:29). 'Disability' still remains overwhelmingly marginalised at mainstream developmental research, institutional, policy and programme levels (Grech, 2009). Social and economic

discrimination, architectural, transportation, institutional and policy barriers continue to prevent disabled people from accessing any opportunities (Rust and Metts, 2007).

In the contemporary world economic factors determine a person's quality of life, dignity and value. The World Health Organisation (WHO, 2010b) suggests that secured access to livelihoods can reduce poverty among disabled people. 'Livelihoods' not only refers to the ability to earn but also the opportunity to develop one's full potential with control over factors that shapes his/her life and contribute to society's development (Coleridge and Venkatesh, 2010). Sustainable rural livelihoods approach emphasises access to resources; market and economic services; removal of barrier to participation; reform in basic services and improvement in rural infrastructure to improve the livelihoods of all, including disabled people (Akroyd and Duncan, 1998).

However, the situation regarding employment and livelihoods for disabled people depicts a poor picture. The statistics suggest that unemployment for working age disabled people in developing and industrialised countries is between 80-90% and 50-70% respectively (Naami et al. 2012:192). Furthermore, unemployment among disabled women is almost 100% in developing countries. As per the Government of India's Planning Commission poverty estimate for 2009-2010, Odisha

is one of the poorest states in the country (GOI, 2012). Therefore, the conditions of disabled people in Odisha may be worse. The Census of India (2001) finds the highest disability rate (3.8%) in Puri district in Odisha and their employment rate is 26% in urban, and 25.1% in rural, areas. However, a recent study in Odisha suggests that 77.8% of disabled people survive as dependants and among the rest, 45% are self-employed and 29% are daily labourers (Mohapatra, 2012a). The experience in Puri suggests that most disabled people in rural areas lack access to livelihoods.

### **Study rationale**

Against this backdrop, I have selected a remote rural village, Haraspada in Puri district, as a sample area for the study. The aim is to explore different experiences of disabled people in accessing the livelihoods in rural areas from the perspectives of social model and sustainable rural livelihoods approach. By this, I refer to International Labour Organisation's findings that additional disadvantages suffered by disabled people due to lack of access to education, training, employment and credit schemes (ILO, 2002). A study finds that the majority of the disabled are not chosen for labour-intensive agricultural occupations (Gartrell, 2010). Experience in Puri suggests that other facilities for employment/self-employment are almost non-existent in the villages. In addition, a lack of treatment facilities and the powerlessness of disabled

people due to stakeholders' and families' negative attitudes make them more vulnerable in India (Thomas, 2005). Focussing on those areas, this study tries to compare real life experiences with statistical data and academic findings.

The objectives of the research are:

- To identify existing sources of livelihoods for disabled people in rural areas of Odisha.
- To explore perspectives of disabled people with regard to opportunities and challenges for accessing livelihoods.
- To analyse gender-specific challenges in the livelihoods of disabled people.

### **Organisation of the essay**

The second chapter of the dissertation reviews how different models of disability interpret the livelihoods of disabled people. It establishes the linkages among social model of disability, the capability approach to poverty and sustainable rural livelihoods approach. The chapter further discusses various international frameworks and approaches that address the livelihoods of disabled people. This is followed by an analysis on provisions of the Governments of India and Odisha for livelihoods of disabled people and their challenges in accessing these benefits in the context of Puri and Odisha.

The third chapter discusses the methodology employed in the study and the viewpoints of the researcher. It further explains the process of data collection, participant selection, data analysis and questions related to research ethics and dissemination.

The fourth and fifth chapters present, analyse and discuss the findings of the study. The fourth chapter discusses the absence of infrastructure, facilities and access to entitlements whilst chapter five analyses lack of family support and low self-esteem as barriers to disabled people's livelihoods in rural villages.

The findings and recommendations chapter highlights the fact that the absence of employment/self-employment opportunities, village politics, administrative complications and stakeholders' negative attitude limit disabled people's access to livelihoods. Furthermore, family members' self-interest and negative attitudes, added to disabled people's physical incapacity and lack of awareness make them powerless and forced to depend on family pity and charity for survival. The study finds that disabled women are more disadvantaged than disabled men in securing their livelihoods. It recommends for rural specific policy for livelihoods of disabled people with a focus on disabled women supported by sufficient funding and strong monitoring of the programmes.

## **Chapter 2: Frameworks and Approaches to Disability, Poverty and Livelihoods: Opportunities and Challenges for Disabled People.**

### **Introduction**

This chapter reviews the existing literature on available opportunities and continued challenges for disabled people in accessing livelihoods.

The first part discusses the influence of different models of disability on disabled people's economic and social life. It reviews the correlation between disability, poverty and sustainable rural livelihoods and analyses existing approaches and frameworks on disabled people's livelihoods. Finally, it explores the challenges and opportunities for disabled people in accessing livelihoods in the context of Puri district in Odisha, India.

Current research finds that it is not the impairment of disabled people but inequitable access to education, employment, health care, social and legal systems that push them into extreme poverty (UN, 2011). Furthermore, different concepts of various models of disability also influence the disabled people's livelihoods. Traditional and medical models look at disabled people from charity and incapability perspectives whereas the social model encourages their participation and empowerment, and the removal of barriers (Barron and Amerena, 2007). The social model ideologically resembles Sen's (1999) capability approach, which is based on the person's wellbeing (Braithwaite and

Mont, 2008). Sustainable rural livelihoods approach based upon capability approach focuses, build capital assets to sustain people's livelihoods (Carney, 1998).

Besides this, international frameworks like UNCRPD (UN, 2006) and good practices including Department for International Development's twin track (DFID, 2000) and recently modified WHO's (2010a) Community Based Rehabilitation (CBR) approaches ideally promote disabled people's livelihoods. However, disabled people in India still being over-represented among those who are unemployed, lack education, are subject to high levels of abuse and social exclusion (Barnes and Mercer, 2010). Mohapatra (2012b) argues that the situation of disabled people in Odisha is even worse due to a higher rate of poverty and the domination of charity and medical model on their lives.

### **Models of disability and livelihoods of disabled people**

Different models of disability consider the economic role of disabled people and economic implication of disability in different ways (Turmusani, 2003).

The charity model of disability promoted by religious organisations considers disability as a punishment and treats them as unfortunate individuals (Coleridge, 1993). Furthermore, this model considers



disabled people as appropriate passive recipients of any social and economic support (UN, 2011).

With technological advancement the medical/individual model of disability was introduced. The model linked with medicalisation of disability, which regards disabled people as 'having something wrong with them' and that is the source of the problem (Oliver, 2009:44).

Barron and Amerena (2007) argue that the medical model is associated with negative ideas of permanency, dependency and passivity, and focuses on deficit rather than talent. Furthermore, it ignores basic needs and rights, such as education, employment, housing and the role of society in disabling the people.

Disabled people around the world introduced the social model of disability by discarding the medical model. This model defines disability as the restriction of activity resulting from cotemporary social organisation where society does not consider people with impairment, restricts their participation and marginalises them from the mainstream of society (UPIAS, (1976a:14) cited in Barnes and Mercer, 2010:30).

The strength of this model is that it looks beyond impairment and focuses on social, economic, cultural, legal and political dimensions with a rights-based perspective (Turmusani, 2003). It considers disabled people's unemployment as the outcome of development where faulty

policies exclude them from work (ibid). Barron and Amerena, (2007) further add that the model, based on a human rights approach, focuses upon meaningful determinants of social inclusion including access to education, employment and community facilities like transport, housing and public places.

Braithwaite and Mont (2008) argue that concepts of the social model of disability resemble Sen's (1999) ideology of poverty as deprivation of capability.

### **Poverty and disabled people**

Poverty and inequality are prevalent in many parts of the world (Turmusani, 2003). There are different arguments on poverty. Barron and Ncube (2010) argue that various models have differing understanding of poverty.

The most common poverty measures are the income/consumption poverty approach based on the monetary matrix of meeting food and non-food expenditures (Greely, 1994), and the basic need approach, which defines poverty as lack of access to minimum requirements for survival, including food, clothing, shelter, health and education (Hulme and McKay, n.d). However, Braithwaite and Mont (2008) argue that these poverty measures do not consider the additional cost that disabled

people or their households would face due to the impairment of the person.

In this context, the Human Development Approach (HDA) based on Sen's (1999) capability approach may be the ideal way of understanding poverty. It defines poverty as the worst form of human life where the person is not only denied from material wellbeing but also prevented from leading a minimum standard of life (Anand and Sen, 1997). The person may have a reduced life span and/or a hard and painful life; be prevented from interaction and understanding; lack dignity and have low self-esteem due to limited participation in community and political life. Quzilbash (2006) opines that the HDA addresses the needs of disabled people since it defines poverty as deprivation from access to resources and does not measure it from the perspective of productivity.

Disabled people are disproportionate among those living in chronic poverty (Yeo, 2001). Poverty and disability form a vicious cycle. Turmusani (2003) argues that poverty, as a result of socio-economic inequalities, can be the major cause of impairment and disability. Similarly, disabled people deprived from employment and financial benefits, and marginalised from social and cultural lives, are pushed into extreme poverty.

The World Bank estimates that 10% of the total population are disabled and constitute 20% of poor people worldwide (UN, 2011:8). Furthermore, in developing countries, the literacy rate of disabled children is 10%, that of disabled adult is only 1% and two-thirds of them do not have access to employment (ibid). Barnes and Mercer (2010) argue that the poverty of the disabled is not only due to a negative attitude and prejudices but is deeply rooted in structural inequalities and social processes that deny opportunities for employment, food, housing, transport, health, education, family life and social relationships. Besides this, the cost of disability also pushes disabled people into extreme poverty. The cost of disability including that of treatment, carers and foregone income from disability directly or indirectly affects 25% of people worldwide (DFID, 2000). Ghai (2001) further adds that lack of income not only reduces self-esteem but also makes disabled persons powerless and victims of injustice.

Yeo and Moore (2003) recommend that it may be impossible to achieve the Millennium Development Goals (MDGs) by 2015 without involving disabled people in the development process. Therefore, specific plans should be developed to enhance the livelihoods of disabled people.

### **Sustainable livelihoods and disabled people**

Any approach that addresses the livelihoods of disabled people should be sustainable. Hence, DFID's sustainable rural livelihoods approach (Carney, 1998) may address livelihoods of disabled people effectively.

### **Sustainable rural livelihoods approach**

The sustainable rural livelihoods approach based on Sen's (1999) capability approach can be defined as an approach, which can cope with stress and shocks, enhances capability and assets, and provides sustainable livelihood opportunities (Krantz, 2001). The approach is based upon the five capitals assets on which people can build up their livelihoods (Carney, 1998), these being: natural capital (land, water, wildlife, biodiversity and the environment); social capital (networks, group, faith and trust, community membership); human capital (skill, knowledge, good health, ability to work); physical capital (shelter, energy, communication and production equipment) and financial capital (savings, credit, remittances or pensions) which provide different livelihood options for people .

The sustainable rural livelihoods are based on the principles of people's capability and equitable distribution of resources (Chambers and Conway, 1991). Ellis, (1998) states that it promotes diversified livelihood options, including: farming, keeping livestock, herding, waged labour,

salaried employment, remittance from migration, pensions, rental and self-employment like trading, artisan work, vehicle repair and thatching.

In addition to this, various disability-specific frameworks and approaches have been developed to address disabled people's livelihoods.

### **International framework and approaches to disabled people's livelihoods**

The most recent international framework that ensures the rights of disabled people is the UNCRPD (UN, 2006). Articles 24 and 27 focus upon disabled people's rights to access education, work and employment as equals. Article 28 recognises the right to an adequate standard of living for disabled people and their families through provision of food, clothing and housing without any discrimination. Besides this, the International Labour Organization Convention (159) on Vocational Rehabilitation and Employment (Disabled Persons) asserts disabled people's rights to employment including recruitment, promotion, job retention and return to work (ILO, 2010). In addition to these international frameworks, different approaches have been developed to address disabled people's livelihoods.

Of the two approaches discussed in this paper, the first is the twin track approach (DFID, 2000). This approach recognises specific issues to be initiated for empowerment of disabled people and disability issues to be included in all areas of work. The second is the recently modified CBR

concept, also based on the twin track approach, which facilitates access for disabled people and their family to learn the skills, livelihood opportunities and enhanced participation of community life (WHO, 2010b).

Many international organisations adapt the twin track approach to address the livelihoods of disabled people. Both WHO and Leonard Cheshire Disability emphasise skill development, self-employment, wage employment, and financial and social protection schemes as the major areas of intervention to improve the livelihoods of disabled people (WHO, 2010b, Coleridge, 2007). Skill development activities include basic education, home-based training, apprenticeships, business development skills and vocational training in both mainstream and specialised institutions. Self-employment support targets individual businesses, self-help groups and group businesses focussing upon disabled women and access to savings, micro-credit and start-up capital. Employment support activities are enabling and assisting people to find and retain the jobs, and social protection support measures are the inclusion of disabled people in poverty alleviation programmes, social assistance schemes, compensation and enhancing family and community support.

Despite these guidelines and efforts at international level, disabled people are the poorest of the poor in Puri and Odisha and have limited access to any livelihood opportunities.

### **Opportunities and challenges in livelihoods of disabled people in Puri district in Odisha**

In the absence of specific data on the poverty and livelihoods of disabled people in Puri district, efforts have been made to contextualise state and national level data to local perspectives.

### **Disability and poverty in Odisha and India**

India ranks in the top ten of industrialised nations and is a global leader in information technology, but contains one third of the world's poorest people, with poverty being a way of life in rural areas (Barnes and Mercer, 2010). The Planning Commission of India's estimate for 2009-10 suggests that 33.8% and 39.2% people live below the poverty line in India and Odisha respectively (GOI, 2012).

Regarding the status of disability, there is a lack of updated statistics on disability and poverty in India. The latest available official information is the Census of India (2001), which estimates about 2.1% and 2.77% of disabled people in India and Odisha respectively. Puri district has the highest (3.8%) disability in Odisha. However, these figures are much less than UN estimates of 10% worldwide (Jeffery and Singal, 2008). Various studies suggest that the majority of disabled people live below the poverty line in



India. Ghai (2001:29) argues that 65%-80% of the estimated 60 million disabled people live in rural areas of India without access to basic facilities like electricity, water and sanitation. The study conducted by Harris-White (1999) finds that 54%-62% of disabled people live below the poverty line in Tamil Nadu (Mitra, 2005:13). Since Odisha's poverty level is 18% more than that of Tamil Nadu (GOI, 2012), it can be assumed that conditions of disabled people in Odisha may be worse. The Governments of India and Odisha (GOO) have taken many initiatives to address the poverty of disabled people.

### **Provisions and facilities for disabled people's livelihoods**

The Government of India has enacted the Person with Disabilities (Equal Opportunities, Protection of Rights and full Participation) Act 1995 and the National Policy for Persons with Disabilities 2006 (Sharma, 2007). The Government of Odisha designed the Policy for Persons with Disabilities, in line with the national policy, which has provision for 3% reservation in jobs, poverty alleviation schemes and education programmes (GOO, 2008). Besides that there are provisions for retention of job after disability, award to private employer for employing 5% disabled people, self-employment and medical rehabilitation. Moreover, the National Centre for Promotion of Employment for Disabled people states that the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (2005) and Sampurna

Grameen Rozgar Yojana (SGRY) ensures employment to rural people, including disabled people, in India (NCPEDP, 2009).

Out of a total 20 Vocational Rehabilitation Centres and 43 special Employment Exchanges promoted by the Government of India, one from each category is functioning at Bhubaneswar, Odisha to provide vocational training and employment guidance to disabled people (Sharma, 2007). The National Handicap Finance Development Corporation (NHFDC) provides assistance to disabled people for self-employment in all the states. Furthermore, Swami Vivekananda National Institute for Rehabilitation Training and Research (SVNIRTAR), one District Rehabilitation Centre and six District Disability Rehabilitation Centres provide medical rehabilitation services in Odisha (ibid). In addition to this, the Government of Odisha also has provisions for vocational training and pensions for adult disabled plus special schools, study materials, scholarships and conveyance allowances for disabled schoolchildren (GOO, 2004). However, despite these provisions, the fact that the majority of disabled people in Odisha live below the poverty line raises questions about programmes' implementation on the ground.

## **Status of employment, education, self-employment and social security**

Most of the disabled people in Odisha do not have access to healthcare, education and employment opportunities (Mohapatra, 2012b). The Census of India (2001) finds the employment rate of disabled people in Odisha and Puri districts to be 32 % (33% rural, 27% urban) and 25.2 % (25.1% rural, 26% urban) respectively. However, the latest survey in Odisha suggests that 77.8% of disabled people depend on others for their survival and among the rest, 45% are self-employed and 29% are employed on a daily basis (Mohapatra, 2012a). A study conducted by NCPEDP in 1999 reveals that the employment rate of disabled people in the private sector was 0.28% and in multinational companies, 0.05%, in India (NCPEDP 2009:16-29). Furthermore, the report finds that only 0.9% and 0.17% disabled people respectively benefited under MGNREGA and SGRY in the year 2007-08. A study by the Shanta Memorial Rehabilitation Centre in Jagatsinghpur district of Odisha suggests that only 2% of disabled people benefit under these 'foods for work' programmes (SMRC, 2005). A similar situation can be expected in Puri and other parts of Odisha.

Disabled people's status of education in the state is bleak. A recent survey in Odisha suggests that 57.8% of the disabled are literate, out of which 30.1% passed at primary level, 14.2% up to class eight, 9.1%

matriculate, merely 3.3% graduate and 0.9% have post-graduation degrees (Mohapatra, 2012a). Furthermore, the National Sample Survey (2002) estimates that merely 0.05% of disabled people have received vocational training in Odisha (NYSASDRI, 2005:10). A sample study in Jagatsighpur finds none of the disabled people went to special school or underwent vocational training (SMRC, 2005:24); a similar situation can be expected in Puri. These statistics not only confirm disabled people's low status of education, training and employment in Puri but also encourage further research to explore the reason for such a miserable situation.

Disabled people's self-employment status in Odisha is even worse. Only 2,314 out of 1,021,335 disabled people in Odisha accessed NHFDC loans in between 1997-2012 (NHFDC, 2012). The latest survey suggests that only 7.6% of all self-employed disabled people in Odisha have accessed NHFDC loans; the rest managed their finances via family or friends (Mohapatra, 2012a). Despite specific guidelines from Odisha's Government, only 36 and 377 Self Help Groups (SHGs) for disabled people have been promoted in Puri and Odisha (GOO, 2006), out of which 11 and 108 SHGs respectively are linked to any kind of credit. This reflects a bleak picture of self-employment for disabled people and

raises questions about the relevance of available entitlements in remote rural areas of Puri district.

The low level of employment and self-employment forces disabled people to depend on governmental safety net programmes and family support, however, coverage of social security schemes is negligible. The survey finds that merely 48.8% possess disability certificates and 17.8% receive a disability pension of 200/-INR per month in Odisha (Mohapatra, 2012a). Furthermore, the study conducted in Jagtsinghpur reveals that merely 33.4% disabled people have accessed housing schemes (SMRC, 2005:23). These statistics could be prevalent throughout the state. Therefore, the social security measure meets only a small percentage of disabled people in Puri and Odisha.

Besides this, access to disability-related treatment also depicts a poor picture. The current study in Odisha reveals that merely 18.6% of disabled people have received assistive devices (Mohapatra, 2012a). Moreover, a study by Erb et al. (2001) in South India found that a disabled person's expenditure for treatment or purchase of equipment averages three months' income (Mitra, 2005). The same situation can be expected in Puri and Odisha. The entire situation not only reflects a dismal picture of disabled people's livelihoods in Puri and Odisha but

also raises questions about how they still manage livelihoods in rural areas where most of the people struggle for survival.

### **Gaps in realisation of disabled people's livelihoods**

There are various factors that affect the livelihoods of disabled people.

NCPEDP (2009) report finds that difficulty in identification of suitable jobs, accessibility, discrimination, and lack of education and skills are the major challenges for employment of disabled people. The survey in Odisha suggests that accessibility, stakeholders' views of disability as a charity, and welfare issues and their lack of awareness on disability rights are major factors that affect the livelihoods of disabled people (Mohapatra, 2012b). The condition may be more problematic in rural areas of Odisha. Seeley (2001) argues that as physical incapacity prevents the disabled from opting for labour-intensive agriculture occupations, the focus should be diverted to non-agriculture-based self-employment. However, disabled people in India lack education and access to finance in order to initiate self-employment activities (NCPEDP, 2009).

Thomas (2005) further finds that lack of education, quality vocational training, costs of treatment and transport, and distance are major challenges for the self-employment of disabled people. Due to lack of understanding the capacity of disabled people, family and community

treat them as objects of pity and charity (Lang, 2001). Therefore, families invest in non-disabled relatives anticipating that they will care for them in their old age. Furthermore, social stigma about losing family status for having disabled children also denies them opportunities (ibid). Besides this, merely 6% of disabled people and their family members in Odisha have awareness of the Disability Act (1995) and 34.4% are aware of the free availability of assistive devices (Mohapatra, 2012b). Experience in Odisha suggests that disabled people are deprived of their share of paternal property. Moreover, a study in Odisha finds that disabled women are further marginalised from livelihoods opportunities due to gender discrimination (UNDP, GOI and SMRC, 2007). Their low self-esteem, lack of family and community support, lack of political power, employment inaccessibility and unsuitability deprive them from accessing livelihoods (ibid)

Apart from this, corruption, administrative complications, physical access and negative attitudes of service providers deny disabled people acquiring disability certificates and other entitlements in Odisha (Mohapatra, 2012b). Overall, various social and environmental barriers deprive disabled people from accessing livelihoods in Puri and Odisha. Therefore, further research is needed on how disabled people can overcome these challenges.

## **Conclusion**

Disabled people face the same challenges as other poor people but additional problems, like barriers in society and costs of disability make their situation worse. The social model of disability, human development approach and sustainable rural livelihoods approach address the poverty and livelihoods of the disabled from the capability perspectives. Frameworks like UNCRPD and ILO conventions and good practice, like the twin track approach and CBR, promote disabled people's sustainable livelihoods.

Following the above guidelines the Governments of India and Odisha have taken many initiatives by enacting laws and extending specific provisions to address the livelihoods of disabled people but their access to any kind of capital assets and entitlements is negligible in Puri and Odisha. The major challenges are discrimination, accessibility, negative attitudes of stake-holders and family members, corruption, lack of quality education and training, and disabled people's ignorance. However, the available literature provides little clarity about how disabled people in rural Odisha are still ensured of their livelihoods. This study proposes to explore the existing status and opportunities for the livelihoods of disabled people in rural areas of Puri District in Odisha. It further analyses their challenges, including gender aspects in accessing such livelihoods.



## **Chapter 3: Methodology**

### **Introduction**

Research is all about systematic investigation to discover reality (Laws, et al., 2003). This chapter discusses the design of the research, data collection and analysis methods. It further elaborates my different standpoints on the research and explains each stage of the dissertation including ethics and data dissemination.

### **The research perspective**

The rationale of this small research is based on my standpoint, which is the juxtaposition of different paradigms. This is motivated by a combination of the social model, which defines disability as a social construct and focuses on economic, cultural and social barriers, which make the person disabled (Barnes, 2003) and Sen's (1999) theory of poverty as capability deprivation. The sustainable rural livelihoods approach, based on the concept of capability approach, defines livelihoods as 'access to capitals and activities needed to lead a meaningful life' (Carney, 1998). This study, therefore, considers different attitudinal, physical and social barriers that prevent disabled people from accessing their livelihoods.

The research is based on an empirical study which claims that knowledge and scientific theory can only be derived from experience and observation (Lazer, 2004). I followed the research framework of

Oliver (1996) by presenting people's own narrative, in particular in a material and cultural context. My study is a micro level in-depth analysis of disabled people's livelihoods status in an inaccessible, disaster-prone village, so may not necessarily reflect the status of disabled people at Puri and Odisha levels.

I cannot claim this as emancipatory research since it is not conducted or controlled by disabled people or their organisation and does not guarantee to change the status of the disabled participants. However, qualitative research can be conducted by a non-disabled person that focuses on a social model of disability trying to remove the barriers and empower disabled people (Barnes, 2003). Shakespeare (1997) emphasises the commitment of the researcher to ensure full participation of disabled people in qualitative research. I, therefore, applied my previous experience working with disabled people in this village to break down the barriers and fully involve them in the entire research process. The perspective, which suits my study, is participatory methodology, which is research with the disabled people rather than on them (Swain and French, 2004), hence the advantages of this research being participatory and based on a social model of disability, it presents its own perspectives on disabled people's livelihoods.

## **Methods**

The dissertation is primarily based on qualitative methods. The information has been collected from primary sources through qualitative interviews, such as focus group discussion and semi-structured interview. It reveals details about people's ideas and feelings, and answers the questions 'how' and 'why' (Laws et al., 2003); however, to retain anonymity, pseudonyms have been used.

The research also has a component of quantitative method for which data has been collected from a survey report of Handicap International and SOLAR on disabled people's livelihoods in the village. The objective is that quantitative data can provide information about bodily discrimination in accessing livelihoods to justify that the individual model is discriminatory (Abberley, 1992). Besides that, the report helped me in finding the statistics, level of education, status of livelihoods and health of disabled people in the village. The information was used to prepare the list of participants who are people with physical, visual and hearing impairments among the age group 19-60. I also used the list to visit participants individually prior to the interview and discussed the research. This helped me to develop a rapport with them. Furthermore, comparing and contrasting the survey report with information of qualitative interviews helped in validating my findings.

## **Participant selection**

The research used non-probability sampling that relies on availability of participants (Denscombe, 2010) and purposive sampling techniques to get the information of those whose voices were missing from the discussion (Bloch, 2004). I visited the village beforehand to decide on the participants, and date and place of the meetings. There were only 16 disabled persons in the working age of 19-60 including people with physical, hearing and visual impairment, Furthermore, people with intellectual impairment were not considered due to ethical issues. Therefore, all 16 disabled were invited for a focus group as there was a possibility of missing the participants due to the agricultural production season. Two separate focus group discussions were organised for 13 available participants, one with six disabled men (4 physically impaired, 1 visually impaired and 1 hearing impaired) and the other, with seven disabled woman (5 physically impaired and 2 hearing impaired). An additional focus group was conducted for SOLAR staff (4 male and 2 female) working on disabled people's livelihoods in the area.

Due to limited participation of people with visual or hearing impairment during the focus group, one of each of them was selected for semi-structured interview. Moreover, two participants, with physical impairment who hinted at family challenges during the discussion, were selected for individual interview. The gender balance was maintained by

selecting two male and two female. The step-mother of the visually impaired girl was interviewed to get the family perspective. The other participants were the Sarapanch, as the people's elected representative responsible for implementing all the poverty alleviation programmes and one of the SHGs leaders, who leads the microfinance programme for women. These two people were selected as they are the major stakeholders for disabled people's livelihoods in the village.

### **Tools for data collection**

#### **Focus group discussion**

Three focus group discussions were conducted with disabled men, disabled women and SOLAR staff. The focus group provides deep understandings on people's attitude, perceptions, feelings and ideas (Denscombe, 2010). The field testing of an open-ended questionnaire was undertaken with SOLAR staff and three disabled people. Moreover, I explained at the beginning of the discussion that the purpose of the interview was to get the people's perspectives on disabled people's livelihoods in the village and that the findings would be used for dissertation purposes only.

The interactive nature of the focus group allowed the participants to define, discuss and compare their livelihood issues (Tonkiss, 2004). It has provided me with information on existing patterns of livelihoods in the village and in the context of disabled people. It also allowed me to

understand the participants' perspectives on opportunities and challenges. The summary of the findings was shared with participants at the end.

However, due to the very nature of group discussion, specific problems and issues of minority participants, like people with hearing and visual impairments, and personal issues like challenges from family, could not be explored extensively. Therefore, the focus group was followed by individual interviews to explore details of personal experiences and get the response for unanswered questions.

### **Semi-structured interview**

The qualitative semi-structured interview was conducted with seven participants to develop comprehensive ideas on the issues raised in the research questions as people shared their thoughts more widely and deeply. The experiences of participants on issues like education, employment, self-employment and social security, and their access to capital assets were captured.

The visually and hearing impaired participants were interviewed, exploring details about their impairment-specific challenges, which were missed during group discussion. Two more disabled people explained their personal experiences, and challenges from family, in accessing their livelihoods. The step-mother of the visually impaired girl was

interviewed as the girl could not share much. Furthermore, this has allowed me to understand family perspectives on disabled people's livelihoods. Besides that, I interviewed the Sarapanch and one of the SHGs leaders to get the stake-holders' perspectives and to clarify the issues raised by disabled people during group discussions. These interviews not only provided varied information and participants' interpretations on the issue but reduced my personal bias (Barnes, 1992).

### **Facilitation and recordings**

Following the guidelines of Patton (2002), the focus group was conducted by two people, which allowed the researcher to facilitate while Handicap International staff took the notes of the proceedings. This allowed me to observe the group interaction. With the participants' permission, a voice recorder was used to record the interviews. Special attention was given to the disabled people's accessibility and participation. The group discussions were organised in an accessible school building. Four interviews were conducted in participants' houses for their convenience and three in the school, as those participants were uncomfortable in expressing family issues in the house. I spoke in a loud, clear voice in properly lit places so that hearing- and visually-impaired people could understand and participate. One of the staff of

SOLAR who regularly interacts with the hearing-impaired people supported as interpreter during the discussions.

### **Ethics**

Permission was obtained from SOLAR and Handicap International to conduct the field study. I obtained the participants' consent after explaining the aims and objectives of the interview and participation remained voluntary which minimised their expectations. The interview schedule and rules were jointly agreed and optimum precautions were taken to maintain neutrality during formation of questions and facilitation (Patton, 2002). The recording was played and findings were shared at the end of the interview allowing the participants to amend anything. I phoned participants several times to clarify any doubts.

### **Data transcribing and analysis**

The data generated from the qualitative interviews were transcribed in their original form, which allowed me to obtain insight into the information (Patton, 2002). Due to time limitation, it was impossible to transcribe the whole data. I, therefore, replayed the recordings several times to extract the main points and transcribed small selected sections for the presentation (Seale, 2004). The data collected in local language were translated into English.

Following the guidelines of Laws et al. (2003) I used the manual cut and paste method for data analysis. The data were divided into major



headings by reviewing the documents several times. Then I took several photocopies, cut these data manually with a note on the left side and attached them to A4 size papers under different headings by a paper clip. This allowed me to interchange the information whenever needed. Following the same technique, data were organised into sub-categories under each category. The data were further combined and contrasted with a Handicap International survey report, which provided an overview of the status of disabled people in the village. Following the principles of qualitative research the data have been interpreted avoiding own perception and bias.

### **Dissemination**

Limited resources will not allow me to produce an audio copy of the data and findings. However, the findings of the research will be shared with the participants at a meeting and supplied to them on request. A copy of the findings will be shared with Handicap International and SOLAR for their further intervention and with the Commissioner for People with Disabilities, Odisha for policy action.

## **Chapter 4: Opportunities and Challenges in the Realisation of Livelihoods of Disabled People: Infrastructure, Facilities and Access to Resources**

### **Introduction**

Limited formal or informal employment opportunities, absence of income and lack of access to finances and safety nets are major challenges for disabled people's livelihoods (Turmusani, 2003). This chapter discusses how unavailability of infrastructures, facilities and access to existing resources has affected disabled people's livelihoods in the village to the maximum extent. The first section provides an overview of the livelihoods status of disabled people. The second section analyses the impact of absence of infrastructure and facilities in the village on it. The final section reflects the factors that deprive disabled people from accessing existing entitlements and push them into poverty; this is followed by the conclusion.

### **Overview of disabled people in research area**

The village of Haraspada is about 12 kms away from block head quarter (the lowest administrative unit in Odisha) Kanas and 36 kms from district headquarter, Puri. As per Handicap International's survey (2012) there are 28 disabled people in the village (17 men and 11 women) which is much less compared to the WHO (2010a) estimate of 10%. Only two out of sixteen eligible disabled people within the age group 19-60 are involved in any kind of waged employment. The participants of the

Disabled Women's Focus Group (WFG) shared the fact that only one or two disabled people work as daily labourers or marginal farmers and the rest are unemployed. This employment rate is even worse than the Census of India's (2001) findings of only 25.1% employment in rural areas of Puri district.

Beresford (1996) argues that the unemployment of disabled people is due to lack of education and training. The survey statistics suggests that four disabled people are illiterate; the majority have attended primary school but only four completed twelfth class and one studied up to graduation. None of them have undergone any kind of vocational or skills training. Only two disabled girls revealed doing tailoring work which they had learned from the other family members. Furthermore, as discussed earlier, survey statistics also suggests that most of the disabled people in the village do not own land, livestock or any other capital assets. Both disabled men and women expressed lack of control over property and assets owned by the family.

Moreover, as discussed earlier, disabled people have limited access to savings and credit programmes. The situation in Haraspada is no different. The survey suggests that none of the disabled people in the village have accessed NHFDC, Swarnajayanti Gram Swarajgar Yojana, bank loans or any other governmental credit schemes. The participants

of the Disabled Men's Focus Group (MFG) shared that disabled people have neither accessed any financial assistance nor are they involved in any SHGs.

The survey finds that only three disabled people have accessed disability pensions and merely five have free ration cards. The WFG participants shared the information that as disabled people, they have not accessed disability certificates, pensions, free ration cards or housing schemes. Furthermore, the survey finding suggests that only 12 out of 28 disabled have used any kind of aid appliances. The next section analyses the impact of the absence of infrastructure and facilities on disabled people's livelihoods.

### **Infrastructure and facilities**

Agriculture is the principal source of livelihoods of the people in Haraspada, but frequent flood and water-logging have resulted in a huge loss in agriculture and damaged the village economy. Participants of WFG expressed the fact that despite agricultural loss, summer paddy is the major source of income, which directly or indirectly employs able-bodied people for about four months. The rest of the year people migrate to the cities and work in coal depots, shops, cotton mills or do any kind of labour-oriented jobs. However, both situations are challenging for disabled people.

### **Limited employment opportunities**

As discussed in the literature review labour-intensive agriculture is not a suitable occupation for most disabled people. The participants of WFG stated that disabled people have a slim chance of getting work in the village as they cannot do physical power-oriented agricultural work. The opportunity for disabled women is further reduced as males are more preferred for this work. Although few disabled people are still involved in agriculture as farmers, regular loss and lack of access to credits are the major challenges faced. One of the MFG participants argued that although some of them are involved in agriculture by taking a loan with 5% interest per month, they are unable to repay it due to crop loss. This situation has forced them to look for alternatives, which they do not have.

The MFG participants further pointed out that no work is available within a 5-10 kilometre radius and the MGNREGA programme is yet to be started in the village. Furthermore, lack of opportunities to become involved in agriculture or any other labour work forced disabled women to be restricted to household activities, which are not perceived as productive work. The WFG participants state that they cook and do other household work but cannot even grow vegetables in the garden due to frequent floods; therefore, their work does not provide any income. Disabled people are further disadvantaged as their reduced physical

capacity prevents them from travelling outside the village in search of jobs. The WFG participants argued that if disabled people are unable to perform their daily living activities in an inaccessible environment, how can they go out to do physical labour-oriented jobs in cities? Seeley (2001) suggests that the rural sustainable livelihoods approach for disabled must be diverted from land-based activities where employment benefits for landless and marginal farmers are through agricultural labour only.

### **Lack of education, training and self-employment facilities**

The alternative source for integrating disabled people into the economy is non- agricultural-based self-employment activities (Turmusani, 2003). However, any feasible self-employment options in the village are hindered due to non-availability of necessary resources. The MFG participants suggested trades like cow or goat rearing, poultry, stationery and grocery shops. The WFG participants recommended dry foods, cotton and coir products, which can be suitable for disabled women alongside their household responsibilities. On the other hand both the groups argued that lack of education, training and credit facilities, unavailability of raw materials and limited marketing opportunities are major challenges for initiating self-employment activities.

As discussed earlier, lack of education and training are major challenges in the employment of disabled people. WFG participants said that they do not have the required education like other women for undergoing training or initiating any businesses. The major reason is that the village school only goes up to class five. The high school is more than one kilometre from the village, college at about 10 kilometres and there is no Vocational Training Centre (VTC) within the locality. Moreover, recurrent floods, bad road conditions and lack of facilities in the village school and nearest high school have affected the education of disabled children. During the interview Pratima said that:

*“I have studied up to class 10 in the nearby high school with a lot of difficulty but could not complete it because of my physical impairment. It was very difficult for me to attend school regularly particularly during the rainy season. Then I transferred to Dhinkiagarh High School but could not complete the study as there was no hostel to stay there.”*

While distance and transport is the problem for Pratima, the challenge for the blind girl, Rani, is that the local schools are not equipped to impart education to children with impairments. She stated that:

*“Unlike the non-disabled children I could not answer in class as I have difficulties in reading the books. Due to visual deterioration I could not*

*continue studying after class eight. The school where I have studied has no facility for visually-impaired children.”*

The MFG participants added that the local NGO, which was running VTC at Kanas, is now closed down. The government-run VTC for disabled people at Bhubaneswar is out of their reach. Furthermore, distance and inaccessible transport system prevent disabled people from rural areas from taking advantage of the 3% reservation in mainstream governmental industrial training institutes, besides which there is no facility for finance to initiate any business in the village.

The field study, like the literature review, finds that lack of access to finance is a major challenge for disabled people. The MFG participants argued that they need seed capital as well as additional money for raising the land to protect the business from flood. However, there are no banks or other financial institutions within the village periphery. Furthermore, disabled people are not included in any self-help groups for women within the village. Therefore, it is very difficult for them to get loans, even with a mortgage. Pratima pointed out during the interview that:

*“Now I am earning only 15-20 INR per day from tailoring work at home. I want to start a tailoring shop in nearby Katakana Bazaar but do not have money to start the business”.*



The Sarapanch also acknowledged that business, which requires limited mobility, can be well managed by disabled people; however, lack of access to finance is the major challenge. Non-availability of raw materials and lack of marketing opportunities further increase their challenges.

The MFG participants expressed the fact that raw materials and accessories are not available in the nearby market. They can be procured only through a businessman at Kanas, who will add his commission onto it. That makes the cost of materials more expensive. The WFG participants further expressed their desire for the support of seed capital, raw materials and buyers for their tailoring work products, which are not available within the village. Similarly, the leader of women SHGs stated that:

*“There is scope to produce many things but there are no customers. There is no company within the area to buy the product and we cannot move from village to village to sell them”.*

Furthermore, lack of availability of other government services in the village reduces the options for a self-employment programme. The Sarapanch stated that:

*“Cow rearing can be a very good family business. But the two veterinary centres within two Gram Panchayat are now run by assistants due to non-availability of veterinary surgeons.”*

As discussed earlier the distance and costs of treatment also deprive disabled people from enhancing their physical ability in order to make them eligible to earn their livelihoods. Rabindra stated that:

*“I would have been cured if treated in SVNIRTAR, Olatpur. But that is a far distance and the treatment cost of about 20000/- INR is not within my affordable limit”.*

In addition, the freely available assistive devices are also not accessible for disabled people in the village. Govinda said that:

*“I badly need a hearing aid. Those who can travel outside can get it free but I cannot go or afford 10000/- rupees to buy one”.*

The above situation confirms that the cost of travel, accommodation, food and medicine, and distance of the institutions from the village, deprive disabled people from accessing free treatment facilities available in the cities.

Moreover, access to social security measures by disabled people depicts a miserable picture in the village.

### **Limited social protection**

Gooding and Marriot (2009) argue that even though disabled people have rights to social protection, the allocation of funds for this by the Government of India is negligible. The Sarapanch also argue that there are no new allocations for disability pensions. Therefore, disabled people can be allotted pensions only if the pension quota would lie vacant in the event of the death of any disabled people in the block. Similarly, MFG participants shared the fact that there is no new allotment for free ration cards by the government. Hence the facilities are either not available for disabled people or only one card is insufficient to meet the needs of the member of a large extended family. The allotments for Indira Awas Yojana and Mo Kudia (free housing programmes) are also insignificant.

Besides the lack of infrastructure and facilities, disabled people are also deprived from accessing existing livelihoods facilities, which further minimises their livelihood options.

### **Access to existing resources**

The field research, like the literature review, finds that administrative complications, assessment procedures, negative attitudes of service providers and corruption are the major challenges for disabled people in accessing existing entitlements. Whereas the complicated administrative system delays the service delivery, local politics dominated by a group of

powerful people makes it difficult for disabled people to access any kind of services.

### **Political hindrance**

There is a common feeling among all the disabled people in the village that lack of political power has deprived them from accessing any kind of services. MFG participants said that there are many schemes for disabled people but all these are politically motivated. Those who have money and power can access all these; however, the disabled are denied access to any facilities as they do not possess either of these. The group cited the example of families having more than one ration card but most of them do not have even one. Rabindra pointed out that:

*“Disabled people cannot get anything as they do not have political power”.*

The MFG participants cited the example that without any damage to concrete buildings people have received compensation for flood damage whereas disabled people have not received anything even though their thatched mud houses were completely destroyed. This situation reflects the power dynamics within the village. Govinda further stated that:

*“I paid 500 rupees to a village leader for a disability pension but did not get it as the person was defeated in the Gram Panchayat election”.*

Furthermore, the SOLAR staff opine that most people with severe disabilities are deprived of getting disability pensions or any other benefits as they do not have political power. Rabindra stated that due to disabled people lacking political power, the Sarapanch closes the door without listening to their problem. The Sarapanch, though, denies this type of politics in his area but accepts that many disability pensions were diverted to other Gram Panchayat (lowest level electoral unit) because of power politics at block level. In addition, the negative attitude of officials, and corruption at different levels have denied access to existing entitlements by disabled people.

### **Corruption and negative attitude of stake-holders**

Lang (2001) states that disabled people in India are subject to exploitation by Government staff. SOLAR staff stated that despite approaching officials several times, and even after bribing, disabled people have not received anything, following which they lost hope of availing any government facilities. They cited the example of disabled people who are yet to receive a disability certificate after visiting hospital more than five times and bribing the authorities. This situation is very common in rural areas of India. The Sarapanch of the area also accepted that there is corruption at all levels. He cited the fact that government officials have paid pensions for only four months of a year to the disabled people and hijacked the remainder. The bribe is compulsory

even if the benefits are paid in cheques. He further stated that there are groups of touts who can hijack the files from the office if they are not paid.

Secondly, the prevailing negative attitudes of officials also prevented disabled people from availing loans. The MFG participants said that the banks are unwilling to provide credit to disabled people even after giving mortgages. The Sarapanch also stated that even though subsidised credits are available, disabled people have very limited chances of availing themselves of these due to difficulty in finding a guarantor, besides which banks are also apprehensive of timely repayment due to their wrong perception regarding the capacity of disabled people.

There is evidence that disabled people are also denied the facilities even after production of valid documents. One of the WFG participants pointed out that they still have to pay bus or train fares even though they possess valid travel pass. Furthermore, the Sarapanch, though one of the major stake-holders, does not possess knowledge about the availability of specific credit schemes for disabled people or provisions to involve them in MGNREGA. This confirms the level of corruption, and the negative or indifferent attitudes of officials and other stake-holders. The other challenges for disabled people are administrative

complications and the assessment procedure regarding impairment in order to access benefits.

### **Administrative complications**

The Sarapanch acknowledge that eligibility criteria of 75% impairment deny disabled people from accessing any government facilities. Rabindra shared his worst experience of going to the district hospital to get the disability certificate. He said:

*“Even though I have more than 75% impairment, I got a certificate with 55% impairment after two years of hard effort. Now they need 75%, I do not have the patience and support to return to hospital”.*

Rani’s step-mother also had a similar experience and is yet to arrange a disability certificate for her daughter. Similarly, despite Govinda’s detectable loss of hearing, the assessment procedure has denied him a hearing aid. He stated that:

*“The doctor assessed me by a machine and suggested I do not need a hearing aid but a hearing aid would be more helpful for me for interaction and to hear the meeting discussions”.*

Furthermore, Rabindra shared the instances where government officials have completed the form for free housing long back but not yet responded to it.

Therefore, not only non-availability of infrastructure and resources but also local politics, administrative complications, negative attitudes of stake-holders and corruption deprive disabled people from accessing their livelihoods.

### **Conclusion**

Inadequate infrastructure and facilities within the village and lack of access to resources can be viewed as the major challenges for disabled to access their livelihoods. Only unsuitable labour-intensive agriculture options remain for most of the disabled people. Besides this, the absence of any other formal and informal employment opportunities within the locality affects the livelihoods of disabled people to a maximum extent. Furthermore, disabled people's impairment prevents them from migrating to do any labour-intensive jobs in cities. Disabled women are the worst victims as they are not perceived as suitable for agricultural labour and no other employment opportunities are available in the village.

An alternative livelihoods option could be self-employment, which needs access to education, training, finances, raw materials and marketing. However, like any other village, education and training facilities are not available in the study area. In addition, inaccessible transport and natural disasters, like floods, are a major hindrance for disabled people



in accessing education and employment opportunities. Furthermore, absence of medical facilities and lack of funds deprive disabled people to receive any treatment to enhance their physical capacity. Absence of savings and credit facilities within villages, corruption and lack of faith of banking institutions on disabled people's ability deny them credit. Furthermore, unavailability of raw materials and limited marketing opportunities are challenges for disabled people in initiating their business.

The study also confirms that power dynamics and politics within villages have deprived disabled people from accessing any government facilities. Corruption at all levels has further reduced their chances to receive any kind of social welfare benefits. Very few disabled people have access to any kind of self-employment or social security schemes, including subsidised loans, pension, free ration cards or housing schemes. It is evident that most duty-bearers demonstrate little concern towards this invisible group. In addition, it is evident that administrative procedures delay or deny the delivery of services. The criteria of 75% impairment requirement to access these facilities, and the delay in getting disability certificates, housing and pensions are some examples. Therefore, disabled people's livelihoods in rural areas like Haraspada are bleak due

to absence of infrastructure, facilities and lack of access to entitlement and resources.

In addition to this, family attitude and disabled people's powerlessness further affect their livelihoods.

## **Chapter 5: Opportunities and Challenges in realisation of livelihoods of Disabled People: Family Support and the Self-stand of Disabled People**

### **Introduction**

The status of disabled people in India is determined by their economic contribution to the family (Mohapatra, 2004). As discussed earlier, inability to earn reduces disabled people's self-esteem and confidence and makes them powerless. Therefore, not only livelihoods, but also all other aspects of their life, are determined by the family. This was reflected during a field study in Haraspada village.

This chapter analyses the impact of negative attitude and lack of family support on disabled people's livelihoods. It further discusses the fact that lack of awareness of disabled people on existing entitlements and long-term oppression lower their self-confidence and willpower, which are crucial for selecting appropriate livelihood options.

### **Family support**

Limited opportunities for employment/self-employment and lack of access to entitlements force disabled people to depend upon family to

meet their livelihoods. However, the assumption that family is always supportive towards disabled people may be an incorrect notion. It is found from the study that extended family members also have hidden interests in supporting disabled people. The negative attitude of the family and their self-interest restricts the livelihood options for disabled people.

### **Family members' negative attitude and vested interest**

In a rural area like Haraspada most of the disabled people live in extended families. The family meets the basic needs of disabled people including food, clothes and other daily requirements. At the same time, as discussed earlier, the family members also have ill-intention of purloining the share of the disabled person's paternal property. During the interview, Rabindra shared that even though his four brothers are providing him with food and clothing, they have forcibly stolen his share in the paternal properties. He said:

*"I asked my brothers to give me the share in the paternal property, so that I can sell it and start a business. But they denied it by saying that, first return us the cost of food and clothes you have consumed to date and then ask for the share".*

The MFG participants stated that one of them has been denied any support from his brothers as he already received the share in the

paternal property before the impairment occurred. Furthermore, gender discrimination also denies access to family resources. For example, Rani's very caring step-mother is not interested in providing her with her share in the property. She said,

*"We expect that the brothers will take care of the disabled girl. But we do not have any plan to give her a share in the land".*

As discussed earlier, family members also have reservations to invest in disabled people as there is less possibility of getting any return. Responding to the question about disabled people's low level of education, the Sarapanch said that people do not have faith in disabled persons getting any employment. Therefore, poor people prefer to ensure the daily needs of disabled people's food and clothing rather than investing in their education or training. Similarly, when Rabindra was asked to attend vocational training, he replied that:

*"My family says what you will do with the training? If you go out for training then who will look after the children at home?"*

The family's negative attitude also deprives disabled person from treatment. Govinda stated that:

*"My sons are hesitant to buy a hearing aid for me by saying that I have not done anything for them".*

It was also observed that family, for its own interest, not only controls the livelihood options of disabled people but also determines all other aspects of their lives. Pratima stated that:

*“As disabled people we do not have any choice but to vote as per the wishes of family members”.*

Hence, disabled people’s lives depend entirely upon the mercy of family members. The MFG participants rightly stated that in order to survive, disabled people have to accept and tolerate all the decisions of the family whether right or wrong. These negative situations not only disempower disabled people but also deny their to livelihood choices. Moreover, as discussed earlier, fear of social status and family members’ lack of awareness regarding disabled people’s capabilities and their entitlements also limit their livelihood options.

### **Social stigma and family lack of awareness**

Family members’ ignorance, and its impact on disabled people’s livelihoods, was clearly reflected during individual interviews. For example, rehabilitation centres like SVNIRTAR have provisions for free treatment plus aids and appliances. Both Rabindra and Govinda need treatment and a hearing aid respectively. However, due to family members’ ignorance regarding free facilities, both of them are yet to avail them. Similarly, Pratima was admitted to SVNIRTAR for treatment

but brought back by the parents for fear that treatment may worsen her physical condition. Furthermore, even though there is a special school in the area and other poverty alleviation and safety net programmes available for disabled people with the local government, Rani's step-mother lacks any knowledge about these existing facilities due to family and social restrictions on women's mobility. She said,

*“As a woman, I am restricted to my house. I am not allowed to go out frequently. Therefore, I do not have any idea about the existing facilities for disabled people”.*

This lack of awareness could be prevalent throughout the village, since most of the disabled people have not availed themselves of any government facilities except a few pensions and free ration cards.

Furthermore, as discussed before, fear of losing family status and to protect the child from exploitation, parents prevent disabled members from going out for education or employment. For instance, the Sarapanch is the executive member of a local NGO, which has facilities of sheltered homes, VTC and special schools for disabled people. However, very few disabled people in the village have availed themselves of these facilities. On inquiry, the Sarapanch said family members feel that sending disabled people to a charitable organisation will affect their social status. Other people in the village will feel that

family could not feed a disabled person and sent him/her to a charity home. The situation is acute for disabled women. Rani's step-mother shared that:

*"We are concerned about our status. If our daughter goes out for work, people will say that her father cannot afford her food and clothing so he sent a disabled girl to work outside. We also fear that anything may go wrong with a young girl if she goes out."*

In other instances people are over-protective of their disabled children. For example, without realising Pratima's potential, her parents prevented her from doing a tailoring job. She stated that:

*"I wanted to do tailoring, but my parents feel that I may suffer pain by working. They advised me to sit at home. Finally, I sold my gold earrings to purchase a sewing machine without their knowledge".*

The above situations reflect the fact that fear of losing social status, lack of awareness and overprotection by the family disempowers the disabled person and affects his/her ability to earn.

### **Self-stand of disabled people**

Extreme control of family over the lives of disabled people has a very negative impact on them. As discussed in the literature review this has been reflected in disabled people's low levels of awareness, confidence and self-esteem, which in turn has increased their dependency on

others. The available schemes and facilities of the Government of India and Odisha for disabled people have been discussed earlier. The Sarapanch of the village and SOLAR staff also mentioned facilities like subsidised loans; disability pension; free housing schemes; free rations for poor people and vocational training centres available for disabled people. However, they added that disabled people are ignorant about existing schemes, availability sites and procedures to access benefits.

### **Disabled people's lack of awareness**

Disabled people's lack of awareness was observed during focus group discussion. It was found that the MFG participants have knowledge about pensions, free rations and free housing schemes only. However, they are ignorant about where to go and whom to approach. It was further noticed that awareness levels of disabled women are much lower than those of disabled men. The WFG participants mentioned that there are no existing facilities for disabled people and even if there were, they are not aware of them. Rani's ignorance regarding special education facilities and other entitlements for disabled children confirms the situation of disabled females. She said:

*"I cannot see, so how can I study in a blind school?"*



She added that:

*“I do not know about any schemes. I do not even know why I have not received a pension or ration card. I also have no idea whether my family has applied for them or not.”*

Even though Pratima has more confidence in her ability she has limited ideas about the available entitlements. She said:

*“I have purchased a sewing machine without any formal training. However, I do not have any knowledge about training centres. I also want to open a shop in nearby Kotakana market but do not know from where I can get the credit.”*

Lack of awareness resulted in low levels of confidence and self-esteem, and reduced capacity of the disabled people to earn.

### **Powerlessness of disabled people**

The WFG participants repeatedly expressed their ignorance and helplessness during discussion. They kept complete silence when requested to provide suggestions about how to improve their livelihoods. They stated that due to lack of political power, the Sarapanch and Chairman are not helping them, and repeatedly requested the researcher to organise outside help to improve their livelihoods status. This situation reflects the low confidence and self-esteem of disabled

women due to their ignorance, lack of political power and extreme control of family members over their lives.

On the other hand, the MFG participants provided some suggestions to improve their livelihoods. This included availability of work in the village; assistance in accessing credit; technical guidance for feasibility of businesses and marketing; linkages with the stake-holders and access to assistive devices and treatment facilities. However, they clearly voiced their lack of knowledge, political or financial power to avail themselves of these facilities. This powerlessness and lack of livelihood options also leads to frustration in the lives of some disabled people. This can be perceived from Rabindra's statement. He said that:

*“My brothers will not support me when their families will grow. Let's see how long it will continue like this. If anything happens like that, I will run away from the family with faith in God and take shelter somewhere. Anyhow, I have to survive and protect my life”.*

## **Conclusion**

While designing the field study I was apprehensive about enquiring into sensitive issues, like the impact of challenges from family on disabled people's livelihoods. However, this was spontaneously shared by the disabled people in the village. On one hand, the field study finds that family play a major role in protecting the basic needs of disabled people;

on the other, extended family members also prevent disabled people from becoming independent with the intention of entrapping the share of his/her property and to get unpaid help to look after the house and children. Furthermore, underestimation of the disabled person's capabilities by the family, fear of social status and lack of awareness about existing entitlements also deprive disabled people from taking up any income-generating programmes.

Extreme control over the lives of disabled people by family members has resulted in ignorance, reduced self-esteem and powerlessness among disabled people. This in turn has increased their dependency and expectations of charity. Therefore, most disabled people in Haraspada depend upon the mercy and charity of their family members for survival.

## **Chapter 6: The Research Findings and Recommendations**

The objective of the research was to explore the opportunities and challenges of disabled people in accessing livelihoods in rural areas from the perspectives of the social model of disability, capability approach and sustainable rural livelihoods approach. Therefore, the research identified the existing patterns of disabled people's livelihoods. Furthermore, it explored available facilities and major challenges for disabled people in securing their livelihoods, including gender disparities.

As discussed in the literature review, the Governments of India and Odisha have enacted laws and made reservations in education, employment and poverty-alleviation programmes to improve disabled people's livelihoods. There are also special provisions for self-employment and safety nets for them.

However, overall, livelihoods status in the village presents a bleak picture. Like Opini, (2010), the study finds that most disabled people in Haraspada lack education and income, have lesser savings and lack control over any of the five capital assets. They do not have control over major natural capital including paternal property and land. Furthermore, lack of access to savings, credits and social security schemes limits their financial capital (Cramm and Finkenflugel, 2008). Inaccessible transport and communication, and non-availability of disability equipment, have reduced their physical capital. Moreover, deprivation from education, skills training and treatment facilities, and lacking the physical ability to work, limits their human capital (Eide et al. 2011). Finally, they lack social capital due to non-involvement in any community savings groups or networks (Coleridge, 2005). Therefore, the influence of UNCRPD, twin track or CBR approaches is almost invisible in Haraspada village.

In the absence of any opportunities, disabled people in the research area depend upon their families for their livelihoods, who mostly rely on

agriculture and daily labour for their own survival. However, dependence on the mercy and charity of family, and the medical model of assessment for welfare and safety nets, have made disabled people helpless victims (Barnes and Mercer, 2005). One of the major challenges for disabled people is the absence of infrastructure and facilities, and lack of access to entitlements.

### **Limited infrastructure, facilities and lack of access to resources**

As discussed in the literature review, labour-intensive agricultural occupation has deprived most disabled people of employment in the research area. Furthermore, the village's geographic location limits their opportunities for any other employment (Wehbi and El-Lahib, 2007). Bad road conditions, transportation and physical incapacity inhibit disabled people in Haraspada from moving out to find the jobs.

Moreover, disabled people have fewer chances of initiating any self-employment programmes due to limited education, training, savings, credit and marketing facilities (Moodie, 2010). The sole primary school in the village and nearest high school are not equipped to address the needs of disabled children. Physical inaccessibility and transport prevent them from getting educated (Eide et al., 2011). Furthermore, the education of disabled persons is a low priority for parents as there is less likelihood of them getting any employment. Special schools and

vocational training centres are not within the reach of disabled people. Besides this, disabled people lack access to credit as they are not included in any self-help groups, and other credit facilities are unavailable in the area around village. Moreover, research found that stake-holders' negative feelings about the ability and credit-worthiness of disabled people deprived them from accessing any credit (Naami et al., 2012). Non-availability of raw materials and marketing facilities within the village further reduces their options for self-employment.

It was observed that availability of social security schemes like pension, free ration, aids and appliances, and housing are negligible and not easily accessible in the study area (Coleridge, 2005). As discussed earlier, the eligibility criteria of 75% impairment, corruption, local politics and administrative complications are major hindrances in accessing these facilities. In addition to this, distance from institutes like SVNIRTAR and the cost of treatment deprive them from medical treatment. Furthermore, the negative attitude of family and lack of awareness lower the self-esteem of disabled people and reduce their livelihood options.

### **Lack of family support and the powerlessness of disabled people**

As discussed in the literature review, the research finds that most disabled people in Haraspada depend upon the goodwill of family

members for their wellbeing. However, extended family members are not always supportive to disabled people. The study found that they force the disabled person to remain dependent upon them with the intention of hijacking his/her share of paternal property and to get free help in the house. Furthermore, social stigma that disabled people are the objects of pity and charity creates a barrier in the employment of disabled people (McClain-Nhlapo, 2010). Parents do not allow their disabled children to work outside for fear of losing their social status, besides which, family ignorance regarding disabled people's capabilities and existing entitlements deprive them from securing livelihoods.

Moreover, the study found that extreme family control and lack of political power have made disabled people in the village voiceless and powerless (McClain-Nhlapo, 2010). In addition, disabled people's ignorance of existing entitlements further reduces their self-esteem and increases their dependency.

### **Disadvantages of disabled women**

The research finds that disabled women are double disadvantaged due to gender discrimination and their impairment (Naami et al., 2012). Male preference for labour-intensive agriculture occupation has deprived them from employment in the village. Furthermore, their engagement in household work is not valued as productive work. The study finds that

disabled women are deprived their share in parental property due to gender discrimination. It is evident that disabled women are deprived of education and employment due to gender bias, social stigma and parental attempt to protect them from exploitation. Furthermore, the ignorance and powerlessness of disabled women restricts their livelihood options and increases their dependence.

In short, the study finds that though the disabled people in Haraspada sustain their livelihoods with support of family but they often feel bored and helpless. However, the limitation of the sample study is that it has been conducted in a short time span and with a small sample size in a specific, inaccessible village. Therefore, larger sample size and extensive study may be needed to generalise the findings.

### **Way forward**

All in all, lack of livelihoods in this village can be viewed from the social model perspectives that unemployment of disabled people is associated with education, transport, environment, access, ideology and culture (Roulstone and Barnes, 2005). The livelihoods of disabled people in the study area have been seriously affected due to limited infrastructure and facilities, lack of access to resources and the negative attitudes of stakeholders and family members. However, disabled people of Haraspada argue that increase in their income can change the attitude of family and



community. They suggested that provisions for skills training and treatment, credit, raw materials and marketing of the product and availability of work in the village can improve their livelihoods status. This should be supported by awareness generation and collaboration with stake-holders to recognise disability from a human rights perspective and include disabled people in the existing poverty alleviation and social security programmes.

Therefore, to improve the livelihoods of the disabled people, legislation should be supported by sufficient funding and focused planning for rural areas with an emphasis on disabled women followed by strong monitoring and evaluation.

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## **Appendices**

### **Appendix-1. Background of study area**

Haraspada is a rural remote village in Khandahota Gram Panchayat (lowest electoral unit in India) in Puri District, Orissa, India. The village is at 12 kilometres distance from the Kanas Block, (the lowest administrative unit in Odisha) and 36 kilometres from district headquarter Puri. It is surrounded by rivers Luna in east, Daya in west and Chilika Lake and Bay of Bengal in south.

The village infrastructure includes a primary school up to class five, an integrated child health centre and a sub health centre. Other institutions including high school at one kilometre distance and the post office, gram Panchayat office and primary health centres are at about two kilometres distance from the village. The bank, college, community health centres and block office are at more than 12 kilometres. There is no rehabilitation institutions exist within the district. The nearest medical rehabilitation institutions like Swami Vivekananda Institute for Rehabilitation Training and Research, Cuttack, State Institute for Rehabilitation, Bhubaneswar and Vocational Rehabilitation Centre, Bhubaneswar are more than 60 kilometre distances from the village. The nearest bus stop is at three kilometres distance which is connected by combination of muddy and concrete road from the village. The road is

usually submerged during rainy season disconnecting the Haraspada from the rest of the world.

A total of 175 families live in the village out of which 166 families are general caste and rest belongs to other backward caste. The total population of the village is 887, out of which 514 are male and 373 are female. Among total 28 disabled people in the village, 17 male are 11 are female. These twenty eight disabled people include eleven people with physical impairment, eight speech and hearing impairment, four learning impairment, four visual impairment and two with multiple impairment.

These 175 families live in 69 compounds due to non- availability of homestead land and water logging. There are only 61 asbestos roof houses and 31 buildings in Haraspada. The rest are built up of thatched mud houses. The major sources for drinking water for the villagers are four bore wells and two open wells. None of these are accessible for disabled people. Only two families in the village have toilets and rest go for open defecation. Disabled people and women face lot of challenges for defecation particularly during rainy season.

Only three people have completed graduation including one disabled people and the vast majority of the villagers have merely completed the primary education. Among disabled people four are illiterate, majority

have attended primary school, only three completed twelfth class and one studied up to graduation. None of them have undergone any kind of vocational or skill training. The major reason is that the schools almost remain closed during the rainy season as the roads and school submerged due to flood and water logging. Besides that general health condition of the village not up to mark.

A majority of the under five children in the village are malnourished. The water borne diseases like diarrhoea, skin diseases and stomach problems are very common in the village due to contamination of water. On the other hand only few medicines are available at Integrated Child Development Centre. The health worker occasionally visits the village. Bad road conditions and access are the major challenges for disabled people to access any health or education facilities.

Agriculture and livestock keeping are major sources of livelihoods in the village. There only six government employees and six businessmen in the village and the rest are farmers or daily wage workers. Though 58 families have received job cards to work under Mahatma Gandhi National Rural Employment Guarantee Act- 2005 but work has not yet started in the village. Due to recurrent flood and crop loss, summer paddy is the only crop cultivated in the village. However lack of irrigation facility is the major challenge for farmers to continue with agriculture.



Most of the family also rear cow, goat, sheep and hens alongside the agriculture. The crop loss and non-availability of employment forced the majority of the youths in the village to migrate to the cities in search of jobs. However, physical labour intensive agriculture is not a suitable occupation for disabled people. Furthermore bad road conditions, physical incapacity and lack of transport facilities prevent disabled from finding job outside the village. None of the disabled people are involved in any type of employment or self -employment activities except one or two people who are marginal farmers or daily labourers.

## **Appendix-2. Findings of Survey Report of Handicap International, Bhubaneswar and SOLAR Konark, Odisha**

Age wise Distribution of disabled people:-

Age wise distribution	Kanas (SOLAR)	
	Group	Total
Between 0-5	1	28
Between 6-18	11	
Between 19-60	16	
More than 60	0	

Demographic Profile :-

Criteria	Category	No. of Disabled people	Total
Total Household	Male	17	28
	Female	11	
Religion	Hindu	28	28
Caste	SC	0	28
	ST	0	

	OBC	8	
	General	20	
Poverty card	No Ration Cards	23	28
	Below Poverty Line (Ration Cards)	5	
	No information	0	

Information on disabled people:-

Education	Illiterate	4	25
	Primary	12	
	Higher Secondary	0	
	Intermediate (Twelfth)	4	
	Graduation	1	
	Post-Graduation	0	
Monthly Income	<500	8	28
	500-1000	1	
	1001-2000	1	
	>2000	0	
	No income	18	

Information related to disabilities :-

Type of Disability	Visual	4	28
	Hearing	8	
	Physical	11	

	Intellectual	3	
	Psychosocial	0	
	Multiple	2	
Use of Assistive Devices	Yes	12	28
	No	16	
Current Occupation	1.Service	0	28
	2.Daily wage labourer	2	
	3.Farming	0	
	4.Livestock keeping	0	
	5. Business	0	
	6.Household Work	0	
	7.Unemployed	26	
	8.No information	0	
	5. Other	0	
Assessed Govt. Schemes - From Where	1.SGSY	0	3
	2.NHFDC Loan	0	
	3.Disability Pension	3	
	4.Other	0	

### **Appendix-3. Questionnaire guidelines for focus group discussion**

#### **1. What is the present status of livelihoods of disabled people?**

- i. What are the major sources of income for the people in your village?
- ii. How many disabled people might be there in your village? What are the major sources of income for disabled people?
- iii. What kind of wage employment activities disabled people do in your village (Farming, agriculture labourer, formal employment, labours in private house, MGNREGA). How many of them might be engaged in wage employment.
- iv. What kind of self –employment activities disabled people do in your villages (small business, livestock, and micro enterprises). Source of seed money (loan, self- help groups). How many of them might be engaged in self-employment?
- v. How many disabled people have accessed any kind of social security scheme? What are they (pension, free ration, loan, housing support, free ration card, aids and appliances)?
- vi. How other disable people manage their livelihoods?
- vii. How many disabled people have received any kind of vocational training? How it helped in getting any employment or self – employment?

- viii. Is there any difference in earning of disabled men and disabled women? Who are the disabled people most likely to be deprived from any kind of income generation activity?
  - ix. Is there any additional expenditure for their disability such as cost of treatment and aids appliances? How do they manage that additional expenditure?
2. What are the opportunities and challenges for disabled people in accessing their livelihoods?
- i. What are government and non-government schemes and facilities available for disabled people in your area?
    - a. Wage employment
    - b. Self –employment (Bank loan, microcredit, technical support, marketing)
    - c. Social security
    - d. Capacity building (Education, Vocational training)
  - ii. Whether disabled people in your village less likely to be involved in any income generation activities. If so, what are the challenges in availing existing facilities?
    - a. Wage employment
    - b. Self- employment
    - c. Capacity building
    - d. Social security

- iii. What are the challenges from the society, officials, family, self or in environment
  - iv. Is there any particular group such as disabled men or women or specific disabled group who face more challenges in availing these facilities? If yes, what could be the reasons?
- 3. How disabled people can overcome the challenges to sustain their livelihood?**
- i. How disabled people can secure their livelihoods in your village?
  - ii. How are the barriers in accessing the existing facilities of education, vocational training, employment, and self-employment and social security schemes can be reduced?
  - iii. Is existing facilities sufficient or any additional support needed?

**Appendix-4. Questionnaire guidelines for semi structured interview with disabled people**

- i. What is your name?
- ii. What is your age?
- iii. Who are the other members in your house?
- iv. What is major source of income of the family?
- v. Who is the major bread earner of the family?
- vi. What is your education background? What prevented you from further study or vocational training?

- vii. What income generation activity you do?
- viii. How much is your income per the month?
- ix. Whether the impairment has affected your income and how?
- x. Have you undergone any treatment? What prevented you from undergoing treatment?
- xi. What is your average expenditure (including treatment cost) per month and who provides that?
- xii. What type of family support you get to for your livelihoods?
- xiii. Is there any specific challenge from family that prevent in accessing your livelihoods independently?
- xiv. What are the challenges from community and other stakeholders for accessing education, employment, self-employment or government schemes and facilities for safety nets?
- xv. Have you faced any challenges from the stake holders in accessing the existing entitlements?
- xvi. As disabled men or women do you face any specific challenges?
- xvii. What kind of income generation activity you and other disable people can do in the village?
- xviii. What are the government and non- government facilities available for employment and self-employment or social security of disabled people? What are the challenges in availing those and how access to these services can be improved?

- xix. What should be done to enhance the income of disabled people like you?

**Appendix-5. Questionnaire guidelines for semi structured interview with family members**

- i. What is your name
- ii. What is the name of the child with impairment?
- iii. Who are the other members in your house?
- iv. What is major source of income of the family?
- v. Who is the major bread earner of the family?
- vi. What is the educational background of disabled child? What prevented him/her from further study or vocational training?
- vii. How the disabled member is involved in any income generation or any other activities?
- viii. How much she/he earns per the month?
- ix. What is her average expenditure (including treatment cost) per month and who provides that?
- x. How do the family support disabled child to become independent in life?
- xi. What are the government and non- government facilities available for employment, self- employment, social security and treatment of disabled people?



- xii. What are the challenges from community and other stakeholders for accessing these facilities?
- xiii. Is there any specific challenge for disabled men or women?
- xiv. What kind of income generation activity your child or other disable people can do in the village?
- xv. How can they better access the existing facilities?
- xvi. What should be done to enhance the income of disabled people in the village?

**Appendix-6. Questionnaire guidelines for semi structured interview with Stake holders**

- i. What are major source of income in the village?
- ii. How is your institution involved in enhancing the livelihoods of people?
- iii. What are the facilities available in your institution for that?
- iv. How is your institution involved in improving the livelihoods of disabled people?
- v. How many disabled people have been benefited and in what way?
- vi. What are the major challenges for involving disabled people in any income generation activity?
- vii. In your opinion what disabled people can do to secure their livelihoods?

- viii. What are the facilities available within the village or in local government for income generation programme (employment, self - employment, social security) for disabled people?
- ix. What are the challenges for disabled people in availing these facilities?
- x. How your institution can improve the livelihoods disabled people?

### **Appendix-7. Consent form**

Title of the dissertation – To explore Opportunities and challenges of disabled people in accessing their livelihoods in Haraspada village in Puri District, Odisha.

Context – This is a student dissertation trying to explore the livelihood issues of disabled people in disaster prone villages of Haraspada village in Kanas block in Puri district.

I agree to participate in the in the project with following conditions

- The project aimed at exploring livelihoods issues for which focus group discussion/ semi structured interview will be conducted with key stakeholders
- Interview will last for about one hour and questions will deal with status of livelihoods of disabled people, opportunities and challenges
- The information will be solely used for the purpose of student dissertation only

- At any time I can refuse to answer the certain question, discuss certain topic or even put an end to the interview without prejudice to myself
- The interview can be recorded by the researcher for transcribing
- All the interview data will be handled with confidentiality. Therefore no names will be mentioned in the final report.
- The data will not be published elsewhere without my prior permission

For any information about the interview report I can contact Sri Bikrama Keshari Mohapatra, D/141, CDA, Sector-7, Cuttack-753014, Phone no- +919437035341

**Signature of the respondent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of the Interviewer/facilitator:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Appendix. 8. Permission Letter from Handicap International**

Subject: Re: Permission to carry out field work for dissertation

Dear Bikram,

We do not have any objection on your dissertation; rather it will help us in effective programme implementation in Kanas area. Sorry for delay response, I was missed your mail for long period.

Regards

Kalika Mohapatra

Regional Manager, Handicap International

**Appendix-9. Permission letter from SOLAR, Konark**

Subject: Re: field work for dissertation

Dear Bikram Bhai

Greetings from SOLAR

I am very glad to inform you that you have kept SOLAR family in your memory till date. Again it will be highly appreciated & great opportunity for us if you will spend some time with us as well as in our project area-Kanas with person with disabilities (PWDs) & other allied groups for your study.

Anticipating your cordial visiting to our area.

With due regards

Harish & SOLAR Family